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MMA - Coverage for Home Use of Oxygen Included in Clinical Trials

Key Words

MM4389, CR4389, R57NCD, R961CP, Home, Oxygen, Trials

Provider Types Affected

Providers, physicians, and suppliers who bill Medicare Regional Home Health Intermediaries (RHHIs), Durable Medical Equipment Regional Carriers (DMERCs) or DME Medicare Administrative Contractors (DME MACs) for home use of oxygen services

Key Points

- The effective date of the instruction is March 20, 2006.
- The implementation date is October 3, 2006.
- On March 20, 2006, the Centers for Medicare & Medicaid Services (CMS) announced a National Coverage Determination (NCD) covering the home use of oxygen for Medicare beneficiaries who are enrolled in a CMS-approved clinical trial sponsored by the National Heart, Lung & Blood Institute (NHLBI), with arterial oxygen partial pressure measurements from 56 to 65 mmHg, or whose oxygen saturation is at or above 89%.
- This decision does not change coverage for the home use of oxygen provided outside the clinical trials currently identified in the *National Coverage Determinations (NCD) Manual*, Publication 100-03, Chapter 1, Part 4, Section 240.2, "Home Use of Oxygen."
- RHHIs, DMERCs, or DME MACs will continue to make local determinations of reasonable and necessary services (based on existing guidance provided by CMS policy) for medically accepted home uses of oxygen that are not addressed in Section 240.2 of the NCD manual.

Billing Guidelines

- Beginning March 20, 2006, to be paid for the home use of oxygen (in the above described situation), the patient must be participating in an approved clinical trial and this must be reflected on the Medicare claim.

DMERC/DME MAC Claims

- To report this on a claim to a DMERC or a DME MAC, providers use modifier “QR” when reporting the home use of oxygen furnished during an approved clinical trial identified by CMS and sponsored by the NHLBI, for fee-for-service (FFS) beneficiaries who have arterial oxygen partial pressure measurements from 56 to 65 mmHg, or oxygen saturation at or above 89%.
- When modifier QR is attached to a HCPCS code, it generally means the service is part of a CMS-related clinical trial, demonstration or study.

RHHI Claims

- For claims submitted to RHHIs, providers use condition code 30 and ICD-9-CM diagnosis code of V70.7 in the second diagnosis code position for reporting home use of oxygen furnished during an approved clinical trial for beneficiaries (in FFS or under a Medicare Advantage (MA) plan) who have arterial oxygen partial pressure measurements from 56 to 65mmHg or oxygen saturation at or above 89%.
- Healthcare Common Procedure Coding System (HCPCS) codes recognized as clinical trial codes for home use of oxygen when the Modifier “QR” (DMERC or DME MAC claims) or when condition code 30 and ICD-9-CM diagnosis code of V70.7 are present in the second diagnosis code (RHHI claims) include the following:
E0424, E0425, E0430, E0431, E0434, E0435, E0439, E0440, E0441, E0442, E0443, E0444, E0445, E1390, E1391, E1405, E1406, E1392, A4575, A4606, A4608, A4615, A4616, A4617, A4619, A4620, A7525, A9900, E0455, E0555, E0580, E1353, and E1355.
- Any accessory codes listed above are included in the base oxygen fee and are not separately payable under the current policy.
- Medicare will apply applicable coinsurance for MA plan beneficiaries when reporting home use of oxygen furnished during an approved clinical trial.
- Providers must also use the Oxygen Certificate of Medical Necessity (CMN), (CMN, Form CMS-484, also known as DMERC 484.2) for claims submitted for the approved clinical trial for the home use of oxygen. Subsequent claims will be paid based upon the initial date and status of the initial CMN.
- Clinical trial services claims under MA plans will continue to be billed separately from non-clinical trial services.

Important Links

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM4389.pdf>

Additional information about this policy can be found in the following manual sections attached to the two transmittals for CR4389:

- The NCD can be found in transmittal 57, CR4389, at <http://www.cms.hhs.gov/Transmittals/downloads/R57NCD.pdf> on the CMS website.
- Claims processing instructions are available in Transmittal 961, CR4389, at <http://www.cms.hhs.gov/Transmittals/downloads/R961CP.pdf> on the CMS website.

Affected providers should refer to their local RHHI/DMERC/DME MAC if they have questions about this issue. To find their toll-free number go to <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.