



Frequently Asked Questions

1. 5 year replacement (End of useful lifetime of equipment)?

Medicare does give a statement where useful lifetime is 5 years. And this information though not in the LCD is found in the Oxygen Repair and Replacement policy.

A. The reasonable useful lifetime for stationary or portable oxygen equipment begins when the oxygen equipment is first delivered to the beneficiary and continues until the point at which the stationary or portable oxygen equipment has been used by the beneficiary on a continuous basis for five years.

- Computation of the reasonable useful lifetime is not based on the age of the equipment.

2. Change of Insurance from traditional to Medicare to Medicare or Commercial Health Plan to Medicare Health Plan; will new cap begin?

A. Finally, if the beneficiary switches to a new supplier and new equipment prior to the end of the reasonable useful lifetime period, this does not result in the start of a new reasonable useful lifetime period or a new 36-month payment period.

The Health Plan will review if there are extenuating circumstances.

For example: Changing from noncontracted to contracted provider, leaving area etc.

Providers are to contact the Health Plan if there are questions.

3. Another Insurance is Primary for commercial Health Plan is secondary how will the claims pay? If patient is capped by Health Plan and Primary Insurance pays the monthly rental?

We would pay the benefit under HP member benefit and provider contract.



4. **Change of Modality from liquid to gas, gas to liquid: capped equipment will need replaced when condition has changed and/or Physician order will new cap begin?**

Per CMS new capped rental period does not begin if there is a change from one modality to another. "If there is a change in oxygen equipment modalities (e.g., from a concentrator to a stationary liquid oxygen system) prior to the end of the reasonable useful lifetime period, this does not result in the start of a new reasonable useful lifetime period or a new 36-month payment period. "The Health Plan is following this rule.

5. **Is a new CMN / Script required with replaced / new capped rental after 5 years, even (Required with Medicare)?**

YES.

6. **Is new testing required with replaced/new capped rental after 5 years (Not required with Medicare)?**

Found under replacement of oxygen equipment heading in policy.

Per Medicare a new Certificate of Medical Necessity (CMN) is required in these situations.

Contractors should continue to follow the existing guidelines for requiring recertification CMNs for all situations in which oxygen equipment is being replaced.

The most recent qualifying value and testing date should be entered on the CMN.

An order is also required when replacing equipment.

A. New testing, however, is not required unless it is necessary in order to meet existing medical review guidelines for oxygen and oxygen equipment.



7. Is new auth required for replaced/new capped rental after 5 years, even though lifetime need was met on original equipment?

Don't mix up medical need with ongoing documentation requirements. Medicare/Health Plan requires updated CMN and testing periodically regardless of DX or lifetime need

8. Exchange of equipment under warranty or not under warranty-who pays for repair or replacement prior to 36 month cap and after 36 mo cap: between 37 and 60?

The supplier as indicated.

9. Travel patients after 36 month cap; who is responsible to provide equipment out of our service area?

New travel O2 info came out 5/6/09. Can be found in NGS Web Site

<http://www.ngsmedicare.com/content.aspx?DOCID=641>

Also in Travel Oxygen policy posted on intranet. Again providers may call with questions/issues for The Health Plan to review on an individual basis.

10. Will new capped rental start with a change of medical necessity such as high liter flow; modality change, prior to years or after 3 years?

NO.

11. Is a new signature required on replacement of equipment after 5 years?

See above questions 5-6 for answer.



12. How can providers verify the months on rent prior to delivery to determine if the provider can provide the equipment? Will this service be available online by providing the HCPCS and Health Plan can inform of the number of months paid?

Verification will be required.

For example: Switchover from other Durable Medical Equipment supplier when they are not pleased with their service, traditional Medicare to managed care; managed care to managed care Advantage to Health Plan.

Providers will need to get as much information as possible from member. If Health Plan member, they can call in to see what we have in system as to number of months we've authorized and/or paid maintenance.

Verification will be required.