

# Making Medicare Oxygen Documentation Easier

Help Ensure Your Medicare Patients' Oxygen Therapy Is Covered



APRIA HEALTHCARE®

# Medicare Part B — Oxygen Coverage

## Home Oxygen Diagnostic Requirements\*

### Covered health conditions:

- Severe primary lung disease such as:
  - Chronic obstructive pulmonary disease
  - Diffuse interstitial lung disease
  - Cystic fibrosis
- Bronchiectasis
- Pulmonary neoplasm, primary or metastatic
- Chronic bronchitis
- Emphysema
- Hypoxia-related symptoms/conditions that may improve with oxygen therapy, such as:
  - Pulmonary hypertension
  - Recurring congestive heart failure due to chronic cor pulmonale
  - Erythrocytosis/erythrocythemia

\*Note: This list of covered health conditions is meant to serve as a guide and is not all inclusive of every covered condition.

## Laboratory Evidence/Qualifying Testing Requirements

Testing must be performed either with patient in a chronic stable state as an outpatient within 30 days prior to initial certification or within two days prior to discharge from an inpatient hospital stay to home. Testing by a skilled nursing facility, home health or hospice must be performed with the patient in a chronic stable state within 30 days prior to initial certification.

Blood gas study/oxygen saturation test must be performed by a physician or qualified provider or supplier of laboratory services that is registered and able to bill for the test. Test performed in a qualified provider's office must be reviewed and signed by patient's physician or qualified provider.

Medicare requires that test results be documented in patient's medical record and made available to the oxygen provider. If test is not taken under these conditions, additional documentation must be obtained from physician. **These requirements apply to all Medicare oxygen patients, even if Medicare is in a secondary role.**

### Patient can be tested under any of these three conditions:

1. A test taken during rest. Medicare considers oxygen medically necessary if SpO<sub>2</sub> is less than or equal to 88%. If SpO<sub>2</sub> is greater than 88%, proceed to step 2.
2. A test taken on room air during exercise. If patient meets qualifying threshold of SpO<sub>2</sub> less than or equal to 88% while exercising, all three (3) of the required tests below must be performed within same testing session and be recorded in the form of a medical record.
  - a. A test taken during rest while patient breathes room air.
  - b. A test taken during exercise while patient breathes room air.
  - c. A test taken during exercise, with oxygen applied (to demonstrate improvement of hypoxia).
3. A test taken during sleep. If patient is tested during sleep, test must have at least two hours of recorded time. Test must indicate arterial oxygen desaturation to 88% or less for at least 5 minutes of testing period. A patient tested during sleep will not qualify for portable oxygen.

### Regardless of test condition, the following values apply to all:

- Group I: PaO<sub>2</sub> ≤ 55 mm Hg or SaO<sub>2</sub> ≤ 88% acceptable.
- Group II: PaO<sub>2</sub> = 56–59 mm Hg or SaO<sub>2</sub> = 89% acceptable only with secondary diagnosis of:
  - Edema suggesting congestive heart failure
  - Pulmonary hypertension/cor pulmonale with P wave > 3 mm in lead II, III or AVF
  - Erythrocythemia with Hct > 56%
- Group II: Recertification and retesting are required 61 to 90 days after initial start.
- Group III: If PaO<sub>2</sub> ≥ 60 mm Hg or SaO<sub>2</sub> ≥ 90%, there is a presumption of noncoverage.
- If liter flow is greater than 4 LPM, patient must meet Group I or Group II criteria while patient is receiving oxygen at a rate of 4 LPM or higher.
- All patients must be tested in a chronic stable state, including those discharged from the hospital.
- All coexisting diseases or conditions that can cause hypoxia must be treated and patient must be tested in a chronic stable state before oxygen therapy is qualified.

## Obstructive Sleep Apnea (OSA) Diagnosis Requirements

If a patient with a chronic lung disease has also been diagnosed with obstructive sleep apnea, the test must be performed during the titration portion of a facility-based polysomnogram.

- Optimal treatment of OSA with the PAP device must be achieved.
- Titration must be conducted over a minimum of 2 hours
- During the titration phase, the patient continues to remain hypoxic ( $\leq 88\%$  for a total of 5 minutes or more); and
  - AHI/RDI reduced to  $\leq 10$  per hour; or
  - If AHI/RDI was  $\leq 10$  per hour, titration demonstrates further reduction.

## Portable Oxygen Requirements

- Qualifying test must be conducted while patient is awake.
- Patient must be mobile within the home.

## Emergency Room Testing

- A patient tested in an emergency room is generally not considered to be in a chronic stable state. If test was taken while patient was in the ER, patient must be tested again in physician's office or by an IDTF.

## Skilled Nursing Facility, Home Health or Hospice Testing

- For initial oxygen qualification, patients may be tested while in a skilled nursing facility, or while under a home health or hospice stay if the test is taken while the patient is under a Medicare-covered Part A stay.

## Qualified Testing Providers

- At rest: Hospital, skilled nursing facility, home health, hospice, on-site IDTF or physician's office
- During exercise: Hospital, skilled nursing facility, home health, hospice, on-site IDTF or physician's office

- During sleep: Hospital, on-site IDTF, physician's office, Skilled Nursing Facility, Home Health Agency, or Hospice Organization\*
- Home sleep oximetry is limited solely to stand-alone overnight pulse oximetry performed in beneficiary's home. Overnight oximetry performed as part of home sleep testing or as part of any other home testing cannot be used for oxygen qualification purposes.
- Apria cannot perform qualifying nocturnal oximetry studies, but can coordinate the tests with a qualifying IDTF.

## Patient Evaluation Medical Records/ Physician Chart Notes

Medical records requested/obtained must document need and/or benefit of oxygen therapy for patient, and must include the following:

1. Evidence that the in-person (face-to-face) visit was conducted in person with a physician or qualified healthcare professional (must have an NPI — National Provider Identifier).
2. Documentation that in-person visit took place within 30 days prior to initial CMN/delivery date.
3. Documentation of patient's hypoxia-related condition and that his/her condition may improve with oxygen therapy.
4. Documentation of other treatment measures that have been tried and deemed ineffective (e.g., medications, inhalers, etc.).
5. Includes physician or facility name and address.
6. Is legibly signed and dated by treating physician or other qualified healthcare professional (must have an NPI — National Provider Identifier). Electronic signatures are acceptable if dated and there is an indicator to show that signature was electronically appended. Signature and date stamps are not acceptable.
7. **For recertification:** Documentation that in-person visit took place within 90 days prior to CMN recertification.

Please note: Addenda to medical records are strongly discouraged.

\*Testing performed by an SNF, Home Health, or Hospice requires verification of a "Part A Covered Stay" that coincides with the test date in order to be considered valid.



APRIA HEALTHCARE®

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INITIAL  
OXYGEN COVER LETTER

Physician's Fax #: 949-639-2001

Date: 07/21/2012  
RE: RICHARD THOMPSON  
HICN: 123456789A  
DOB: 5/26/1935

Services  
E1390 OXYGEN CONCENTRATOR  
E0431 PORTABLE GASEOUS OXYGEN SYSTEM; RENTAL

JOHN DOE  
111 ENTERPRISE WAY BUILDING 5  
LAKE FOREST, CA 92630

Dear Physician:

Below you will find the information that we confirmed from your order on 07/15/2012. The Medicare coverage guidelines require that a Certificate of Medical Necessity (CMS-484) form be included with all claims submitted to the Medicare Carrier. Under OBRA'90 regulations, we are prohibited from completing portions of this CMS-484 on your behalf. The information below is for confirmation purposes only and should not be used for the completion of the enclosed form. Information for the completion of the CMS-484 should be obtained from your own files.

As you know, correct information regarding the patient needs to be inserted into the attached blank CMS-484. In particular, if there are any changes in the order, the changes should be reflected on the attached blank form. **Any changes or corrections made on the attached CMN must also contain your initials and the date (MM/DD/YY) that you or your staff completed the change.**

QUESTIONS WE REVIEWED:	ANSWERS WERE PROVIDED BY:
	ANNE SMITH, RESP THERAPY
Diagnosis of Patient? 496. CPR. AIRWAY OBSTRUCT NEC	<<-----
Estimated Length of Need? 1 - 99 (99 = Lifetime)	99
Enter result(s) of most recent test(s) taken ON OR BEFORE the certification date in Section A: a) ARTERIAL BLOOD GAS PO2? b) OXYGEN SATURATION TEST? c) What is the date of most recent TEST?	a) b) 85.0% c) 07/01/2012
Was the above TEST performed (1) with the patient in a chronic stable state as an outpatient, (2) within two days prior to discharge from an inpatient facility to home, or (3) under other circumstances?	1
What were the condition(s) of the above TEST(s)? 1 = At Rest, 2 = Exercise, 3 = Sleep	1
If you are ordering portable oxygen, is the patient mobile within the home? If you are not ordering portable oxygen, choose D.	YES
Enter highest oxygen flow rate ordered for patient in LPM, if less than 1, enter an 'X'.	002
If greater than 4 LPM is prescribed, enter results of most recent test taken on 4 LPM: a) ARTERIAL BLOOD GAS PO2 b) OXYGEN SATURATION TEST c) What is the date of most recent TEST?	a) b) c)
Does the patient have dependent edema due to congestive heart failure?	NO
Does patient have cor pulmonale or pulmonary hypertension documented by P pulmonale on an EKG or by an echocardiogram, gated blood pool scan or direct pulmonary artery pressure measurement?	NO
Does the patient have a hematocrit greater than 56%?	NO

Please complete ALL sections of the attached CMS-484, per CMS instructions, sign, date (MM/DD/YY), and either fax back to 800-878-5955, or return in the enclosed self-addressed, stamped envelope.  
Please feel free to call (949) 639-2000, or fax to aforementioned fax#, should you have any questions. Thank you.

# Completing CMN Documents: Guidelines for Accuracy

## CMN Cover Letter

For your reference, the cover letter includes the information provided to Apria at the time of referral.

Highlighted items are color coded to match the CMN example shown on the following page.

Diagnosis code and description.

Estimated length of need.

Results from the ABG PO<sub>2</sub> or saturation test. The test date should correspond with the applicable qualified test.

Test mode: Chronic/Inpatient/Other.

Test condition: Rest/Exercise/Sleep.

Patient mobile in home? When not ordering portable oxygen, D applies. Otherwise, the question is Yes or No.

Highest oxygen flow rate in Liters per Minute (LPM).

Information for Group II patients  
(if PO<sub>2</sub> = 56–59 mm Hg or O<sub>2</sub> sat = 89%).

**For any questions, please  
contact your local Apria branch.**





# Medicare Certificate of Medical Necessity

Highlighted items are color coded to match the cover letter information.

**Please note:** Section B of the CMN cannot be completed by Apria Healthcare.

Must be a cumulative, numerical LON (lifetime = 99).

Must contain at least one diagnosis code.

Results of the ABG PO<sub>2</sub> or saturation test.

Test date should correspond with applicable qualifying test and must be within 30 days of the certification/therapy start date or two days from hospital discharge.

Ensure LPM in these two sections are the same.

For Group I patients, 7, 8 and 9 may be left blank. For Group II patients, 7, 8 and 9 must be answered.

If someone other than the physician completed the CMN, need name, title and employer.\*

The physician's signature must correspond with the physician's information in Section A.

The physician must fill in the date. Staff cannot fill in the date on behalf of the physician.\*

\*No corresponding item on CMN cover letter.

## Reminders

- Please remember that ALL cross-outs and/or overwrites MUST be initialed and dated by the physician. Do not use correction fluid or tape.
- Different color pens used to complete CMN may be construed by Medicare auditors as unauthorized corrections.
- Signature/date stamps are not allowed.
- Electronic signatures should be accompanied by a statement indicating that the signature was applied electronically (i.e., electronically signed by, authenticated by, digitally signed by, validated by, etc.).



## The Government has stated that:

*“ For Oxygen and Oxygen Equipment to be covered by Medicare, the patient’s medical record must contain sufficient information about the patient’s medical condition to substantiate the necessity for the type and quantity of items ordered and for the frequency of use or replacement (if applicable). As the treating physician, you are responsible for the following:*

- *A complete order that includes the liter flow*
- *Reviewing, signing, and dating the Certificates of Medical Necessity (CMN) in a timely manner*
- *Documenting an in-person evaluation within 30 days prior to the date of initial CMN*
- *Documenting an in-person reevaluation within 90 days prior to the date of any recertification*
- *Ongoing documentation of the medical management of the patient’s oxygen use in the patient’s record*

*Furthermore, not providing this information may result in your patients having to pay for the item themselves.*

*Finally, your cooperation is a legal requirement as outlined in the Social Security Act, the law governing Medicare.*

*DO NOT send medical records directly to DME MAC. Provide them to the equipment supplier who originated this request. ”*

**Source:** NHIC, Corp.  
DME MAC, Jurisdiction A  
A CMS Medicare Contractor

*“ For patients whose initial oxygen saturation is 88% or less or whose ABG PO<sub>2</sub> is 55 or less, you must see and evaluate the patient during the 10–12<sup>th</sup> month of oxygen use and document the need for continued oxygen. You must complete a Recertification CMN provided by the supplier. ”*

**Source:** National Government Services, Inc.  
DME MAC, Jurisdiction B  
A CMS Medicare Contractor

*“ Please document the following information in your patient’s medical record to allow Medicare to pay his/her oxygen equipment and contents.*

1. *The qualifying blood gas study.*
2. *At the initial onset of oxygen usage, a physician’s office evaluation within 30 days prior to the initial certification date.*
3. *The patient’s continued need and management of his/her oxygen equipment.*
4. *If testing occurred during exercise, the record must show improvement of the saturation level with oxygen.*
5. *Medical records must be complete, legibly signed, and dated with the physician’s name clearly indicated in the documentation and on the order.*
6. *The medical record must indicate the method of delivery, e.g. cannula or mask. ”*

**Source:** Noridian Administrative Services LLC  
DME MAC, Jurisdiction D  
A CMS Medicare Contractor