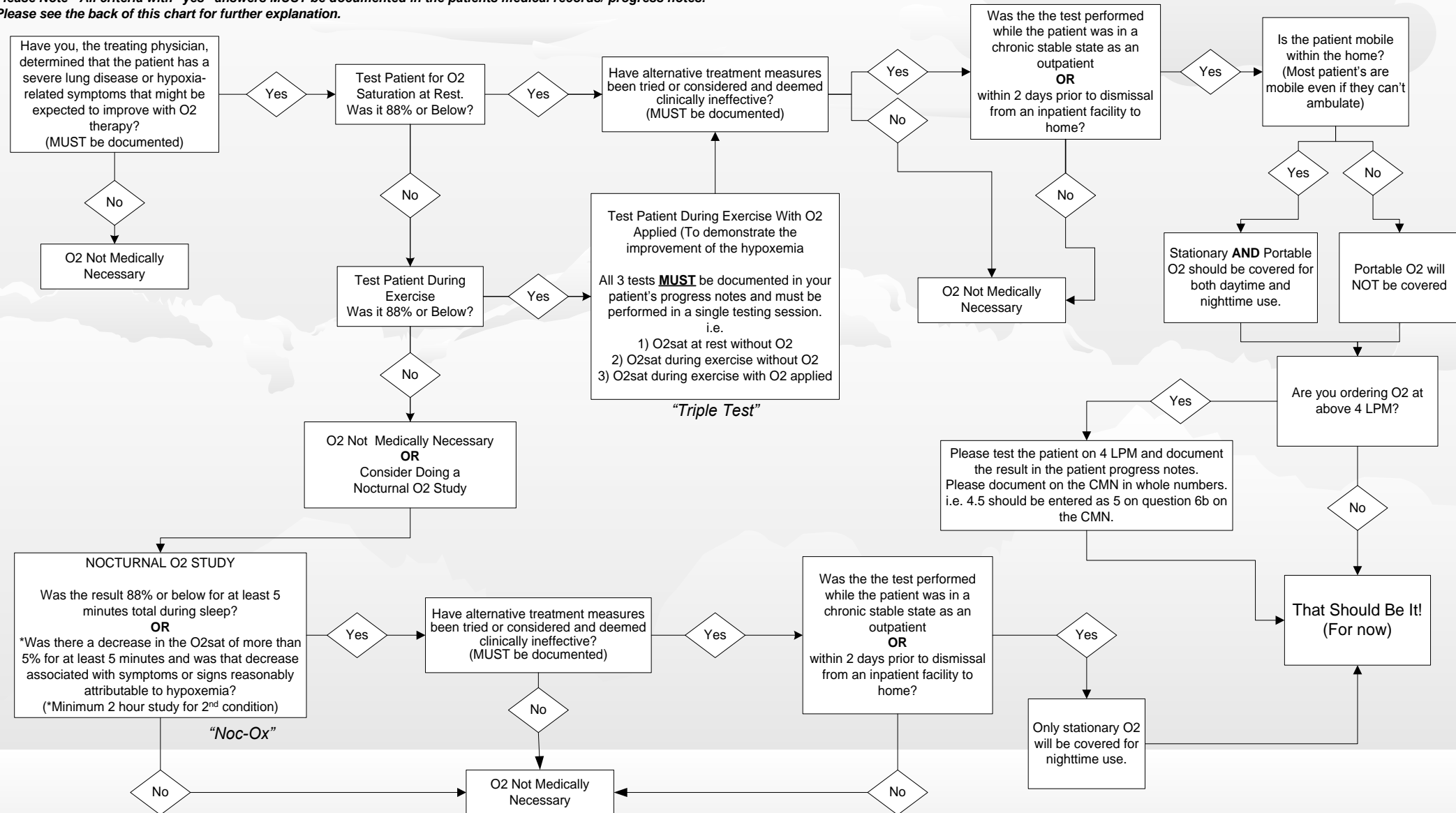




Oxygen Criteria for Group 1 Medicare Patients

**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 PO₂ at or below 55 mm Hg or an arterial oxygen saturation at or below 88 percent taken at rest (awake), or
2. An arterial PO₂ 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 PO₂ at or above 56 mm Hg or an arterial oxygen saturation at or above 89 percent while awake, or
3. A decrease in arterial PO₂ 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 PO₂ 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 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 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.