

DME MAC Jurisdiction A

Oxygen and Oxygen Equipment Documentation Checklist for Physicians

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This documentation checklist is meant to be a quick guide to the various items you may be requested to provide to support your prescription for home oxygen. Be sure to reference all detailed requirements in the Oxygen LCD and related Policy Article for complete information.

Information Required to be in the Supplier's File before Claim Submission

These documents require completion from the prescribing physician:

- Dispensing Order (if applicable)
- Detailed written order
- Certificate of Medical Necessity (CMS 484 CMN)

The *Affordable Care Act* (ACA), Section 6407 requires an in-person visit addressing the care of the underlying condition related to the need for certain items of DME. This visit must have occurred sometime within the six (6) months preceding the date the DME item is prescribed. Records of the visit and a completed detailed written order must be in the supplier's possession before delivery of the item. The HCPCS codes specified in the section below fall under these ACA requirements.

ACA Information Required Prior To Delivery

- Written Order Prior to Delivery (required for HCPCS Codes E0424, E0431, E0433, E0434, E0439, E0441-E0444)
- The prescriber must provide a copy of the Face-to-Face Examination (see more detail below) and the prescription for the item(s) to the DMEPOS supplier before the item can be delivered.
- Documentation of a Face-to-Face Examination with the beneficiary conducted within the six (6) months prior to the date of the prescription (See below for additional information)
 - The Face-to-Face Examination must document that the beneficiary was evaluated and/or treated for a condition that supports the need for the item(s) of DME ordered
- The treating practitioner that conducted the Face-to-Face Examination does not need to be the prescriber for the DME item. However the prescriber must:
 - Verify that the in-person visit occurred within the six (6) months prior to the date of their prescription, and
 - Have documentation of the Face-to-Face Examination that was conducted

Information Required to be Collected by Suppliers in an Audit

This information must come from the beneficiary medical record:

Initial coverage

The following requirements apply to all covered HCPCS codes in the LCD:

- Beneficiary has severe lung disease or hypoxia-related symptoms that might be expected to improve with oxygen therapy
- Beneficiary must be seen and evaluated by treating physician within thirty (30) days prior to date of initial certification. This in-person visit can be used to meet the ACA requirement discussed above as long as it is performed BEFORE the prescription for oxygen is created. In this situation the prescriber must be the clinician who performed the in-person visit.
- Oxygen testing was performed within thirty (30) days prior to date of initial certification
- Oxygen testing results meet qualification values
- Beneficiary in the "Chronic Stable State (CSS)" at the time of the test or the test was performed within two (2) days prior to discharge from a Hospital. CSS means that:
 - The underlying qualifying condition is optimally treated
 - Any co-existing conditions that could contribute to lowered blood oxygen levels are optimally treated
 - No acute illnesses or conditions that could lower blood oxygen levels
- Portable Oxygen Systems - records show that the beneficiary is mobile within the home
- For Liter Flow Greater Than 4 LPM
 - Must meet initial criteria above
 - Must also have testing showing that low blood oxygen levels at qualifying levels are still present while beneficiary was breathing oxygen at a flow rate of four or more LPM
- Sufficient medical information included in the medical record to demonstrate that the applicable coverage criteria are met

Recertification

- Beneficiary was seen and evaluated by treating physician within the ninety (90) days prior to date of recertification
- Recertification testing results are available for Group II patients

Continued Medical Need

- Continued Medical need - Periodic (at least once per year) mention of the need for continued oxygen use

Refer to the [Oxygen LCD and Policy Article](#) for detailed information.