

Home Oxygen

Purpose:

This resource was created to provide clarity around the patient qualifications and provider documentation requirements for home oxygen equipment.

Covered oxygen equipment, services and accessories for home use:

- Systems for furnishing oxygen
- Tubing, mouthpiece, and related supplies for the delivery of oxygen
- Vessels (e.g., tanks) for storing oxygen
- Oxygen contents (e.g., liquid vs. gaseous O₂)
- Maintenance, servicing and repairs

Coverage Qualifications:

- The qualified treating provider examined the patient and determined that he or she has **one** of the following conditions:
 - Lung disease such as chronic obstructive pulmonary disease, diffuse interstitial lung disease, cystic fibrosis, bronchiectasis and widespread pulmonary neoplasm
 - Hypoxia-related symptoms or findings such as pulmonary hypertension, recurring congestive heart failure due to cor pulmonale, erythrocytosis, impairment of cognitive process, and nocturnal restlessness
- The qualifying condition must be expected to improve with the use of home oxygen therapy.
- The qualified provider or supplier of laboratory services conducted the qualifying blood gas studies.
- The qualifying blood gas study value was obtained either by an inpatient hospital stay closest to but no earlier than 2 days prior to discharge with home oxygen therapy starting immediately following discharge **or** during an outpatient encounter within 30 days of the date of initial certification while the patient is in a chronic stable state and not a period of acute illness or an exacerbation of his or her underlying disease.
- The qualified provider tried or considered alternative therapies and they were deemed to be clinically ineffective.



Initial Oxygen Certifications, Patient Must Meet Only One of the Following Criteria:

Group 1 Criteria:

Patient tested on room air while at **rest** (awake):

Arterial oxygen saturation is $\leq 88\%$ **or** arterial pressure of oxygen (PO_2) is ≤ 55 mm Hg

Patient tested during **exercise**, if during the day while at rest, arterial PO_2 is ≥ 56 mm Hg **or** arterial oxygen saturation is $\geq 89\%$. The testing must show the following:

Arterial PO_2 is ≤ 55 mm Hg **or** arterial oxygen saturation is $\leq 88\%$ **and** there is documented improvement of hypoxemia during exercise with oxygen

Patient tested during **sleep** due to arterial $PO_2 \geq 56$ mm Hg **or** arterial oxygen saturation $\geq 89\%$ while awake. The additional sleep testing must show the following:

Arterial PO_2 is ≤ 55 mm Hg **or** arterial oxygen saturation is $\leq 88\%$ for at least 5 minutes taken during sleep **or**

Patient displays decrease in arterial PO_2 of more than 10 mm Hg **or** a decrease in arterial oxygen saturation more than 5% from baseline saturation for at least 5 minutes **with** associated signs and symptoms reasonably attributable to hypoxemia (e.g. nocturnal restlessness, insomnia or impairment of cognitive process)

Initial coverage for patients who meet Group 1 Criteria is limited to 12 months of home oxygen therapy or the treating provider's specific length of need, whichever is shorter.

Group 2 Criteria:

Group 2 includes portable oxygen systems if the patient is mobile within the home and the qualifying blood gas study is performed at rest (awake) or during exercise. Please note Medicare will deny portable oxygen as not reasonable and necessary if the only qualifying blood gas study is performed during sleep.

Group 2 Criteria (continued):

Patient tested on room air while at **rest** (awake):

Arterial oxygen saturation of 89% **or** arterial PO_2 of 56-59 mm Hg **and** one of the following conditions:

- a) Dependent edema suggesting congestive heart failure
- b) Pulmonary hypertension or cor pulmonale, determined by measurement of pulmonary artery pressure, gated blood pool scan, echocardiogram, or "P" pulmonale on EKG (P wave greater than 3 mm in standard leads II, III or AVF)
- c) Erythrocythemia with a hematocrit $>$ than 56%

Patient tested during **exercise**:

Arterial oxygen saturation of 89% **or** arterial PO_2 of 56-59 mm Hg **and** one of the following conditions:

- a) Dependent edema suggesting congestive heart failure
- b) Pulmonary hypertension or cor pulmonale, determined by measurement of pulmonary artery pressure, gated blood pool scan, echocardiogram, or "P" pulmonale on EKG (P Wave greater than 3 mm in standard leads II, III, or AVF)
- c) Erythrocythemia with a hematocrit $>$ than 56%

Patient tested during **sleep** for at least 5 minutes:

Arterial oxygen saturation of 89% **or** arterial PO_2 of 56-59 mm Hg **and** one of the following conditions:

- a) Dependent edema suggesting congestive heart failure
- b) Pulmonary hypertension or cor pulmonale, determined by measurement of pulmonary artery pressure, gated blood pool scan, echocardiogram, or "P" pulmonale on EKG (P Wave greater than 3 mm in standard leads II, III, or AVF)
- c) Erythrocythemia with a hematocrit $>$ than 56%

Initial coverage for patients who meet Group 2 Criteria is limited to 3 months of home oxygen therapy or the treating provider's-specified length of need for oxygen, whichever is shorter.

Face-To-Face Encounter Documentation Requirements:

- Qualifying Providers who can complete face-to-face visits include physicians, nurse practitioners, clinical nurse specialists, and physician assistants.
- The treating provider must perform an in-person, face-to-face visit on or before the date of the written order (prescription), prior to delivery of the items prescribed. The visit must be within 30 days prior to the date of the initial certification for oxygen.
- The examination must document that the patient was treated and evaluated for a condition that supports the need for the equipment ordered.
- Each time a new prescription is ordered for the equipment, a new face-to-face visit must be performed.
- Documentation in the medical record supports the patient's qualifying condition and includes the type, quantity and frequency of use for the DME equipment.
- The medical record must support the patient's continued need for both oxygen therapy in the home and use of the equipment.
- The medical record must provide evidence supporting the information provided on the Certificate of Medical Necessity (CMN).

For a sample CMN form, go to the following link: <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/CMS484.pdf>



- The medical record must be maintained for 7 years from the date of service.
- The following patient information should be included in the medical record:
 - Diagnosis
 - Duration of condition
 - Clinical course
 - Prognosis
 - Results of the blood gas study, can be printed data or written in the notes
 - If portable oxygen is needed, an indication that the patient is mobile within the home
 - Nature and extent of functional limitations
 - Other therapeutic interventions and results
 - Past experience with related items

Written Order (Prescription) Prior To Delivery (WOPD):

WOPD is a standard Medicare detailed written order that is completed after the face-to-face visit. The WOPD can be an electronic copy, photocopy, facsimile image or hard copy. The WOPD must include the following:

- Patient's name
- Provider's name
- Date of the order and start date (if start date is different from the order date)
- Detailed description of the item
- National Provider Identifier (NPI) for the prescribing provider
- Ordering provider's signature
- Signature date

Completing the Order:

After a patient has been deemed appropriate for in-home oxygen therapy, the provider's office must submit the following items to the DME supplier in order for equipment to be delivered:

- 1) WOPD – Written order
- 2) Documentation of a Face-to-Face Encounter
- 3) Completed CMN

Patient Financial Responsibilities:

- Patients are financially responsible for 20% of the Medicare-approved amount for oxygen, and their part B deductible applies.
- The oxygen certification period is 36-months at which point the patient will need to be recertified for oxygen. Suppliers are required to provide oxygen for an additional 24 months (total of 5 years), and must provide equipment and supplies if the patient meets medical necessity.

Source: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Home-Oxygen-Therapy-Text-Only.pdf>



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