

# Questions About Insurance or Medicare Coverage

Use these references to see if your patient meets Medicare's requirements for Oxygen coverage.

## LABORATORY EVIDENCE

*Test must be performed on room air with patient in a "chronic stable state" as an outpatient or within two calendar days prior to discharge from an inpatient facility to home. Test results should be the most recent test. If ABGs and oximetry are performed on the same day, only the ABG PaO<sub>2</sub> should be reported. The test should also indicate if the test was performed at rest, during exercise or during sleep.*

### GROUP I

#### VALUE

PaO<sub>2</sub> 55 mmHg or below, at rest  
SaO<sub>2</sub> 88% or below, at rest

#### MEDICARE DECISION

Approved Coverage

#### OTHER QUALIFYING CONDITIONS:

1. PaO<sub>2</sub> falls at or below 55 mmHg or SaO<sub>2</sub> below 88% during activity or exercise.
2. PaO<sub>2</sub> or SaO<sub>2</sub> falls within covered values during sleep.
3. PaO<sub>2</sub> falls 10 mmHg or SaO<sub>2</sub> falls 5% during sleep.

**NOTE: After initial certification a recertification is required at 12 months. No additional recertifications are necessary after 1st recertification.**

### GROUP II

#### VALUE

PaO<sub>2</sub> 56-59 mmHg  
SaO<sub>2</sub> 89%

#### MEDICARE DECISION

Covered **only if** evidence of one or more of the following symptoms or conditions:

1. Dependent edema suggesting Congestive Heart Failure (CHF).
2. 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 3mm in standard leads II, III, or AVF).
3. Erythrocythemia with a hematocrit greater than 56%.

**NOTE: This group of patients must be retested between the 61st and 90th day after beginning service.**

### GROUP III

#### VALUE

PaO<sub>2</sub> 60 mmHg or above  
SaO<sub>2</sub> 90% or above

#### MEDICARE DECISION

Coverage Unlikely

Must submit detailed documentation to justify need.

## PORTABLE OXYGEN REQUIREMENTS

1. Must meet all other requirements for oxygen therapy.
2. Covered if physician orders portable oxygen and indicates the patient is mobile within the home.

## DIAGNOSIS/INDICATIONS

*Severe lung disease or hypoxia-related symptoms such as:*

- Chronic Obstructive Pulmonary Disease (COPD) - 496
  - Chronic Obstructive Bronchitis - 491.2
  - Emphysema - 492.8
  - Interstitial Disease - 515
  - Cor Pulmonale - 416.9
  - Congestive Heart Failure - 428.0
  - Chronic Obstructive Asthma - 493.20
  - Secondary Polycythemia - 289.0
  - Other hypoxia-related symptoms/conditions e.g. pulmonary hypertension, recurring CHF due to chronic cor pulmonale, erythrocytosis, impairment of the cognitive process, nocturnal restlessness and morning headache.
- Specific ICD-9 Codes must be written on CMN.**

## OTHER DOCUMENTATION REQUIREMENTS

- 1) Oxygen Liter Flow (LPM) - over 4 LPM requires documentation of PaO<sub>2</sub> or SaO<sub>2</sub> at 4 LPM.
- 2) Duration of need - in number of months. 99=Lifetime.
- 3) Frequency hours/day (P.R.N. not acceptable) or indicate if continuous.
- 4) Test dates must be no more than 30 days prior to initial order of oxygen.
- 5) CMN must be completed and signed within 30 days of initial order.

All it takes is a quick phone call to Maier Family Pharmacy at:  
**712-881-1033 or  
1-800-383-4743**

You may also FAX the Verbal Order Form to:  
**712-881-1206**