



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).
 - o The practitioner must be enrolled in PECOS (i.e., Medicare-certified).
 - o 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).
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2. Qualifying Oxygen Saturation Testing Requirements

- Oxygen saturation testing must be performed with the patient in a chronic stable state:
 - o As an outpatient: within 30 days prior to initial certification
 - o Transitioning from *hospital to home: within two (2) days prior to discharge
 - o *A patient tested in an emergency room is not considered to be in a chronic stable state*
 - The qualifying O₂ sat test 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.
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3. Oxygen Saturation Testing Criteria

24-Hour Oxygen Use

A. Room air at rest (awake) without oxygen. If this qualifies O₂ saturation (fingertip pulse oximeter) equal to or less than 88%, no further testing is needed.

If the patient does not qualify, then step B is 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
- During ambulation/exercise without oxygen
- During ambulation/exercise with oxygen, please state LPM used for this portion of testing.

Nocturnal Oxygen Use

Room air at rest (asleep) without oxygen. Qualifies if O₂ saturation (fingertip pulse oximeter) is equal to or less than 88% during sleep.

4. Portable Oxygen Requirements

- A portable oxygen concentrator is covered if the patient has:
 - o The qualifying O₂ SAT test 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 ($\leq 88\%$)

*This only applies to **noturnal oxygen** usage*
