Chronic Condition Coding Awareness: Supplemental Oxygen

When is oxygen therapy used?

According to the National Heart, Lung, and Blood Institute, doctors use oxygen therapy to treat the following conditions: Chronic obstructive pulmonary disease (COPD), Heart failure, Pneumonia, Severe asthma, Cystic fibrosis, Sleep apnea.[1]

How is oxygen therapy administered?

Oxygen therapy is received from tubes resting in your nose, a face mask, or a tube placed in your trachea, or windpipe. It can be given for a short or long period of time in the hospital, another medical setting, or at home. Oxygen is stored as a gas or liquid in special tanks.[1]

Oxygen Supplementation Coding Guidance

TIPS:	ICD-10 Mapping & Education
➢ **ICD-10-CM**	Z99.81: Dependence on supplemental oxygen Z99.11: Dependence on respirator [ventilator] status Dependence means patient cannot live without it.
➢ **Notes**	Categories Z89-Z90 and Z98-Z99 … are for use only if there are no complication or malfunctions of the organ or tissue replaced, the amputation site or the equipment on which the patient is dependent.[2]
➢ **Z99.81** **Dependence on supplemental oxygen**	o Do not bill in conjunction with cardiac pacemaker status (Z95.0)[2] o Do not use diagnosis as present on admission (POA).[7] o It is unacceptable as a **principal diagnosis** for inpatient admission per Medicare Code Edits (MCE).[2] Code is allowable for any patient using long-term supplemental oxygen, regardless of the duration of use each day.[3]
➢ **Z99.11** **Dependence on respirator [ventilator] status**	o Do not bill in conjunction with cardiac pacemaker status (Z95.0).[2] o Do not use diagnosis as present on admission (POA). [7] o When placed on hospital claim together with any of the following primary diagnosis codes, it can only be used as NON-CC/NON MCC: J95.850, Z99.0, Z99.12, Z99.81 & Z99.89.[2] Does not treat a disease or condition. It's used only for life support.[5]
➢ **Common HCPCS used for DME**	o Claim submissions will always list the medical necessity first, then Z99.81 or Z99.11 as a secondary diagnosis: E0424, E0431, E0434, E0439, E0441, E0442, E0443 ,E0444, E0445, E0465, E0466, E0470, E0471, E0472, E0481, E0482, E0483, E0484, E1390, K0738 [2,6] (not all inclusive)

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DME Suppliers:

Oxygen and respiratory equipment is covered for home use when it is determined to be medically necessary and appropriate and prescribed by the participant's attending physician. [4]

Per MO Healthnet:	Home oxygen therapy is covered for participants who meet the Durable medical Equipment (DME) pre-certified medical criteria. DME pre-certification criteria documents may be found at https://dss.mo.gov/mhd/cs/dmeprecert/pdf/oxygen.pdf [4]
Approval period: o **Age 21 and over group 1 per DME precertification:**	Initial – Physician specified length of need up to 12 months.[6] Recertification – Physician specified length of need (including lifetime).[6]
o **Age 21 and over Group 2 per DME precertification:**	Initial – Physician specified length of need up to 3 months.[6] Recertification – Physician specified length of need up to 3 months.[6]
Under age 21: o **For those meeting coverage criterion 3A of DME precertification:**	Initial – Physician specified length of need up to 12 months.[6] Recertification – Physician specified length of need (including lifetime).[6]
o **For those meeting coverage criterion 3B or 3C of DME precertification:**	Physician specified length of need up to 90 days.[6]

1. https://www.nhlbi.nih.gov/health-topics/oxygen-therapy
2. https://www.supercoder.com/icd-10-codes
3. AHA Coding Clinic, 2002, Q4, Status V codes
4. http://manuals.momed.com/collections/collection_dme/print.pdf (pg195-198)
5. https://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0063006/
6. https://dss.mo.gov/mhd/cs/dmeprecert/pdf/oxygen.pdf
7. ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/ICD10CM/2019/ (POAexemptCodes2019.zip)

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➤ **Secure Portal Registration:** If you haven't already do so, please go to www.HomeStateHealth.com to register for our Secure Portal. Functions on the portal include: Verification of eligibility, submission of claims, entering authorizations, viewing patient care gaps, etc. Use of the portal is FREE for all services!

➤ **Electronic Funds Transfer / Electronic Remittance Advice**
· Home State Health Plan partners with PaySpan Health for EFT/ERA services.
· Please register with PaySpan Health at www.payspanhealth.com

Questions?
Contact Provider Relations at 1-855-694-4663.