

Oxygen Certificate of Medical Necessity Certification Chart

Initial CMN	Recertification CMN	Revised CMN
<p>First Claim to the DME MAC</p> <ul style="list-style-type: none"> • Testing and practitioner evaluation obtained within 30 days of initial date • Even if the beneficiary was on oxygen prior to Medicare eligibility <p>* Exception: Medicare HMO transition to fee-for-service (FFS) Medicare. Testing does not have to be obtained 30 days prior to the initial date but must be the most recent qualifying test obtained while in the HMO.</p> <p>Break in Medical Necessity During 36-Month Rental Period</p> <p>Testing and practitioner evaluation obtained within 30 days of initial date.</p> <p>Replacement Due to RUL</p> <p>No new testing or new practitioner visit required per LCD.</p> <p>Replacement Due to Lost, Stolen, or Irreparable Damage</p> <p>No new testing or new practitioner visit required per LCD.</p>	<p>Group I – 12 Months After Initial CMN</p> <p>Most recent qualifying test prior to 13th month claim must be reported on the CMN</p> <p>Group II – 3 Months After Initial CMN</p> <p>Most recent qualifying test performed between 61st – 90th day, 4th month claim</p> <p>Other Requirements for Above:</p> <ul style="list-style-type: none"> • Re-evaluation within 90 days prior to recertification. • Above criteria not met: <ul style="list-style-type: none"> - Continues oxygen therapy/test obtained at a later date. - Coverage resumes when testing requirement is met, beginning with the date of the test. <p>Recertification for Replacement Equipment</p> <ul style="list-style-type: none"> • Same time frames apply. • Repeat testing and re-evaluation not required. • Use most recent qualifying value and test date. 	<p>Change in Flow Rate Category</p> <ul style="list-style-type: none"> • Less than 1 liter per minute (LPM) • 1 – 4 LPM • Greater than 4 LPM <p>Length of Need Expired</p> <p>If the treating practitioner specified less than lifetime length of need on the most recent CMN.</p> <p>Portable Oxygen</p> <p>Added subsequent to initial certification of a stationary system.</p> <p>Stationary Oxygen</p> <p>Added subsequent to initial certification of a portable system.</p> <p>New Treating Practitioner</p> <p>Oxygen order is the same.</p> <p>New Supplier</p> <p>Does not have or cannot obtain the prior CMN.</p> <p>* Revised CMN does not change recertification schedule. If a revised CMN is needed at the same time as a recertification CMN, submit a recertification CMN.</p>

Local Coverage Determination (LCD): Oxygen and Oxygen Equipment [L33797]:

<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33797&ver=28&articleId=52514&bc=AAAAAAAAEAAA&>

Local Coverage Article: Oxygen and Oxygen Equipment – Policy Article (A52514):

<https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52514&ContrID=140>