



Home Medical Equipment and Oxygen

450 State Route 664 North • P.O. Box 997 • Logan, Ohio 43138

Phone: (740) 385-6177 or 1-800-423-3615 • FAX: (740) 385-0474

242 W. 6th Ave. • Lancaster, Ohio 43130

Phone: (740) 652-9250 or 1-800-423-3625 • FAX: (740) 652-9253 |

VIA FAX

MEDICARE OXYGEN TESTING ORDER FORM

Patient Name: _____ HIC# _____

Current Oxygen Order: _____

Option I

____ “Spot-check Oximetry; **patient on room air**: Usually obtained in physician’s office or hospital, (**DME provider cannot perform**)

If O2 saturation 88% or below at rest, both stationary *and portable* oxygen covered; no further testing required.

Option II

____ GoodCare to obtain *nocturnal oximetry* in patient’s home (**DME provider can set up**).

If O2 saturation 88% or below for a total of *5 minutes* throughout night, *stationary* oxygen system is covered; but *not portable*.

Option III

____ Exercise/Activity; Six minute walk test with oximetry; to assess need for *portable* oxygen if resting *awake* oxygen saturation above 88%.

Three oximetry readings are required: *resting* O2 sat on room air, *exercise* O2 sat on room air, *exercise* O2 sat with patient on ordered oxygen therapy.

Probably most appropriate setting to obtain this evaluation is at local hospital as outpatient.

(DME provider cannot perform). If unable to perform test in physician’s office:

Refer to: _____ Fairfield Medical Center (Pulmonary Rehab)

(Schedule through Central Scheduling; Ph. 687-8666; Fax this form to 687-8971, Attn: Leslie Cooper, RRT.

_____ Hocking Valley Community Hospital (Pulmonary Rehab)

(Schedule through Cardiopulmonary Department; Ph. 740-380-8219)

_____ Doctors Hospital – Nelsonville (Respiratory Therapy)

Physician Signature

Date