

****To be used as reference only. This is not able to be used as part of the medical record****

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 within 30 days of an outpatient office visit. Outpatient 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, steroid tapers) 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 $\geq 89\%$ RA @ rest, you must complete **both** of the following tests:

Room air while active = _____%

On _____ LPM while active = _____%

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.”*

If a patient needs > 4 LPM, you must prove the patient is still $\leq 88\%$ while using 4 LPM.

On 4 LPM while at Rest or Active = _____%

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.).
- Previous therapies have been tried or considered.
 - For COPD patients, has the patient tried inhalers before?
 - For CHF, what heart medications has the patient taken previously?

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





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)