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The Real Rules for Switching Medicare Oxygen Suppliers (And How to Do It Without Losing a Day of Coverage)

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KEY POINTS

- Medicare oxygen equipment is always rented, never purchased, under a structured 36-month rental followed by 24 months of continued service — a total 5-year cycle.
- You can freely switch suppliers at the end of your 5-year cycle; mid-cycle switches are only permitted in specific circumstances defined by Medicare rules.
- Your current supplier has legal obligations to keep serving you throughout the cycle, even after rental payments stop — and they cannot abandon you mid-cycle without consequence.
- If your new supplier's claim is denied, you have the right to appeal, and most denials that are appealed get overturned.
- A Solace advocate can help you work through the rules, verify your options, and make sure you never go a day without the equipment you need.

If you rely on home oxygen, you already know how much your equipment matters. It keeps you breathing well enough to sleep, move, and live. So when something goes wrong with your supplier — poor service, equipment problems, an upcoming move, or a supplier suddenly closing their doors — the idea of losing access to your oxygen is terrifying. And the Medicare rules governing how to switch Medicare oxygen suppliers are not exactly easy to understand.

The short version: switching is possible, but timing and paperwork matter more than most people realize. The Medicare system has built a specific structure around oxygen equipment — one that's different from other durable medical equipment (DME) — and if you don't understand that structure first, a supplier switch can go sideways fast. A Solace advocate can help you work through the rules, verify your options, and make sure you never go a day without the equipment you need. This article explains exactly what the rules are, when switching is allowed, and how to do it right. You are not stuck, and you are not to blame for a system that doesn't explain any of this clearly.

It takes just a minute to [see if you're covered](#).

How Medicare Oxygen Coverage Actually Works (The Rental Structure You Need to Know)

Before you can understand your switching options, you need to understand how Medicare pays for oxygen — because it works differently from almost every other piece of durable medical equipment (DME) Medicare covers.

Medicare does not buy oxygen equipment. It rents it. The rental structure runs on a strict timeline that directly controls when and whether you can switch suppliers.

Months 1–36: The active rental period. During the first 36 months, Medicare pays your supplier a monthly rental fee. That single payment covers everything: the equipment itself, all refills of oxygen tanks or cylinders if you use gaseous or liquid oxygen, all necessary supplies and accessories, and all maintenance and servicing. You pay 20% of each month's rental fee. Your supplier owns the equipment and is responsible for keeping it working. Under federal regulation (42 CFR §414.226), the supplier that starts your rental in month one must continue providing it through the entire 36-month period — they cannot hand you off mid-rental without cause.

Months 37–60: The continued service period. After month 36, Medicare stops making rental payments for the equipment itself — but your supplier doesn't stop serving you. They are legally required to continue providing your oxygen and equipment for up to 24 more

you legally require to continue paying for oxygen and equipment for up to 36 months, as long as you still have a medical need. Medicare continues to pay for oxygen contents (refills for gaseous or liquid systems) and pays for maintenance and servicing visits every six months for concentrators and transfilling equipment. If you use a stationary concentrator, you'll begin paying coinsurance for those servicing visits six months after the rental cap ends.

Month 61 and beyond: New cycle begins. After five years of continuous use, the supplier's obligation ends. If you still need oxygen, you must get new equipment and Medicare begins a new 36-month rental period. You can choose any Medicare-enrolled supplier, and there is no limit to how many 5-year cycles you can complete.

The relevant HCPCS billing codes for oxygen equipment include E0424, E0431, E0433, E0439, and E0441–E0444. You don't need to memorize these, but they matter for billing continuity when you change suppliers — a new supplier will use these codes to initiate your new rental claim.

For a deeper look at how Medicare covers oxygen for specific conditions like COPD, see our article on [Medicare oxygen coverage for COPD](#).

When Can You Legally Switch Oxygen Suppliers Under Medicare?

Here's what most people don't know: you generally **cannot switch oxygen suppliers** freely during your rental cycle. The federal rules are strict. The supplier who starts your rental is bound to you — and you to them — through the end of the cycle, with only narrow exceptions.

This isn't intuitive. With most consumer services, you can switch providers whenever you want. Medicare oxygen doesn't work that way, and the reason is structural: the entire rental and service payment system is built around a single supplier relationship. Switching mid-cycle without a qualifying reason will likely result in a coverage denial.

That said, there are four situations where a switch is allowed — and understanding each one is important.

At the End of Your 5-Year Cycle

This is the cleanest, most common, and most straightforward time to switch. At month 61, your existing supplier's obligation ends and Medicare's 5-year cycle resets. You can choose any Medicare-enrolled supplier that accepts assignment, and Medicare begins a new 36-month rental period with them.

To start the new rental, your new supplier will need current medical necessity documentation, which typically includes a recent certificate of medical necessity (CMN) — a form your doctor completes confirming you still require home oxygen — along with an updated physician order. Your doctor may also need to verify your oxygen prescription with recent blood gas testing, depending on the supplier's requirements.

A new 5-year clock starts on the date your new supplier first delivers equipment. The old supplier's equipment gets returned at that point.

If Your Current Supplier Goes Out of Business or Exits Medicare

Suppliers occasionally close, lose their Medicare billing privileges, or voluntarily exit the Medicare oxygen business. When that happens, CMS treats your equipment as "lost" under 42 CFR §414.210(f), which triggers the right to replacement equipment.

Your DME Medicare Administrative Contractor (DME MAC) — the regional Medicare contractor that handles durable medical equipment claims — establishes a new 36-month rental period with your replacement supplier, starting from the date new equipment is delivered. You'll need current medical necessity documentation, but importantly, blood gas testing does not need to be repeated — the most recent qualifying test result on file is sufficient.

The most common mistake in this situation: choosing a supplier who is not enrolled in Medicare in the scramble to find coverage quickly. If your replacement supplier doesn't have a valid Medicare billing number and doesn't accept assignment, your claim will be denied and you may face unexpected costs. Always verify enrollment before equipment is delivered.

To learn about your options if a claim gets denied in any context, see our article on [how to appeal a denied Medicare claim](#).

If Your Medical Needs Change and Your Supplier Can't Meet Them

If your doctor now orders a different type of oxygen equipment — say you need a portable

oxygen concentrator but your current supplier only carries stationary tanks — and your supplier cannot accommodate that change, a supplier transfer may be approved.

The key here is documentation. Under 42 CFR §414.226(g)(2), a supplier cannot change the modality of your equipment without a physician order. If your doctor orders new equipment and your supplier cannot provide it, your physician must clearly document both the new clinical need and the specific equipment limitation — naming the exact equipment type your supplier cannot supply. Vague documentation that simply says "patient needs different equipment" is the most common reason these transfers get denied.

For more on how Medicare documents and approves different equipment types, see our resource on [Medicare portable oxygen concentrator coverage](#).

If You Move Outside Your Supplier's Service Area

If you move — temporarily or permanently — outside your supplier's geographic service area, the rules depend on where you are in your cycle.

During months 1–36, your original supplier is required to arrange for a local supplier in your new area to take over. The burden of coordinating this transfer is on your supplier, not on you. After month 36, you can switch directly to a local supplier.

One important detail: if you live in or move to a **competitive bidding area (CBA)**, additional rules apply. Under Medicare's Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program, only contract suppliers — suppliers who won a contract through Medicare's competitive bidding process — are eligible to provide your equipment in that area. Using a non-contract supplier in a CBA can result in full cost to you rather than Medicare's normal 80/20 split. More on this in the step-by-step section below.

How to Switch Suppliers: Step by Step

Once you've confirmed you have a qualifying reason to switch, follow these steps carefully. Rushing through any of them is the most common source of gaps in coverage.

1. **Confirm where you are in your 5-year rental cycle.** Check your Medicare Summary Notice (MSN) — the document Medicare mails you after claims are processed — or log in to your Medicare account at [Medicare.gov](#). You can also call 1-800-MEDICARE (1-800-633-4227) and ask for your oxygen rental start date.
2. **Talk to your doctor.** Get an updated certificate of medical necessity (CMN) and a current physician order. If your situation involves a change in medical needs, ask your doctor to document the specific equipment type now required and why your current supplier cannot meet that need.
3. **Find a Medicare-enrolled supplier who accepts assignment in your area.** Use the supplier directory at [Medicare.gov](#) to search for DME suppliers near you. Confirm they are actively enrolled in Medicare, that they accept assignment (meaning they agree to accept Medicare's approved payment as full payment), and that they carry the specific type of oxygen equipment you need.
4. **Check your competitive bidding area status.** Visit [Medicare.gov](#) to see whether you live in a competitive bidding area. If you do, you must use a contract supplier. The site will show you which suppliers in your area hold contracts.
5. **Notify your current supplier in writing.** Write a letter or email documenting your intent to switch at the end of your cycle (or your qualifying reason for switching mid-cycle). Keep a copy and note the date. Your current supplier has ongoing legal obligations and must be formally notified.
6. **Coordinate the equipment handoff carefully.** Confirm the exact delivery date of your new equipment before returning any current equipment. Do not return anything until the new equipment is confirmed delivered and working. Never have a gap in coverage — even a single day without oxygen can be a medical emergency.
7. **Confirm your new supplier has filed with Medicare.** After delivery, follow up within two weeks by checking [Medicare.gov](#) or calling 1-800-MEDICARE to confirm your new supplier's claim has been submitted. If there's a problem, you want to know early.

Switching oxygen suppliers involves paperwork, timing, and rules that most people don't have time to sort through on their own — especially when they're already managing a health condition.

A Solace advocate can handle the process for you. Our advocates are nurses, social workers, and clinical researchers who have worked inside the healthcare system and know exactly how these situations get resolved. They make the calls, file the paperwork, and follow up until everything is in order. You get a dedicated advocate — no bouncing around, no repeating yourself. And for most patients, Solace advocacy is covered by insurance.

[Connect with a Solace advocate today](#)

What Your Current Supplier Is Required to Do During the Switch

This is something most articles skip, and it's important: your current supplier has real legal obligations during your rental period, and they cannot simply stop serving you because you've expressed a desire to switch.

During months 1–36, your supplier is required by federal regulation to provide all equipment, oxygen, supplies, accessories, and maintenance at no additional charge beyond your standard 20% coinsurance. They cannot charge you extra for service visits, equipment maintenance, or supplies that are necessary for use of the equipment.

During months 37–60, even though rental payments have stopped, your supplier must continue providing your oxygen and equipment for the duration of the reasonable useful lifetime (5 years total from the start date). The obligation doesn't end just because payments stopped — the supplier is still legally bound to serve you.

Your supplier **cannot refuse to continue service mid-cycle**. If your supplier stops serving you without a legitimate reason — or tries to pressure you out of your equipment before the cycle ends — that is a violation of their Medicare supplier standards under 42 CFR §424.57(c).

If your supplier abandons you or refuses to continue service, file a complaint with your regional DME MAC. Each region of the country has a contracted DME MAC — the four national contractors are CGS Administrators, Noridian Healthcare Solutions, Palmetto GBA, and Wisconsin Physicians Service (WPS). You can find the right one for your state on the CMS website. Violations are reported to the National Provider Enrollment system, which can affect a supplier's Medicare billing privileges.

For a broader understanding of Medicare DME coverage rules and supplier obligations, see our guide on [Medicare DME coverage rules](#).

How to Avoid a Gap in Equipment or Coverage

A gap in oxygen supply is not a billing inconvenience. It is a medical risk. This section matters.

Never return your current equipment until your new equipment is confirmed delivered and working. This is the single most important rule. Confirm the delivery date with your new supplier in writing — by email, text, or a written delivery confirmation — before you arrange for the return of your current equipment.

Keep a backup supply. During the transition period, try to maintain at least two to three days of backup oxygen. If you use gaseous or liquid oxygen systems, ask your current supplier for extra tanks before the transition. If you use a concentrator, make sure you have a plan in case of power outages — know where your nearest emergency oxygen source is and who to call.

Confirm your new supplier carries your specific equipment type before switching. This is especially important for portable oxygen concentrators. Not every Medicare supplier carries every model. If you need a specific portable unit — particularly one your doctor has prescribed for its flow rate or battery life — confirm the supplier stocks it before you commit.

Get the delivery date in writing. A verbal promise is not enough. Ask for a written confirmation of the delivery date and the equipment that will be delivered. If something changes on the supplier's end, you need documentation to protect yourself.

Portable equipment transitions require extra coordination. If you depend on a portable oxygen concentrator for mobility, verify that your new supplier can set it up and service it before your old equipment is picked up. For more detail on how [Medicare portable oxygen concentrator coverage](#) works, including documentation requirements and supplier enrollment rules, see our full guide.

Medicare Advantage: Different Rules to Know

If you are enrolled in a Medicare Advantage (MA) plan — sometimes called Medicare Part C — rather than Original Medicare, your oxygen coverage works under different rules, even though the law requires MA plans to cover oxygen at least at the same level as Original Medicare.

The key differences come down to network restrictions and prior authorization requirements.

In-network supplier requirements. MA plans require you to use suppliers in their provider

network. If you choose a supplier that is Medicare-enrolled but not in your MA plan's network, you may be responsible for the full cost of equipment — not just your normal 20% coinsurance. Before switching, call your plan's member services line or review your Summary of Benefits to confirm whether your prospective new supplier is in-network.

Prior authorization is often required. Many MA plans require a new prior authorization when you switch to a new oxygen supplier, even if your medical necessity is already well established and your doctor's prescription hasn't changed. This is a feature of the way MA plans manage utilization — and it applies to supplier switches even when the underlying clinical need hasn't been questioned.

Switching suppliers may require a completely new authorization. Do not assume that an existing prior authorization from your previous supplier will transfer. Contact your MA plan before the switch and ask specifically whether a new prior authorization is required for your new supplier. Get the answer in writing if possible.

What to do if your MA plan denies the switch. If your plan denies the request for a new supplier, you have the right to appeal. According to KFF, 83% of prior authorization appeals are overturned — yet only about 10% of denials are ever appealed. If your coverage is denied, appealing is worth doing. See our guide on [how to appeal a denied Medicare claim](#) for step-by-step instructions.

For a comprehensive overview of how Part B durable medical equipment coverage applies under both Original Medicare and MA plans, see our guide on [Medicare coverage for COPD](#), which covers DME authorization and prior auth in detail.

Frequently Asked Questions

Can I switch Medicare oxygen suppliers whenever I want?

No. Medicare oxygen suppliers can only be switched at specific times. The clearest and most common opportunity is at the end of your 5-year rental cycle (month 61 and beyond). Mid-cycle switches are permitted only in specific situations: your supplier exits Medicare, your medical needs change and your supplier cannot accommodate the new equipment type, or you move outside your supplier's service area. Attempting to switch outside these circumstances will typically result in a coverage denial.

What happens to my oxygen equipment when I switch suppliers?

When you switch at the end of your 5-year cycle, your current supplier picks up the old equipment and your new supplier delivers new equipment. The timing of this handoff is critical — never return your current equipment until your new equipment has been delivered and confirmed working. If you are switching mid-cycle because your supplier exited Medicare, CMS treats the situation as lost equipment and your new supplier establishes a fresh 36-month rental period.

Do I need a new prescription to switch oxygen suppliers?

Yes, in most cases. Your new supplier will need a current certificate of medical necessity (CMN) and an updated physician order before Medicare will pay for your new rental. If your switch is due to a supplier exiting Medicare, you do not need to repeat blood gas testing — the most recent qualifying test result is sufficient. If your switch involves a change in equipment type due to new medical needs, your doctor must document both the new clinical need and the specific equipment limitation.

What if my oxygen supplier goes out of business?

If your supplier closes or exits Medicare, CMS treats your equipment as "lost" under 42 CFR §414.210(f). This triggers the right to replacement equipment, and your DME Medicare Administrative Contractor (DME MAC) establishes a new 36-month rental period with your replacement supplier. You must find a Medicare-enrolled replacement supplier who accepts assignment. The most common mistake is rushing to a non-Medicare-enrolled supplier — always verify enrollment before equipment is delivered.

Can I switch suppliers if I move to a new state?

Yes, though the process depends on where you are in your rental cycle. During months 1–36, your original supplier is legally required to arrange for a local supplier to take over in your new location. After month 36, you can switch directly to a supplier in your new area. In both cases, confirm whether your new location is in a competitive bidding area, which would require you to use a contract supplier.

What is my current supplier legally required to provide during the rental period?

During months 1–36, your supplier must provide all equipment, oxygen contents, supplies,

accessories, maintenance, and servicing at no additional charge beyond your standard 20% coinsurance. After month 36, they must continue providing equipment and services for the remainder of your 5-year reasonable useful lifetime, as long as you still have a medical need for oxygen. They cannot refuse to serve you mid-cycle, and a supplier who abandons you is in violation of Medicare's DMEPOS supplier standards.

How do I find a Medicare-enrolled oxygen supplier?

Use the supplier directory at [Medicare.gov](https://www.medicare.gov) to search for DME suppliers in your area. Filter by "oxygen equipment" and confirm each supplier is actively enrolled, accepts assignment, and carries your specific equipment type. If you live in a competitive bidding area, the directory will also show you which suppliers hold contracts for your area — and you must use one of those contract suppliers.

Does Medicare Advantage cover oxygen supplier switches?

Medicare Advantage plans are required by law to cover oxygen at least at the same level as Original Medicare. However, MA plans add their own rules: in-network supplier requirements, prior authorization for new suppliers, and plan approval of the switch. Choosing an out-of-network supplier may leave you responsible for the full cost. Always contact your MA plan before switching to confirm network status and whether a new prior authorization is required.

What is a competitive bidding area and how does it affect my supplier options?

A competitive bidding area (CBA) is a geographic region where Medicare uses a competitive bidding process to select DME suppliers — called contract suppliers. In a CBA, you are required to use a contract supplier for Medicare-covered oxygen equipment. Using a non-contract supplier in a CBA means Medicare may not cover the costs. You can check whether your zip code falls in a CBA and find approved contract suppliers at [Medicare.gov](https://www.medicare.gov).

What do I do if my new supplier denies my oxygen coverage?

If your new supplier's claim is denied, request a written explanation and identify the specific reason for denial — documentation problems, enrollment issues, and competitive bidding area conflicts are the most common causes. Once you know the reason, you can address it directly. You have the right to file an appeal with Medicare. Data from KFF shows that 83% of prior authorization appeals are overturned, yet only about 10% of denials are ever appealed. Filing an appeal is almost always worth the effort. See our [step-by-step guide on how to appeal a denied Medicare claim](#) for the full process.

You Don't Have to Sort Through This Alone

Switching Medicare oxygen suppliers means tracking rental cycles, getting updated paperwork from your doctor, confirming supplier enrollment, verifying competitive bidding area status, and coordinating a handoff that cannot have a single day's gap — all while managing a health condition that requires you to breathe well.

That is a lot to carry.

A Solace advocate can help you navigate through all of it. They are nurses, social workers, and clinical researchers who know Medicare's DME rules in detail. They make the calls to confirm supplier enrollment, work with your doctor's office to get updated documentation, monitor your transition timeline, and follow up until new equipment is delivered and claims are filed. You don't get a checklist — you get a person who does the work. One dedicated advocate, start to finish, no bouncing around. And because Solace advocacy is covered by insurance, the barrier to getting this kind of support is low.

Research from the CHCAO (Coalition of Health Care Advocacy Organizations) shows that 92% of patients see better health outcomes when they work with an advocate, and 98% feel more in control of their care. When the system is this complicated, having someone in your corner isn't a luxury. It's practical.

Check at [find.solace.health](https://www.solace.health). It only takes a minute.

REFERENCES

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