

Medicare Oxygen Qualifications

Diagnosis – Oxygen will be covered for patients who have either 1.) *“A severe lung disease”* (COPD, Interstitial Lung Disease, lung cancer, etc.) or 2.) *“Hypoxia-related symptoms that might be expected to improve with oxygen therapy.”* You must also document what is causing those symptoms (CHF, Kidney Disease, etc.).

Testing – Testing must be completed within 48 hours of a hospital discharge, or 30 days from an outpatient office visit. The testing must be conducted while the patient is in their **chronic, stable state**. The patient cannot be suffering from an acute respiratory illness (COPD exacerbation, Pneumonia, etc.) or still taking meds (antibiotics, steroids) while recovering from an acute illness.

Room Air at Rest = ____%

If the patient is $\leq 88\%$ RA @ rest, the patient qualifies for continuous oxygen.

If the patient is $\geq 89\%$, you must complete **both** of the following tests:

Room air while ambulating = ____%

On ____ LPM while ambulating = ____%

The patient must first become Hypoxic to prove a need. The second test of the same activity with oxygen introduced *“document[s] that the use of oxygen improves the Hypoxemia that was demonstrated during exercise when the beneficiary was breathing room air.”*

Documentation –

- The use of oxygen must be linked to the *“severe lung disease”* or you need to provide a narrative re: what *“Hypoxia-related symptoms that might be expected to improve with oxygen therapy”* the patient has (i.e. shortness of breath upon exertion, cyanosis, impaired cognitive abilities etc.), **and** how the introduction of oxygen therapy will improve the patient’s quality of life.
- Previous therapies have been tried or considered.
 - o For COPD patients, what inhalers has the patient been on before?
 - o For CHF, what heart medications has the patient taken previously?

* All notes in italics are pulled directly from the Medicare LCD. *





Oxygen

Documentation Required

- ❖ **Private insurance payers**
 - Prescription
 - ✓ Oxygen liter flow and method of administration (nasal cannula, BIPAP, mask) are required
 - Medical record notes specifying medical necessity
 - Many plans follow Medicare's documentation criteria
- ❖ **Medicaid**
 - Medicaid Certificate of Medical Necessity
 - ✓ CMN may replace prescription form if the "plan" section of the CMN lists all the equipment and supplies needed per month; **and**
 - ✓ Oxygen liter flow and method of administration is specified
 - Medical record notes specifying medical necessity
- ❖ **Medicare**
 - CMS 484 Certificate of Medical Necessity
 - Oxygen saturation or arterial blood gas testing
 - Provider (MD, DO, PA-C, ANP) face to face examination

Oxygen Testing requirements

- ❖ **Group I Criteria (maximum length of need = 12 months)**
 - Oxygen saturation at or below 88%, or ABG at or below 55mmHG
 - ✓ At rest or room air; **or**
 - ✓ During exercise on room air (3 test required, see below); **or**
 - ✓ During sleep on room air (at least 5 minutes); **or**
 - ✓ During sleep on room air (signs of hypoxemia)
 - o Decrease in ABG more than 10mmHG or a decrease in saturation > 5% from baseline for at least 5 minutes taken during sleep
 - Medical record must document tests were performed at room air
 - If patient qualifies during exercise, the following 3 tests must be completed during the same visit. They do not need to be completed in a specific order. Testing must demonstrate improvement in saturation with the application of oxygen.
 1. At rest during room air
 2. During exercise on room air
 3. During exercise on oxygen
 - **Group II Criteria (maximum length of need = 3 months)**
 - Oxygen saturation = 89%, or ABG between 56-59 mmHG
 - ✓ Same testing requirements as Group I
 - Patient has one of the following conditions
 - ✓ Dependent edema, suggesting congestive heart failure; **or**
 - ✓ Pulmonary hypertension or cor pulmonale; **or**
 - ✓ Erythrocythemia with a hematocrit > 56%

Face to Face examination notes must document

- ❖ Visit performed as an outpatient within 30 days prior to the CMN initial date, or within 2 days prior to discharge from an inpatient facility
- ❖ If portable oxygen is prescribed, that patient is mobile within the home (can walk or use wheelchair)
- ❖ If liter flow prescribed is > 4 lpm, oxygen saturation test must be performed on 4 lpm or more
- ❖ Primary condition that is causing secondary conditions (COPD causing hypoxia or shortness of breath)
- ❖ Other treatments and/or therapies have been tried (bronchodilator, diuretic or cardiac medication)