



Medicare Competitive Bidding Transition Patient Checklist — Oxygen

APRIA HEALTHCARE®

Dear Physician/Home Oxygen Provider:

Your patient contacted us to transfer his/her oxygen service to Apria Healthcare. In order to do so, we need the following information from you, the current oxygen provider, or the ordering physician. To assist you with this transition, we have provided a list of documents required to enable the patient listed below to transition to Apria Healthcare. These documents are required by Medicare to support medical necessity.

Patient's Name: _____ Phone: _____
Last Name First Name

Address: _____ City: _____ State: _____ Zip: _____

Previous Oxygen Provider: _____ Ordering Physician: _____

Medicare ID#: _____

Written Order Prior to Delivery (WOPD)

- Original physician order — written order from the physician. If the original order cannot be provided, a new order is required.

Face-to-Face Patient Evaluation (All three criteria apply)

- Must occur within 30 days prior to the initial order.
- Must document the patient's hypoxia-related condition and the need for oxygen therapy. The need for oxygen must be in the patient's medical record.
- Must be legibly signed and dated by the treating physician or other qualified healthcare professional. (Must have a National Provider Identifier (NPI).)

Qualifying Test Results (All criteria apply)

- Must be legibly signed and dated by the treating physician or other qualified healthcare professional. The individual who signs must have a National Provider Identifier (NPI).
- Test results must be included as part of the patient's medical record. They are not acceptable if written on a pad prescription or a provider-generated form.
- If obtained at rest, .88% or below will qualify. DB: Could not add a comment but Medicare does not require patients to be qualify on room air when tested at rest. Test can be on oxygen as long as the result is $\leq 88\%$
- If obtained during exercise, documentation of three oxygen tests is required. **The three tests must all be completed within the same testing session:**
1. At rest without oxygen
 2. During exercise without oxygen
 3. During exercise with oxygen applied (to demonstrate the improvement, liter flow must be specified)
 - **Note:** If the liter flow exceeds 4 LPM, we need the saturation test results performed on 4 LPM or more as well as the saturation test result for the highest liter flow prescribed.

Copies of all CMNs, Both Initial and Recertification

- The face-to-face patient re-evaluation must be within 90 days prior to the recertification CMN date. Also, a copy of the testing from the recertification CMN, if different from the test on the initial CMN.
- Please send the above information to Apria Healthcare's **FAX at (888) 492-0010**. If you have any questions, please call **(800) 439-6851**. We look forward to serving you.

Apria Healthcare Patient Transition Department