Home Oxygen Therapy Reason Codes and Statements

August 18, 2023

Reason Code	GROUP I
OX000	The medical record documentation does not support any of the Group I criteria. Refer to National Coverage Determination 240.2 & Local Coverage Determination L33797.

Reason Code	GROUP II
OX100	The medical record documentation does not demonstrate a qualifying Group II arterial PO2 of 56-59 mm Hg or an arterial blood oxygen saturation at or below 89 percent. Refer to National Coverage Determination 240.2 & Local Coverage Determination L33797.
OX101	The medical record documentation contains a qualifying saturation for Group II, however the medical records do not support the presence of any qualifying conditions. Refer to National Coverage Determination 240.2 & Local Coverage Determination L33797.
OX102	The medical record documentation does not include evaluation and documentation of a repeat qualifying blood gas test by the treating practitioner between the 61st and 90th days after initiation of Group II therapy. Refer to Code of Federal Regulations 1834(a)(5) & Policy Article A52514.

Reason Code	GROUP III
OX200	For Group III, the medical record documentation does not support there is an absence of hypoxemia defined in Group I and Group II. Refer to Local Coverage Determination L33797.
OX201	For Group III, the medical record documentation does not support the beneficiary has a medical condition with distinct physiologic, cognitive, and/or functional symptoms documented in high-quality, peer-reviewed literature to be improved by oxygen therapy, such as cluster headaches (not all inclusive). Refer to Local Coverage Determination L33797.
OX202	The medical record documentation does not include evaluation and documentation of a repeat, normoxemic, qualifying blood gas test by the treating practitioner between the 61st and 90th days after initiation of Group III therapy. Refer to National Coverage Determination 240.2 & Policy Article A52514.

Reason Code	GROUP IV
OX300	The medical record documentation supports the beneficiary has angina pectoris in the absence of hypoxemia. Refer to National Coverage Determination 240.2 & Local Coverage Determination L33797.
OX301	The medical record documentation supports the beneficiary has dyspnea without cor pulmonale or evidence of hypoxemia. Refer to National Coverage Determination 240.2 & Local Coverage Determination L33797.
OX302	The medical record documentation supports the beneficiary has severe peripheral vascular disease resulting in clinically evident desaturation in one or more extremities but in the absence of systemic hypoxemia. Refer to National Coverage Determination 240.2 & Local Coverage Determination L33797.
OX303	The medical record documentation supports the beneficiary has a terminal illness that does not affect the ability to breathe. Refer to National Coverage Determination 240.2 & Local Coverage Determination L33797.

Reason Code	BLOOD GAS STUDY / HOME SLEEP TEST
OX400	The medical record documentation does not include a blood gas study. Refer the National Coverage Determination 240.2, Local Coverage Determination L33797, & Policy Article A52514.
OX401	The medical record documentation does not support the blood gas study was performed while the beneficiary was on 4 or more liters of oxygen per minute. Refer to Local Coverage Determination L33797 & Policy Article A52514.
OX402	The medical record documentation does not support the blood gas study was obtained within two days of discharge from an inpatient hospital stay. Refer to National Coverage Determination 240.2 & Local Coverage Determination L33797.
OX403	The medical record documentation does not contain a qualifying blood gas study performed at rest (awake) or during exercise to support a portable oxygen system. Refer to National Coverage Determination 240.2 & Local Coverage Determination L33797.
OX404	The medical record documentation does not indicate the qualifying blood gas study was performed in-person by a treating practitioner or other medical professional qualified to conduct exercise oximetry testing. Refer to National Coverage Determination 240.2 & Local Coverage Determination L33797.
OX405	The medical record documentation does not support a valid blood gas study obtained during exercise. Refer National Coverage Determination 240.2 & Local Coverage Determination L33797.

OX406	The blood gas study obtained during exercise does not include testing during exercise without oxygen. Refer National Coverage Determination 240.2 & Local Coverage Determination L33797.
OX407	The blood gas study obtained during exercise does not include testing during exercise with oxygen applied to demonstrate the improvement of the hypoxemia. Refer National Coverage Determination 240.2 & Local Coverage Determination L33797.
OX408	The medical record documentation does not indicate all three oximetry studies for exercise testing were performed within the same testing session. Refer to Local Coverage Determination L33797.
OX409	The medical record documentation does not support a valid blood gas study obtained during sleep. Refer to National Coverage Determination 240.2 & Local Coverage Determination L33797.
OX410	The medical record documentation does not include an overnight oximetry testing of a minimum of two hours for criterion 3, Group I coverage. Refer to National Coverage Determination 240.2 & Local Coverage Determination L33797.
OX411	The medical record documentation does not include an overnight oximetry showing a decrease of PO2 more than 10 mm Hg or oxygen saturation more than 5 percent from baseline saturation for Group 1. Refer to National Coverage Determination 240.2 & Local Coverage Determination L33797.
OX412	The medical record documentation includes an overnight oximetry showing a decrease of more than 5 percent from baseline saturation taken during sleep, however does not support symptoms or signs reasonably attributable to hypoxemia. Refer to National Coverage Determination 240.2 & Local Coverage Determination L33797.

Reason Code	**POLYSOMNOGRAPHY / OSA**
OX500	The medical record documentation does not support the obstructive sleep apnea was appropriately and sufficiently treated such that the underlying condition resulting in hypoxemia is unmasked before oxygen saturation results obtained during sleep testing are considered qualifying for oxygen therapy. Refer to Local Coverage Determination L33797.
OX501	The medical record documentation does not support a qualifying oxygen saturation test during a titration polysomnographic study, for a beneficiary with obstructive sleep apnea. Refer to Local Coverage Determination L33797.
OX502	The medical record documentation does not support the titration polysomnography study was conducted over a minimum of two hours. Refer to Local Coverage Determination L33797.

OX503	The medical record documentation does not support during the polysomnography study titration the apnea-hypopnea index (AHI)/respiratory disturbance index (RDI) was reduced to less than or equal to an average of ten events per hour. Refer to Local Coverage Determination L33797.
OX504	The medical record documentation does not support further reduction in apnea-hypopnea index (AHI)/respiratory disturbance index (RDI) during the polysomnography titration as the initial AHI/RDI was less than an average of ten events per hour. Refer to Local Coverage Determination L33797.
OX505	The medical record documentation does not support the titration polysomnography study was obtained after optimal positive airway pressure (PAP) settings were determined and the beneficiary is using the PAP device at those settings. Refer to Local Coverage Determination L33797.
OX506	The medical record documentation does not support the titration polysomnography study demonstrated an oxygen saturation less than or equal to 88 percent. Refer to Local Coverage Determination L33797.

Reason Code	MISCELLANEOUS POLICY CRITERIA
OX600	The medical record documentation does not support that the qualifying blood gas study was performed at the time of need. Refer to National Coverage Determination 240.2, Local Coverage Determination L33797, & Policy Article A52514.
OX601	The medical record documentation does not support the treating practitioner has ordered and evaluated the results of a qualifying blood gas study performed. Refer to National Coverage Determination 240.2, Local Coverage Determination L33797, & Policy Article A52514.
OX602	Emergency or stand by oxygen systems are not reasonable and necessary. Refer to Local Coverage Determination L33797.
OX603	During the initial 36 month rental period there is no separate payment for maintenance and servicing. Refer to Medicare Benefit Policy Manual Chapter 15 Section 110.2, Medicare Claims Processing Manual Chapter 20 Section 40.2 & Policy Article A52514.
OX604	Maintenance and servicing visits are not covered more often than every 6 months, beginning no sooner than 6 months following the end of the rental period. Refer to Medicare Benefit Policy Manual Chapter 15 Section 110.2, Medicare Claims Processing Manual Chapter 20 Section 40.2 & Policy Article A52514.
OX605	Maintenance and servicing visits for beneficiary owned oxygen equipment is statutorily noncovered. Refer to Code of Federal Regulations 1834(a)(5)(F), Medicare

	Benefit Policy Manual Chapter 15 Section 110.2, Medicare Claims Processing Manual Chapter 20 Section 40.2 & Policy Article A52514.
OX606	The medical record documentation does not support the beneficiary is mobile in the home for Groups I and II. Refer to National Coverage Determination 240.2 & Local Coverage Determination L33797.

Reason Code	**ADMINISTRATIVE/OTHER** *(For Transmission via esMD)*
GEX04	Other
GEX05	The system used to retrieve the Subscriber/Insured details using the given MBI is temporarily unavailable.
GEX06	The documentation submitted is incomplete
GEX07	This submission is an unsolicited response
GEX08	The documentation submitted cannot be matched to a case/claim
GEX09	This is a duplicate of a previously submitted transaction
GEX10	The date(s) of service on the cover sheet received is missing or invalid.
GEX11	The NPI on the cover sheet received is missing or invalid.
GEX12	The state where services were provided is missing or invalid on the cover sheet received.
GEX13	The Medicare ID on the cover sheet received is missing or invalid.
GEX14	The billed amount on the cover sheet received is missing or invalid.
GEX15	The contact phone number on the cover sheet received is missing or invalid.
GEX16	The Beneficiary name on the cover sheet received is missing or invalid
GEX17	The Claim number on the cover sheet received is missing or invalid
GEX18	The ACN on the coversheet received is missing or invalid
GEX19 (Effective 10/01/2021)	Provider is exempted from submitting this PA request