Medicare Requirements for Oxygen

PHYSICIAN REQUIREMENTS

- Detailed written order that contains:
    - Beneficiary's name
    - Physician's name
    - Physician's NPI number
    - Length of need
    - Diagnosis that is relevant to the need for the oxygen
    - Detailed description of the item(s)
    - Route of administration
    - Frequency of use
    - Physician's signature and date
- Fill out a Certificate of Medical Necessity (CMS 484 CMN) see last page

- **Chart notes or patient progress notes** written by the **Physician** that document the following:
    - Physician had a **Face to Face Exam** with the patient for the purpose of evaluating medical necessity for the Oxygen.
    - Beneficiary has severe lung disease or hypoxia-related symptoms that might be expected to improve with oxygen therapy; and
    - Alternative treatment measures have been tried or considered and deemed clinically ineffective; and
    - Documentation of the ongoing utilization of an item or service by a beneficiary; and
    - Medical records demonstrating that the item is reasonable and necessary. The information submitted must justify the initial provision of the item(s) and/or supplies and that it remains reasonable and necessary. Records must be timely for date of service under review.

    - Medical records to support the qualifying arterial blood gas (ABG) or pulse oximetry report referenced on the CMN. The beneficiary's blood gas study must meet the criteria stated below:
    - Qualifying blood gas study was obtained under one of the following conditions:
    - Qualifying blood gas study was performed during an inpatient hospital stay no earlier than two days prior to hospital discharge and was the latest test obtained prior to discharge; **or**
    - Qualifying blood gas study was not performed during an inpatient hospital stay but was performed while the beneficiary was in a chronic stable state; **and**
    - Qualifying blood gas study was the most recent study obtained prior to the initial date indicated in Section A of the CMN and must have been obtained within 30 days prior to the initial date on the CMN; **and**

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- Qualifying blood gas study meets **Group I** coverage criteria:
- At rest, arterial PO 2 at or below 55 mm Hg or arterial oxygen saturation at or below 88%; **or**
- While awake, arterial PO 2 is > than 56 mm HG or arterial oxygen saturation is > 89% **and** during sleep arterial PO 2 falls to < 55 mg HG or arterial oxygen saturation is < 88% for at least five minutes; **or**
- During sleep, there is decrease in arterial PO 2 of more than 10 mm Hg or a decrease in arterial oxygen saturation of more than 5 percent for at least 5 minutes **and** the decrease is associated with symptoms or signs reasonably attributable to hypoxemia; **or**
- At rest, arterial PO 2 is > 56 mm Hg or arterial oxygen saturation is > 89% on room air **but** during exercise arterial PO 2 falls to < 55 mm HG or arterial oxygen saturation is < 88% **and** oxygen administration improves the hypoxemia; **or**
- Qualifying blood gas study meets **Group II** coverage criteria:
- Arterial PO 2 is 56-59 mm HG or arterial blood oxygen saturation is 89% at rest (awake) or during sleep for at least five minutes or during exercise (as described under Group I criteria); **and**
- Beneficiary has dependent edema suggesting congestive heart failure; **or**
- Beneficiary has pulmonary hypertension or cor pulmonale determined by measurement of pulmonary artery pressure, gated blood pool scan, echocardiogram, or "P" pulmonale on EKG (P wave > 3 mm in standard leads II, III, or AVF); **or**
- Beneficiary has erythrocythemia with hematocrit > 56 %.

NOTE: When oxygen is covered based on an oxygen study obtained during exercise, there must be documentation of three (3) oxygen studies in the beneficiary's medical record i.e., testing at rest without oxygen, testing during exercise without oxygen, and testing during exercise with oxygen (to demonstrate the improvement of the hypoxemia). Only the qualifying test value (testing during exercise without oxygen) is reported on the CMN. The other results do not have to be routinely submitted but must be available upon request.

Portable Oxygen Systems

- Medical records* that support:
  - Beneficiary is mobile within the home; **and**
  - Qualifying blood gas study was performed at rest (awake) or during exercise.

Liter Flow Greater Than 4 LPM

- Copy of blood gas study showing blood gas study meets Group I or Group II criteria while beneficiary was receiving oxygen at a flow rate of 4 or more LPM.

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