

KEY CHANGES TO MEDICARE OXYGEN COVERAGE CRITERIA

All saturation testing results to qualify for oxygen for Medicare patients: The prescribing provider (DO, MD, NP, or PA) must do only one of the following:

- Mention the evidence of SAT test results in the chart notes (or)
- Add a new chart note regarding the evidence of SAT test results (or)
- Co-sign the actual SAT test results

ALL OTHER OXYGEN GUIDELINES ARE STILL IN EFFECT

The policy article states:

- Evidence of qualifying test results at the time of need; and,
- Evidence of an evaluation of the qualifying test results by a treating practitioner

A physician orders a pulse oximetry study, reviews the results, and orders oxygen. To meet the oxygen LCD requirement of "order and evaluate" will the following documents be required to meet the new LCD?

- Does the physician need to sign the pulse oximetry test? (This may not be likely in some offices because the physician may or may not have the ability to print, sign and upload back into the records?)
DME MAC response: No, however, co-signature or initialing by the treating practitioner may be used as evidence of testing evaluation.
- Does the physician need to clearly document in the medical record "I personally reviewed the pulse oximetry record"?
DME MAC response: No, however the DME MACs will look for documentation of a qualifying test result in the beneficiary's medical record along with a discussion about the need for oxygen to improve the beneficiary's medical condition or hypoxemia (Groups I and II). Alternatively, as noted above, the DME MACs will accept co-signature or initialing by the treating practitioner as evidence of testing evaluation.
- Can it be assumed that for patients who are ordered oxygen tests the completion of a standard written order will fulfill the requirement of "order and evaluate"?
DME MAC response: No, the requirement in the LCD is for the blood gas study to be ordered and the results evaluated by the treating practitioner. The medical record would need to reflect the evaluation and subsequent order of oxygen. The SWO for the oxygen equipment is a separate requirement.

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- Co-sign the actual SAT test results

This requirement is becoming a big issue with audits because it's not being met!

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QUALIFY FOR OXYGEN GUIDELINES (Staying the same)

GROUP 1

Method 1	Method 2	Method 3
O2 SAT Room Air At Rest 88% or Less	O2 SAT Room Air Exercise 88% or less Requires: three 6 minute tests	<i>Document Like Example:</i> At Rest on Room Air = <u>93</u> % (any % above 88%) Walking on Room Air = <u>87</u> % (must be 88% or less) Walking on O2 = <u>94</u> % (must show improvement)
		O2 SAT Room Air During Sleep 88% or less at least 5 minutes doesn't have to be continuous

For patients with a lowest SAT of 89% and who have one of the co-morbidities listed in the policy:

- 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 (P wave greater than 3 mm in standard leads II, III, or AVF); or
- Erythrocythemia with a hematocrit greater than 56%

GROUP 2

GROUP 3

If the patient doesn't meet coverage criteria in Groups I or II, and they also don't meet the non-coverage criteria in Group IV, the patient may still qualify under Group III. For cluster headaches and conditions with "distinct physiologic, cognitive, and/or functional symptoms documented in high-quality, peer reviewed literature to be improved by oxygen therapy." For cases other than cluster headaches, in addition to the prescription and medical records, please include a copy of the peer reviewed literature.

Oxygen is not covered for any of the following:

- Angina pectoris in the absence of hypoxemia
- Dyspnea without cor pulmonale or evidence of hypoxemia
- Severe peripheral vascular disease resulting in clinically evident desaturation in one or more extremities but in the absence of systemic hypoxemia
- Terminal illnesses that do not affect the ability to breathe

GROUP 4