

Oxygen Medicare Requirements

Written Order Prior to Delivery (WOPD)¹

- Beneficiary's name
- Detailed description of DME item(s)
- Prescribing practitioner's NPI
- Signature & signature date of the prescribing practitioner (*Hand written or electronic, no stamps*)
- Date of the order & start date (*If start date is different from the date of the order*)
- Prescribing practitioner's printed name (*Must be PECOS enrolled*)
- Liter flow followed by liters per min (LPM)
- Method of delivery (*e.g. nasal cannula or mask*)
- Frequency of use (*e.g. continuous, w/exercise, or w/sleep. PRN orders are not valid per Medicare*)

The WOPD must be completed on or after the date of the Face to Face visit & completed by the same practitioner

Qualifying Saturations²

MUST be in signed medical records or in lab test printout

AT REST

- 88% or less at rest qualifies all patients. (*Must reference test conditions, e.g. room air at rest, or on oxygen exercising*)
- 89% qualifies a patient for 3 mo. provided they have other documented conditions

EXERCISE (*Three tests during same testing session*)

- 1) At rest without oxygen
- 2) During exercise without oxygen
 - ✓ 88% or less
 - ✓ 89% w/other documented conditions
- 3) During exercise with oxygen
 - ✓ Shows improvement

SLEEP

- 88% or less for at least 5 min on room air qualifies the patient for nocturnal oxygen (*The 5 minutes does not have to be continuous*)
- 89% for at least 5 min qualifies the patient for nocturnal oxygen provided the patient has other documented conditions (*The 5 minutes does not have to be continuous*)
- O2 sat decrease > 5% from baseline for at least 5 min provided the patient has other documented conditions (*The 5 minutes does not have to be continuous*)
- Patients w/OSA; sat test must be from the titration portion of a qualifying sleep study (*Home sleep or oximetry test does not qualify an OSA patient*)

Face to Face/Chart Notes

Documented in-person visit w/in 30 days before initial date of service & prior to the written order that includes:

- Medical reason patient requires oxygen (*Diagnosis & sat test alone is not sufficient to meet Medicare coverage criteria*)
- History of patient's oxygen use or lung disease process
- Diagnosis of a severe lung disease, such as COPD, diffuse interstitial lung disease, cystic fibrosis, bronchiectasis, widespread pulmonary neoplasm, or hypoxia-related symptoms that might be expected to improve with oxygen therapy (*A hypoxemia diagnosis, ICD9-Code 799.02, alone does not qualify a patient for oxygen*)
- Alternative treatment measures that have been tried or considered and deemed clinically ineffective (*e.g. MDI or nebulizer treatments for COPD patients, or cardiac rehab for CHF*)
- OSA must be appropriately and sufficiently treated such that the beneficiary is in a chronic stable state
- Conducted by MD, DO, PA, NP or CNS
- **MUST be signed by MD or DO** (*Hand written or electronic, no stamps*)

Chart Note Examples³

EXAMPLE 1:

Patient experiencing shortness of breath and has a long history of COPD. He has tried respiratory meds & inhalers and they are not maintaining his oxygen sat levels.

EXAMPLE 2:

Patient has been hospitalized with history of pneumonia. Doing better until past few days; now feels dizzy and short of breath. She has oxygen saturation of 85% on room air. She has a history of AFIB and would not be able to tolerate respiratory meds or inhalers. She is on antibiotics for pneumonia. Oxygen needed to get her sat levels up so lungs will heal.

¹ Not applicable to oxygen concentrators

² See CMS National Coverage Determination (NCD) & Local Coverage Determination (LCD) for complete coverage policy

³ Chart Note Examples are for illustrative purposes only and not specific to any patient's condition or treatment plan.