

OXYGEN REQUIREMENTS FOR OUTPATIENT QUALIFICATION

Diagnosis: Severe underlying lung disease or heart related condition with hypoxia related symptoms that might be expected to improve with oxygen therapy.

Note: Hypoxemia will not work alone, must be accompanied by a disease process that causes hypoxia. i.e., COPD, ILD, CHF

Testing: Oximetry testing must be completed by one of the following:

- **At Rest** on Room Air (24 hour qualification)
- **Nocturnal Oximetry** showing a desaturation below 88% for 5 minutes or greater (Nocturnal Qualification) Testing must be greater than 2 hours.
- **Exercise Test** which requires a series of 3 saturations documented during a single test session:

- 1.) At rest on room air
- 2.) Ambulating on room air- showing a saturation at or below 88%
- 3.) Ambulating on oxygen- showing lpm applied and saturation improvement

Note: If an exercise test is completed all of the above must be noted.

Example of Exercise Testing:

- 1.) 92% at rest on room air
- 2.) While ambulating patient on room air, saturation 86%
- 3.) While ambulating patient oxygen was applied at 2 lpm, saturation has increased to 96%

Note: If an exercise test is completed, all of the above must be documented!

Chronic Stable State: All qualification testing must be performed while the beneficiary is in the CSS- meaning that the patient is not in a current period of an acute illness or an exacerbation of their underlying disease. All co-existing diseases or conditions that can cause hypoxia must be treated prior to initiating oxygen therapy.

Note: If the notes mention an active acute illness or condition, the patient will not qualify for oxygen per Medicare guidelines.

i.e., acute exacerbation, acute bronchitis, pneumonia, flu, acute asthma attack

Alternate Treatment Measures have been tried or considered and deemed clinically ineffective:

- Respiratory medications- must have date initiated to prove it was tried PRIOR to current outpatient visit
- Medication to treat disease- (i.e., Lasix for CHF)
- Pulmonary Hygiene- (proper coughing tech, "huff", acapella, incentive spirometry, CPT, vest)
- Pulmonary Rehab
- Cardiac Rehab
- Physical or Occupational Therapy

Note: We must provide a history that the above has been tried and ineffective

Important- OSA concurrent with NOCTURNAL Oxygen Therapy:

- All requirements for both oxygen and PAP devices for the treatment of OSA LCDs must be met.
- Coverage of home oxygen therapy requires that the patient is tested in "chronic stable state"
- With OSA, it is required that OSA be treated such as the patient is in the chronic stable state before the oxygen saturation results obtained during sleep testing are considered qualifying for oxygen therapy.

Note: If there is mention of possible OSA or mention a sleep study, Medicare will not approve oxygen therapy until the patient is in a CSS.

- Please reference the back for common diagnosis list