Oxygen Updates

✅ CMS states that in order for payment to be made for certain medical equipment, the patient’s MEDICAL RECORD MUST CONTAIN sufficient documentation of the patient’s medical condition to substantiate the necessity for the type and quantity of items ordered, and MUST BE SIGNED BY THE PRESCRIBING PRACTITIONER.

✅ A Physician, Physician Assistant (PA), Nurse Practitioner (NP), or Clinical Nurse Specialist (CNS) must have a Face-to-Face evaluation with the beneficiary prior to the written Durable Medical Equipment (DME) order and document the Face-to-Face evaluation in the patient’s medical records.

✅ The Face-to-Face evaluation must be signed by a PECOS certified provider.

HCPC Code(s) Affected Include the Following

- E0424 - Stationary compressed gas oxygen system, rental
- E0431 - Portable gaseous oxygen system, rental
- E0433 - Portable liquid oxygen system
- E0434 - Portable liquid oxygen system, rental
- E0439 - Stationary liquid oxygen system, rental
- E0441 - E0444 - Oxygen contents, 1 month supply

DME Face-to-Face Rule

A detailed Written Order for the Durable Medical Equipment (DME) Item must be received before the delivery of the item can take place and must include minimally the following information:

1. Prescriber’s name
2. Prescribing practitioner’s National Provider Identifier (NPI#)
3. Beneficiary’s name
4. Date of order AND Start date of order
5. Specific DME item ordered and/or accessories
6. Prescribing practitioner’s signature – legible
7. Date of prescriber’s signature

Key Items to Address

✅ Why does the patient require the item?
✅ Do the physical examination findings support the need for the item?
✅ Signs and symptoms that indicate the need for the item
✅ Diagnoses that are responsible for these signs and symptoms
✅ Other diagnoses that may relate to the need for the item

Documentation Requirements

✅ Duration of patient’s condition
✅ Clinical course
✅ Prognosis
✅ Nature and extent of functional limitations
✅ Other therapeutic interventions and results

Documentation Tips

✅ The information must not be recorded in vague and subjective terms.
✅ The information must provide objective measures, tests or observations.
✅ Each medical record is expected to be individualized to the unique patient.

Coverage Criteria

Home Oxygen is covered only when the following criteria are met and documented in the patient’s medical record:

✅ The treating Physician has determined that the patient has a severe lung disease or hypoxia-related symptoms that might be expected to improve with oxygen therapy, and
✅ The patient’s blood gas study* meets required criteria, and
✅ The qualifying blood gas study* was performed by a Physician or by a qualified provider or supplier of laboratory services, and
✅ The qualifying blood gas study* was obtained under the following conditions:
Quick Reference Sheet

✓ If the qualifying blood gas study* is performed during an inpatient hospital stay, the reported test must be the one obtained closest to, but no earlier than 2 days prior to the hospital discharge date, or

✓ If the qualifying blood gas study* is not performed during an inpatient hospital stay, the reported test must be performed while the patient is in a chronic stable state, and

✓ Alternative treatment measures have been tried or considered and deemed clinically ineffective.

✓ A portable oxygen system is covered if the beneficiary is mobile within the home and the qualifying blood gas study was performed while at rest (awake) or during exercise. If the only qualifying blood gas study was performed during sleep, portable oxygen will be denied as not reasonable and necessary.

*“Blood Gas Study” shall refer to both Arterial Blood Gas (ABG) studies and pulse oximetry.

Oxygen Checklist

✓ Patient’s most recent arterial blood gas PO2 and/or oxygen saturation test value reported on the CMN, signed and dated by the ordering Physician (Face-to-Face Requirements)

✓ Documentation of physicians office visit within 30 days of the initial CMN date, 90 days prior to the recent CMN date

✓ Most recent CMN prior to Date of Service

✓ WOPD (Written Order Prior to Dispensing)

Documentation must include:

✓ A Medicare patient must have arterial blood gas ≤ 55 mm Hg. or an arterial saturation ≤ 88%.

✓ Performed by a physician or qualified laboratory.

✓ If the test is performed during an inpatient hospital stay, it must be tested on room air and performed closest to, but no earlier than two days prior to the discharge.

✓ If the test is not performed during an inpatient hospital stay, the reported test must be performed while the patient is in a chronic stable state (not during an acute illness).

✓ When oxygen is covered based on an oxygen study obtained during exercise, there must be documentation of three (3) oxygen studies in the patient’s medical record - i.e., testing at rest without oxygen, testing during exercise without oxygen, and testing during exercise with oxygen applied (to demonstrate the improvement of the hypoxemia). All 3 tests must be performed within the same testing session. Only the qualifying test value (i.e., testing during exercise without oxygen) is reported on the CMN. The other results do not have to be routinely submitted but must be available on request.

Blood gas study

✓ For initial certifications, the blood gas study reported on the CMN must be the most recent study obtained prior to the initial date (of the patient service) on the CMN and this study must be obtained 30 days prior to the initial date.

Specific Documentation Requirements

Documentation for initial coverage requires information in the medical record showing:

✓ Evidence of qualifying test results done within 30 days before the initial date of service.

✓ Evidence of an in-person visit with a treating Physician/prescriber done within 30 DAYS before the initial date of service.

✓ Consider including in the medical record the verbiage: “I have evaluated patient’s oxygen needs.”
In Order to be Covered for Home Oxygen Therapy, the Following Documentation is Required in a Patient’s Medical Record

1. A severe underlying lung disease, such as chronic obstructive pulmonary disease, diffuse interstitial disease, cystic fibrosis, bronchiectasis, widespread neoplasm, or hypoxia-related symptoms or findings that might be expected to improve with oxygen therapy; and

2. The patient is not experiencing an exacerbation of their underlying lung disease described above or other acute condition(s) impacting the patient’s oxygen saturation;

3. For patients with concurrent PAP therapy, the qualifying titration study with oxygen saturation test is performed following optimal treatment of the OSA. Optimal treatment can be demonstrated by reduction of AHI/RDI to less than or equal to ten (10) events per hour; or if the initial AHI/RDI was less than ten (10) events per hour there is further reduction in AHI/RDI. Must be done over a minimum of two (2) hours.

A portable oxygen system requires documentation in the patient’s medical record that the patient is mobile within the home and the qualifying blood gas study was performed while at rest or during exercise.

Sample Chart Note Information for Oxygen Qualifying Test

1. Date
2. Patient Name
3. Date of Birth
4. Date tested
5. (Check the state in which the patient was tested below)
   a. Patient was tested in a chronic stable state as an outpatient; or,
   b. Patient was tested within 2 days prior to discharge from a hospital to home; or,
   c. Patient was tested under other circumstances
6. Fill in components of testing:
   a. Pulse Ox at rest while awake on Room Air %
   b. Pulse Ox results with exercise on Room Air %
   c. Pulse Ox results with exercise on ___ LPM of oxygen %
   d. If greater than 4 LPM is prescribed: Pulse Ox on 4L of O2 ___%
7. Physicians Signature and Date
8. Physicians NPI#

Our Requirements

Home Care Medical will NOT deliver or ship any Durable Medical Equipment to Medicare beneficiaries (with all Traditional and Advantage Plans) without receiving the required Face-to-Face documentation and the Written Order. If you have questions, please contact Coleen Zinda, Director of Sales at 262.786.9870 or coleen.zinda@hcmedical.com.