



Medicare Oxygen Documentation and Testing Requirements

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To initiate the referral process, fax all the following information:

1. Standard Written Order (SWO available), indicating only the items that are being prescribed. This should be used in place of the CMS-484.
2. Face-to-face visit with treating practitioner – including detailed description of the patient's medical condition that requires oxygen therapy, and that provision of oxygen in the home setting will improve the beneficiary's condition. If ordering portable equipment, the medical record must show the patient is mobile within the home.
3. Qualifying blood gas study – Blood gas study was performed by a physician or qualified provider of laboratory services. Results of a qualifying blood gas study performed at the time of need (for inpatient status, the time of need is within 2 days of discharge).

Common Scenarios That Meet Medicare's Guidelines

- Qualifying blood gas study (one of the following):
 - Awake – At Rest on Room Air – Arterial blood gas (ABG) at or below 55 mmHg
 - Awake – At Rest on Room Air – Oxygen saturation 88% or below
 - During exercise, for each testing method, all 3 tests must be completed within the same testing session
 - ABG greater than 55 mmHg while at rest on room air, ABG 55 mmHg during exercise on room air, ABG during exercise on oxygen, showing improvement, OR
 - Oxygen saturation greater than 88% while at rest on room air, oxygen saturation 88% or below during exercise on room air, oxygen saturation during exercise on oxygen, showing improvement.

Less Common Scenarios That Meet Medicare's Guidelines

- Qualifying blood gas study (one of the following):
 - During sleep – ABG at or below 55 mmHg WITH an awake ABG at or above 56 mmHg (portable oxygen not covered)
 - During sleep – Oxygen saturation 88% or below WITH an awake oxygen saturation 89% or above (portable oxygen not covered)
 - During sleep – Decrease in ABG more than 10 mmHg from baseline saturation taken during sleep and associated with symptoms of hypoxemia (portable oxygen not covered)
 - During sleep – Decrease in oxygen saturation by more than 5% from baseline saturation taken during sleep and associated with symptoms of hypoxemia (portable oxygen not covered)
- Patient has either Dependent edema suggesting congestive heart failure OR Pulmonary hypertension or cor pulmonale, determined by measurement of pulmonary artery pressure, gated blood pool scan, echocardiogram, or "P" pulmonale on EKG OR Erythrocythemia with a hematocrit greater than 56% AND
- Qualifying blood gas study (one of the following):
 - Arterial blood gas (ABG) 56-59 mmHg OR
 - Oxygen saturation 89% OR
 - If qualifying test during exercise – Must contain all 3 tests within the same testing session
 - ABG greater than 59 mmHg while at rest on room air, ABG 56-59 mmHg during exercise on room air, ABG during exercise on oxygen, showing improvement, OR
 - Oxygen saturation greater than 89% while at rest on room air, oxygen saturation 89% during exercise on room air, oxygen saturation during exercise on oxygen, showing improvement.
 - Absence of hypoxemia and medical condition with distinct physiologic, cognitive, and/or functional symptoms documented in high-quality, peer-reviewed literature to be improved by oxygen therapy. (This will only allow covering a 3-month LON max.)

Other Scenarios That DO NOT Meet Medicare's Guidelines

- Angina Pectoris in the absence of hypoxemia
- Dyspnea without cor pulmonale or evidence of hypoxemia

- Severe peripheral vascular disease in the absence of systemic hypoxemia
- Terminal illnesses that do not affect the ability to breathe

Qualifying blood gas study – Blood gas study was performed by a physician or qualified provider of laboratory services. Results of a qualifying blood gas study performed at the time of need (for inpatient status, the time of need is within 3 days of discharge).

High Liter Flow – Greater than 4 LMP – In addition to meeting Group I-III criteria, an additional test must be done on at least 4 LMP that shows that the liter flow does not sufficiently resolve the oxygen need.