

Home Oxygen Therapy Medicare Coverage Checklist – Medicare will cover only if ALL of the following conditions are met

The following Medicare criteria is required for all home medical suppliers to use for Oxygen coverage.

As the provider, we must attempt to gather the information and document the attempts in a timely fashion. It is our goal to work with our referral sources to gather all required documentation on behalf of the patient.

If you have a designated employee such as a Discharge Planner or Social Services Department that we can work directly with to obtain this information, we would greatly appreciate direction in who we should contact.

1. Face-to-Face Evaluation for Home Oxygen Documentation Requirements

- A practitioner with credentials MD, DO, PA, NP or CNS must conduct an in-person face-to-face (F2F) examination prior to completing the written order prior to delivery (WOPD).
 - The practitioner must be enrolled in PECOS (i.e., Medicare-certified).
 - The medical records must include a legible signature and signature date by the MD, DO, PA, NP or CNS who conducted the F2F. Electronic signatures are acceptable if dated and there is an indicator to show that the signature is electronic. Signature and date stamps are not acceptable.
 - Evaluation must be conducted 30 or fewer days prior to the order date.
 - Must document the necessity and/or benefit of oxygen therapy, to include the patient's respiratory diagnosis and that the hypoxia-related symptoms/condition may improve with oxygen therapy.
 - Must document that alternative treatment measures have been tried or considered and deemed clinically ineffective (i.e., medications, inhalers).
- **Templates are not acceptable. Everything must be documented in the practitioner's standard charting format.**
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2. Qualifying Oxygen Saturation Testing Requirements

- Oxygen saturation testing or ABG testing must be performed with the patient in a chronic stable state:
 - As an outpatient: within 30 days prior to initial certification
 - Transitioning from **hospital* to home: within two (2) days prior to discharge from a qualifying Part A inpatient hospital stay (3 or more days) to home
 - *A patient tested in an emergency room is not considered to be in a chronic stable state***
 - In a skilled nursing facility, or while under a home health or hospice stay while the patient is under a covered Part A stay: within 30 days prior to initial certification.
- The qualifying O2 sat test/ABG must be performed by a physician or qualified provider or supplier of laboratory services that is registered and able to bill for the test. The testing must include the name and signature of the provider who conducted the test. This can be a nurse or RT, if applicable, or any PECOS practitioner with credentials MD, DO, PA, NP or CNS.
- Medicare requires that test results be documented in the patient's medical records.

3. Oxygen Saturation Testing Criteria:

Group I Criteria (Coverage limited to 12 months or physician-specified length of need, whichever is shorter):

- A. Room air at rest (awake) without oxygen. If this qualifies with an ABG less than or equal to 55 mm Hg or O2 saturation (fingertip pulse oximeter) equal to or less than 88%, no further testing is needed. If the patient does not qualify, then steps B or C below would be required.
- B. Exercise Testing (all three tests must be performed during the same session and in the following order and documented in the patient's medical record):
 - At rest without oxygen; and
 - During ambulation/exercise without oxygen; then

- During ambulation with oxygen applied (to demonstrate improvement in hypoxia).
- C. During sleep (overnight oximetry), performed by an independent diagnostic testing facility.

Group II Criteria (Coverage limited to 3 months or physician-specified length of need, whichever is shorter, and patient needs to have another qualifying ABG or O2 sat test and must be seen and reevaluated by the treating physician between the 61st and 90th day for coverage to continue beyond 3 months):

- ABG = 56-59 mm Hg or O2 sat = 89% with secondary diagnosis of:
 - o Dependent edema suggesting congestive heart failure, or
 - o Pulmonary hypertension or cor pulmonale, or
 - o Erythrocythemia with hematocrit greater than 56%

Group III Criteria:

- If ABG is greater than or equal to 60 mm Hg or O2 sat is greater than or equal to 90% regardless of testing (room air at rest, during exercise or while sleeping), coverage will be denied.

If the liter flow rate is greater than 4 LPM, the patient must meet Group I or II criteria while the patient is receiving oxygen at a rate of 4 LPM or more and this must also be documented in the medical records.

The O2 SAT test or ABG results must include the name and address of the doctor's office, hospital or sleep lab [Independent Diagnostic Testing Facility (IDTF)].

4. Portable Oxygen Requirements

- A portable oxygen system is covered if the patient is:
 - o Mobile within the home and this must be documented in the Face to Face notes T
 - o The qualifying O2 SAT test/ABG must be performed with the patient at rest while awake or during exercise per the testing criteria outlined in that section above

5. Obstructive Sleep Apnea (OSA) Diagnosis Requirements

- If a patient with a chronic lung disease has also been diagnosed with obstructive sleep apnea (OSA), the test must be performed during the titration portion of a facility-based polysomnogram.
- Optimal treatment of OSA with the PAP device must be achieved.
- Titration must be conducted over a minimum of two (2) hours.
- During the titration phase, the patient continues to remain hypoxic ($\leq 88\%$ for a total of 5 minutes or more); and
 - o AHI/RDI reduced to ≤ 10 per hour; or
 - o If AHI/RDI was ≤ 10 per hour, titration demonstrates further reduction.

6. Written Order Prior to Delivery (WOPD) for Home Oxygen

****Please note: The WOPD form will be sent by the Provider to the ordering physician for signature**

- At minimum, the WOPD must include:
 - o Date of the order
 - o Patient's name
 - o The DME ordered, which can be general (i.e., "oxygen") or may be more specific (i.e., "stationary oxygen concentrator")
 - o The signature of the ordering practitioner
 - o The ordering practitioner's National Provider Identifier (NPI) number

Resources:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Home-Oxygen-Therapy-ICN908804.pdf>