Medicare
Documentation Requirements
HOME OXYGEN THERAPY

In order for your patient to utilize their Medicare benefit for oxygen and related equipment, the patient's medical record must reflect that the following criteria has been met. These chart notes must be in the usual format of the facility and must support the oxygen prescription. Chart notes written on the prescription or supplier created form will not be accepted by Medicare as supporting documentation. A diagnosis alone will not qualify the patient to use their Medicare benefit for home oxygen therapy.

MEDICARE HOME OXYGEN QUALIFYING GUIDELINES: Home oxygen therapy is reasonable and necessary only if **all** of the following conditions are met;

The treating physician has determined that the beneficiary has a severe lung disease or hypoxia-related symptoms that might be expected to improve with oxygen therapy. **AND;** Alternative treatment measures have been tried or considered and deemed clinically ineffective.

MEDICARE OXYGEN TESTING GUIDELINES

Testing Requirements: Medicare requires the patient to be tested within 30 days prior to the initial order and:

A. If an outpatient, testing must be done while patient is in a **chronic stable state**.
B. If an inpatient – testing performed within 2 days of discharge. (This does not apply to S.N.F. discharge).
C. The patient must be seen by a qualifying prescriber and testing documented within the 30 days prior to the date oxygen therapy is initiated.

QUALIFYING OXYGEN TEST GUIDELINES:

A. Room Air at Rest: O^2 Saturation ≤ 88%

- OR -

B. Oxygen Saturation Testing with Exercise: O^2 Saturation ≤ 88% with exercise.
Medical records must indicate patient exercise during room air testing and clearly documents improvement with oxygen use during repeat exercise.

The medical record must reflect **all 3 test results** performed within the same testing session.

1. **Room air at rest. > 88%**
2. **O^2 Saturation while exercising on room air ≤ 88%**
3. **O^2 Saturation while repeating exercise on oxygen documents *improvement compared to test 2*.**

-OR-

C. * Sleep Oximetry: The O^2 SAT at or below 88% for at least 5 minutes (accumulative) taken during sleep. ***(When qualified during sleep, Medicare will not allow coverage of a Portable O2 System.)***

SPECIAL CIRCUMSTANCES:

****Patients with OBSTRUCTIVE SLEEP APNEA (OSA):*** *Assessment for nocturnal only oxygen use within this diagnosis group can only occur via a facility based titration polysomnogram.*

Flow rates greater than 4 LPM *will be covered only if the testing is performed while the beneficiary is utilizing oxygen at 4 LPM and documents continued desaturations ≤ 88% despite the use of oxygen at 4 LPM.*

Medical Records: Medicare requires that the clinical evidence of qualifying criteria be within the medical record that shows when and under what conditions the test was completed. It is essential that the record show who recorded in the record and that it is signed and by the author via hand written or a secure electronic signature.

Affordable Care Act Requirements: The 5 – Element Order must be received prior to the Delivery of Gaseous Portable or all Liquid Oxygen as required by *statute*. *1) Beneficiary's Name; 2) General Description of Item Ordered; 3) Prescriber Signature; 4) Prescriber's NPI; 5) Order Date*

Please submit the supporting medical records with the prescription when ordering home oxygen therapy.