

## CHAMPVA POLICY MANUAL

**CHAPTER:** 2  
**SECTION:** 17.2  
**TITLE:** OXYGEN AND OXYGEN SUPPLIES

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**AUTHORITY:** 38 CFR 17.270(a) and 17.272(a)

**RELATED AUTHORITY:** 32 CFR 199.4(d)(3)(iv)

**TRICARE POLICY MANUAL:** Chapter 13, Section 3.3

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### I. EFFECTIVE DATE

April 29, 1980

### II. PROCEDURE CODE(S)

HCPCS Level II Codes A4611-A4626, A4628-A4629, E0424-E0480, E0482, E1353-E1390, E1399, E1405-E1406

### III. POLICY

When medically necessary, oxygen is a prescribed medication and may be cost shared by using the allowable charge methodology as applicable to:

1. Oxygen and the supplies and equipment (to include oxygen concentrators) that are related to its administration.
2. All oxygen in gas and liquid form.
3. All stationary and/or portable oxygen units.
4. Oxygen therapy used as treatment for migraine and/or cluster headaches.

### IV. POLICY CONSIDERATIONS

A. Claims for oxygen must include a physician's prescription written within 30 days prior to the initial delivery of oxygen when the following information is provided:

1. When the patient's diagnosis requires the use of oxygen.
2. A specific oxygen flow rate for the patient with frequency and duration of use.

3. An estimated length of time oxygen will be required.
4. The method of oxygen delivery to the patient.

B. The physician's prescription for a portable oxygen system must include the circumstances under which the portable system will be used, i.e., the medical purpose to be served by the portable oxygen that cannot be met by the stationary system.

C. If the initial prescription shows an indefinite or lifetime need for oxygen, a new prescription is not required as long as the diagnosis substantiates its continued use. Procurement for the purchase of oxygen equipment for indefinite or lifetime needs should be made through VA sources, whenever possible.

D. Oxygen concentrators may be purchased or rented by the beneficiary on a cost share basis using the allowable charge methodology. A rented oxygen concentrator can continue to be rented even after the purchase price of this equipment has been reached. Rental of oxygen concentrators includes frequent periodic maintenance and frequent checks, which are included in the rental agreement, to ensure the liter flow setting of the oxygen concentrator has not been altered.

E. Claims with an unusual amount of oxygen or deluxe equipment should be referred to the medical review staff.

F. Home oxygen therapy for migraine and/or cluster headaches may be cost shared.

G. Related policy manual issuances:

1. [Chapter 2, Section 30.14](#), *Hyperbaric Oxygen Therapy*.
2. [Chapter 2, Section 25.5](#), *Transtracheal Oxygen Therapy*.
3. [Chapter 2, Section 17.1](#), *Durable Medical Equipment and Supplies*

## V. LIMITATIONS

A. Oxygen is generally limited to a 30-day supply. If, however, the oxygen is supplied only in amounts greater than a 30-day supply, the greater amount may be cost shared.

B. One stationary tank unit and one portable oxygen unit per beneficiary may be cost shared.

C. Repairs and adjustments of oxygen equipment are limited to those repairs and adjustments required to make the oxygen equipment serviceable.

## VI. EXCLUSIONS

- A. Spare oxygen supplies kept at a separate location.
- B. Pre-set portable oxygen units (as they are primarily designed and meant to be a first aid item and not for long-term therapy).
- C. Regulators that permit a flow rate greater than 8 liters per minute.
- D. Oxygen (95%) and carbon dioxide (5%) inhalation therapy for inner ear disease. The therapeutic benefit derived from this procedure is not established (unproven).
- E. The purchase of maintenance agreements for oxygen equipment.

**\*END OF POLICY\***