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**REFERENCE FOR
 MEDICARE/MEDICAID
 OXYGEN 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 PaO₂ should be reported. The test should also indicate if the test was performed at rest, during exercise or during sleep.

GROUP I	VALUE
	PaO ₂ 55 mmHg or below, at rest
	SaO ₂ 88% or below, at rest

MEDICARE DECISION
 Approved Coverage

OTHER QUALIFYING CONDITIONS:

1. PaO₂ falls at or below 55 mmHg or SaO₂ below 88% during activity or exercise.
2. PaO₂ or SaO₂ falls within covered values during sleep.
3. PaO₂ falls 10 mmHg or SaO₂ 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 ₂ 56-59 mmHg
	SaO ₂ 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 ₂ 60 mmHg or above
	SaO ₂ 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 PaO₂ or SaO₂ 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**

Hometown Professionals Helping People at Home

Maier Family Pharmacy, 411 Main St., Mapleton, IA 51034