HOME OXYGEN

OXYGEN & OXYGEN EQUIPMENT

The key is to make sure there is documentation in the medical record indicating need for home oxygen therapy. Face-to-face exam – a face to face exam must occur and provider must document that testing will be done and if qualifies will order home oxygen to treat diagnosis.

GROUP 1

1. Oxygen testing must be done within two days of discharge

2. Oxygen testing must be signed by either the nurse/technician who performed the test, or MD who ordered it.

3. Patient has a severe lung disease or hypoxia-related symptom that might improve with therapy.

Examples:
- COPD, diffuse interstitial lung disease, bronchiectasis, cystic fibrosis.
- Hypoxia-related symptoms such as pulmonary hypertension, recurring CHF due to chronic cor pulmonale, erythrocytosis, impairment of cognitive process, nocturnal restlessness and morning headache.
- Hypoxemia alone will not be covered. There needs to be an underlying condition causing the hypoxemia.
- Non-covered conditions: angina pectoris in absence of hypoxemia, breathlessness wtihout cor pulmonale or hypoxemia, severe peripheral vascular disease, terminal illnesses that do not affect lungs, pneumonia.

4. Blood gas study meets criteria indicated below:

- **Method 1:** On room air at rest while awake, oxygen saturation equal to or less than 88 percent or ABG equal to or less than 55 mm Hg
- **Method 2:** If during exercise must have the following three tests documented:

  1. Oxygen saturation on room air at rest – (should be above 88 percent)

  2. Oxygen saturation on room air with exercise – needs to be equal to or less than 88 percent

  3. Oxygen saturation on oxygen with exercise – shows improvement with oxygen

  NOTE: If patient qualifies with method 2, then WHOMEVER does the testing **must document and provide** all three test results described above; otherwise the oxygen will not be covered.
- **Method 3:** During sleep on room air oxygen saturation equal to or less than 88 percent for at least 5 minutes and does not have to be continuous.

5. Alternative treatment measures, such as inhalers or nebulizer treatments, have been tried or considered, and ruled out or clinically ineffective.

For Group 1, all three items listed above need to be met.

GROUP 2

1. Dependent edema suggesting CHF, **OR**

2. Pulmonary HTN or cor pulmonale, determined by measurement of pulmonary artery pressure, echocardiogram, or "P" pulmonale on EKG, **OR**

3. Erythrocythemia with hematocrit greater than 56 percent, **OR**

4. ABG with PO2 of 56-59 mm Hg or oxygen saturation of 89 percent at rest, while awake, during sleep for five minutes or during exercise as described under Group 1.

For Group 1 and Group 2, there must be evidence of an in-person visit with the treating practitioner performed within 30 days before the initial set-up.

HOME OXYGEN cont'd

BLOOD GAS STUDY:

1. Performed by a physician, qualified provider, or laboratory service that can bill Medicare such as an IDTF, and

2. Study must have been performed:
- **A.** within 30 days of initial certification while patient is in a chronic stable state, **OR**
- **B.** during an inpatient hospital stay and done within two days prior to discharge date.

3. If the testing was performed in an emergency room, then it's considered an acute situation and would not be considered as acceptable for coverage.

HELPFUL NOTES:

- If portable oxygen is being ordered, there needs to be documentation in the medical records indicating the patient is mobile within the home.
- Portable oxygen is considered when the blood gas study is performed while patient is awake or with exercise. At-night use only does not qualify for a portable unit.
- A frequency of use must be indicated, i.e. 2 lpm continuous or 3 lpm at night. PRN, or as needed basis, is not covered by Medicare.
- DMEPOS suppliers are not considered as qualified to perform blood gas studies.
- If patient is under a Part A covered stay payment such as hospital, nursing facility, home health or hospice meets the qualified provider standard. Need to be sure that patient is under a Part A covered payment; if not, then the requirements are not met and qualification would be invalid.

DID YOU KNOW!

- Portable Oxygen Concentrators are available at time fo referral if the patient desires. *(Medicare and Private Insurance Only)*
- Our patients who have a portable concentrator continue to have a standard concentrator in the home, as well as an E-Tank with cart! All at no additional cost.

OBSTRUCTIVE SLEEP APNEA WITH USE OF HOME OXYGEN THERAPY:

For patients requiring the use of home oxygen with PAP device, both the PAP and oxygen policies must be met. The qualifying blood gas study must be performed during a titration study at a sleep lab facility making sure the pressure is at an optimal setting. The oximetry study performed during this titration shows oxygen saturation of 88 perccent or less for five total minutes (does not have to be continuous). There has to be a reduction in AHI/RDI reduced to less than or equal to an average of 10 events/hours or if the initial AHI/RDI was less than an average of 10 events per hour, then the titration demonstrates further reduction in AHI/RDI.