



HOME O₂ CHEAT SHEET

Rx

000 Main Street
Philadelphia, PA 19000
(000) 000-3000

Home Oxygen with Portability
 LPM Continuous

SaO₂ on room air @ rest _____
SaO₂ with exertion on room air _____
SaO₂ while recovering on 2lpm _____
Evaluate for conserving device*

Dx: _____

Ht: _____ Wt: _____

Length of need
(# of month): i.e. 1-99 (99=lifetime)

Write legible, no unacceptable abbreviations

Refill [0] [1] [2] [3] [4] [5]

_____	Required
today's date	_____
_____	Required
patient's name	_____
_____	Required
address	_____

city, state, zip code	_____
_____	Required
birth date	_____
_____	Required
signature	_____
_____	title
print name	_____
PA Lic. #	_____
_____	Required
NPI#	_____
_____	Required
DEA#	_____

Remember to include:

- ✓ Diagnosis
- ✓ Liter flow (continuous, on exertion, during sleep)
- ✓ SaO₂ (qualifications below)
- ✓ L.O.N = 99

* "If portability is an option, please write on the Rx: Evaluate for a conserving device"

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

OXYGEN TESTING GUIDELINES

Medicare requires a prescription, as well as documentation/chart notes that document the qualifying testing. All qualifying testing must be documented in a chart note, as well as on the prescription.

If the qualifying blood gas study is performed during an inpatient hospital stay, the reported test must be obtained 48 hours or less prior to the hospital discharge date.

If the qualifying blood gas study is not performed during an in-patient hospital stay, the oxygen testing is valid for 30 days. A patient can be set up with oxygen up to 30 days after the date of the testing.

If "Evaluate for Conserving Device" is written on the prescription we will send out a Clinician to follow up and test the patient on use of a conserving device, to see if they are able to tolerate use of a conserving device.

OXYGEN TESTING QUALIFICATIONS

