



Home Oxygen Costs and Coverage: What You Need to Know

The American Lung Association estimates more than one million Americans use home oxygen on a long-term basis. It's a huge national health expenditure with home oxygen costs adding up to more than 2.8 billion dollars every year. Home oxygen is the most expensive non-surgical treatment paid for by Medicare as part of its Durable Medical Equipment (DME) coverage.

What home oxygen costs does Medicare cover?

The typical monthly cost for oxygen equipment and supplies is \$300. Medicare and most private insurance companies pay 80% of this cost — about \$240 per month. You must pay the remaining \$60 unless you have a second insurance policy.

Many companies follow [Medicare's reimbursement guidelines](#). But, check with your insurance company just to be sure.

Get the system you want

Many supply companies will push certain systems, because they're less expensive to buy and maintain. You may have to negotiate to get the specific system your doctor prescribes. This is especially true for liquid oxygen systems, which cost more than others.

Take a stand for your health

In recent years, Medicare has made deep cuts to [oxygen therapy](#) reimbursement. There will likely be more cuts in the future. These cuts make it hard for some people to pay for the services they need. This threatens their health and safety.

If you are concerned about future cuts, speak up! You can call or write lawmakers and voice your concerns. Help make sure that people who need this life-saving therapy can get it.



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For more in-depth information on this topic, please visit the [Big Fat Reference Guide \(BFRG\)](#). If you are enrolled in AlphaNet's Subscriber Portal, you can access the BFRG [here](#).

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