

DOCUMENTATION CHECKLIST FOR OXYGEN AND OXYGEN EQUIPMENT

Policy References:

- [Local Coverage Determination \(LCD\) \(L33797\)](#)
- [Policy Article \(A52514\)](#)

Documentation Reference:

- [Standard Documentation Requirements Policy Article \(A55426\)](#)

The supplier must be able to provide all of these items on request:

[Standard Written Order \(SWO\)](#)

[Beneficiary Authorization](#)

[Proof of Delivery \(POD\)](#)

[Continued Need](#)

[Continued Use](#)

Medical records from treating practitioner as noted below

Medical records should contain:

Oxygen and oxygen equipment are reasonable and necessary for Groups I and II only if all the following conditions are met:

Treating practitioner has ordered and evaluated the results of a qualifying blood gas study performed at the time of need; **and**

Beneficiary's blood gas study meets the criteria noted below; **and**

Blood gas study was performed by a physician or qualified provider of laboratory services; **and**

Provision of oxygen and oxygen equipment in the home setting will improve the beneficiary's condition

Group I Criteria

Arterial blood gas (ABG) at or below 55 mm Hg or arterial blood saturation at or below 88%

At rest (awake) while breathing room air; **or**

During sleep for a beneficiary who demonstrates an arterial PO₂ at or above 56 mm Hg or and arterial oxygen saturation at or above 89 percent while awake, in this instance, oxygen and oxygen equipment is reasonable and necessary during sleep; **or**

Decrease in arterial PO₂ more than 10 mm Hg or a decrease in arterial oxygen saturation more than 5 percent from baseline saturation taken during sleep and associated with symptoms of hypoxemia. In this instance, oxygen and oxygen equipment is only reasonable and necessary during sleep; **or**

During exercise for a beneficiary who demonstrates an arterial PO₂ at or above 56 mm Hg or an arterial oxygen saturation at or above 89 percent during the day while at rest. In this instance portable oxygen and oxygen equipment is only reasonable and necessary while awake and during exercise

Group II Criteria

ABG between 56 – 59 mm Hg or arterial blood saturation at 89% (Same testing requirements as Group I); **and**

Beneficiary has one of the following conditions:

Dependent edema, suggesting congestive heart failure; **or**

Pulmonary hypertension or cor pulmonale; **or**

Erythrocythemia with a hematocrit greater than 56%

Initial coverage limited to three months

Group III Criteria

Absence of hypoxemia defined in Groups I and II above; **and**

Medical condition with distinct physiologic, cognitive, and/or functional symptoms documented in high-quality, peer-reviewed literature to be improved by oxygen therapy

Initial coverage limited to three months

Group IV Criteria

Oxygen therapy and oxygen equipment will be denied as not reasonable and necessary if any of the following conditions are present:

Angina Pectoris in the absence of hypoxemia

Dyspnea without cor pulmonale or evidence of hypoxemia

Severe peripheral vascular disease in the absence of systemic hypoxemia

Terminal illnesses that do not affect the ability to breathe

Portable Oxygen Systems

Medical records support the beneficiary is mobile within the home for Groups I, II, and III; **and**

Blood gas study performed at rest (awake) or during exercise for Groups I and II

High Liter Flow – Greater than 4 LMP

Group I, II, or III coverage criteria have been met. For Group I or II a qualifying blood gas study performed while on four or more LMP