

Policy Number: CP-MCD25-008A

Original Effective Date: January 1, 2026

Oxygen and Oxygen Equipment Policy

The purpose of this policy is to provide clarity and specificity for coverage of Oxygen and Oxygen Equipment.

DISCLAIMER

Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare's health plans. They are intended to serve only as a general reference regarding UCare's administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members.

These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the UCare plan document, the UCare plan document is used to determine coverage.

Medical Assistance (Medicaid) products may provide different coverage for certain services, which may be addressed in different policies. For Minnesota Health Care Program (MHCP) policies, please consult the MHCP Provider Manual website.

Medicare products may provide different coverage for certain services, which may be addressed in different policies. For Medicare National Coverage Determinations (NCD), Local Coverage Determinations (LCD), and/or Local Coverage Articles, please consult CMS, National Government Services, or CGS websites.

Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.

Product Summary

This coverage policy applies to the following UCare products:

UCare product	Applies to
UCare Individual & Family Plans (IFP), UCare IFP with M Health Fairview	
UCare Connect (SNBC)	✓
Prepaid Medical Assistance Program (PMAP), MinnesotaCare	✓
Minnesota Senior Care Plus (MSC+)	✓

Benefit category:

Medical Equipment and Supplies

Definitions or summary

Reasonable useful lifetime (RUL) for oxygen equipment is 5 years. The RUL is not based on the chronological age of the equipment. It starts on the initial date of services and runs for 5 years from that date. The oxygen supplier retains ownership during the 5-year rental period.

Accessories are included in the allowance for the rented oxygen equipment. Accessories, including but not limited to cannulas, tubing, face tent, masks, oxygen conserving devices, oxygen tent, humidifiers, regulators, and stand/rack are included in the allowance for rented oxygen equipment.

Provider

A DME provider/vendor, health care professional or facility licensed, certified, or otherwise qualified under state law to provide health services or supplies/equipment.

**Equipment purchased from internet-based retailers without a prescription from a licensed health care provider will not be covered.*

Rental/Purchase

- DME can be rented or purchased. Certain DME items, especially those of low cost or requiring customization can only be purchased.
- Depending on the device for a rented item, UCare has determined a set timeframe when the rental payments are "capped," and no further payments will be made.
- In the event UCare elects to purchase equipment currently being rented for a member, DME provider will apply all rental payments already made toward the cost of the purchase of the equipment.

Coverage policy

Covered

- **Rental Period:** Oxygen equipment is rented for **36 months**.
- **Included in Coverage:**
 - Rental of oxygen equipment
 - Delivery of equipment and oxygen content
 - Tubing and related accessories
 - Maintenance and repairs

Supplier Responsibilities (Post-36 Months):

- After the 36-month rental ends, the supplier **must continue** to:
 - Maintain equipment in **good working order**
 - Furnish equipment, supplies, and accessories
- This obligation lasts **as long as medically necessary** or **until a 5-year RUL period ends**
- **No additional charges** can be made for these services

Provider Requirements:

- Equipment must be ordered by a **treating practitioner**
- Must be supplied by a **Medicare-certified oxygen supplier**

Break in Continuous Use:

A break is defined as:

- **60 days or more** with **no equipment use**, and:
 - The provider **removes the equipment**, or
 - The member is in a **hospital or skilled nursing facility**

New 36-Month/5-Year Cycle:

- A **new 36-month rental period** and **5-year supplier obligation** begins:
 - When the previous **5-year period ends**
 - And the member receives **new oxygen equipment**

Not covered

- Non-Medicare certified oxygen supplier
- Oxygen purchased from an airline for use during travel
- Stands, racks and wheeled carts for oxygen equipment are not separately covered
- Replacement accessories for portable concentrators are not covered because MHCP does not purchase portable concentrators
- Portable liquid or gas oxygen systems for members with portable concentrators, home liquefier systems or home compressor systems
- Second concentrators for use at school or work for members with portable concentrators, home liquefier systems or home compressor systems
- Items or services provided/used outside the United State and its territories

CPT/ HCPCS/ICD-10 Codes

**Note: If available, codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. This list may not be all-inclusive.*

CPT®, HCPCS or ICD-10 CODES	Modifier	Narrative Description

*CPT is a registered trademark of the American Medical Association.

Prior authorization

Not Required

Related policies and documentation

References to other policies or documentation that may be relevant to this policy

Policy Number	Policy Description

References and source documents

Links to the Ucare contracts, Center for Medicare and Medicaid Services (CMS), MHCP, Minnesota statute and other relevant documents used to create this policy

[Minnesota Health Care Program \(MHCP\) Provider Manual](#)

[9505.0310 Medical Supplies and Equipment Statute](#)

Coverage policy development and revision history

Version	Date	Note(s)
V1	Oct 7, 2025	New policy