Oxygen Criteria for Group 1 Medicare Patients

Have you, the treating physician, determined that the patient has a severe lung disease or hypoxia-related symptoms that might be expected to improve with O2 therapy? (MUST be documented)

Test Patient for O2 Saturation at Rest. Was it 88% or Below?

Test Patient During Exercise Was it 88% or Below?

Have alternative treatment measures been tried or considered and deemed clinically ineffective? (MUST be documented)

Test Patient During Exercise With O2 Applied (To demonstrate the improvement of the hypoxemia)

All 3 tests MUST be documented in your patient’s progress notes and must be performed in a single testing session. i.e. 1) O2sat at rest without O2 2) O2sat during exercise without O2 3) O2sat during exercise with O2 applied

O2 Not Medically Necessary

OR

Consider Doing a Nocturnal O2 Study

O2 Not Medically Necessary

Stationary AND Portable O2 should be covered for both daytime and nighttime use.

Portable O2 will NOT be covered

Are you ordering O2 at above 4 LPM?

Please test the patient on 4 LPM and document the result in the patient progress notes. Please document on the CMN in whole numbers. i.e. 4.5 should be entered as 5 on question 6b on the CMN.

That Should Be It! (For now)

Is the patient mobile within the home? (Most patient’s are mobile even if they can’t ambulate)

No

O2 Not Medically Necessary

No

Have alternative treatment measures been tried or considered and deemed clinically ineffective? (MUST be documented)

Was the the test performed while the patient was in a chronic stable state as an outpatient OR within 2 days prior to dismissal from an inpatient facility to home?

Yes

O2 Not Medically Necessary

No

Was the test performed while the patient was in a chronic stable state as an outpatient OR within 2 days prior to dismissal from an inpatient facility to home?

Yes

No

Please Note - All criteria with “yes” answers MUST be documented in the patients medical records/ progress notes.

Please see the back of this chart for further explanation.
Notes for O2 Qualification

Initial Certification

- A qualifying O2 saturation test must be performed on or within 30 days prior to the date of order (initial date)
- A face to face visit addressing the need for O2 must be performed on or within 30 days prior to the date of order (initial date)
- ALL criteria must be fully documented in the patients’ progress notes and / or charts. A CMN or dispensing order does not meet Medicare’s requirement for documentation of need.

Some Requirements for Recertification

- Medicare requires that group 1 patients be recertified after 1 year (13th month rental). Provider creates the re-certification CMN. ie: Initial date of: 6/5/2011 - Recert date would be 6/5/2012
- Medicare requires that group 1 patients be seen AND re-evaluated by the treating physician for continued need of O2 beyond the 12th month. This face to face visit must occur on or within 90 days prior to the 13th month rental of O2. We will contact patient to have them set up an appointment.

Medicare’s definition of group 1 patients are patients that have:

1. An arterial PO$_2$ at or below 55 mm Hg or an arterial oxygen saturation at or below 88 percent taken at rest (awake), or
2. An arterial PO$_2$ at or below 55 mm Hg, or an arterial oxygen saturation at or below 88 percent, for at least 5 minutes taken during sleep for a patient who demonstrates an arterial PO$_2$ at or above 56 mm Hg or an arterial oxygen saturation at or above 89 percent while awake, or
3. A decrease in arterial PO$_2$ more than 10 mm Hg, or a decrease in arterial oxygen saturation more than 5 percent from baseline saturation, for at least 5 minutes taken during sleep associated with symptoms (e.g., impairment of cognitive processes and [nocturnal restlessness or insomnia]) or signs (e.g., cor pulmonale, "P" pulmonale on EKG, documented pulmonary hypertension and erythrocytosis) reasonably attributable to hypoxemia, or
4. An arterial PO$_2$ at or below 55 mm Hg or an arterial oxygen saturation at or below 88 percent, taken during exercise for a patient who demonstrates an arterial PO$_2$ at or above 56 mm Hg or an arterial oxygen saturation at or above 89 percent during the day while at rest. In this case, oxygen is provided for during exercise if it is documented that the use of oxygen improves the hypoxemia that was demonstrated during exercise when the patient was breathing room air. (see "Triple Test" on the flowchart for required testing)

Medicare’s definition of chronic stable state.

Coverage of home oxygen therapy requires that the patient be tested in the “chronic stable state.” Chronic stable state is a requirement of the National Coverage Determination (CMS Internet-only Manual, Pub. 100-3, Section 240.2) and is one of the key criteria when determining coverage of home oxygen therapy.

The NCD defines chronic stable state as “...not during a period of an acute illness or an exacerbation of their underlying disease.” Based on this NCD definition, all co-existing diseases or conditions that can cause hypoxia must be treated and the patient be in a chronic stable state before oxygen therapy is considered eligible for payment.

In the case of OSA, it is required that the OSA be appropriately and sufficiently treated such that the patient is in the chronic stable state before oxygen saturation results obtained during sleep testing are considered qualifying for oxygen therapy.