

# CLINICIAN CHECKLIST FOR HIGH LITER FLOW OXYGEN - GREATER THAN 4 LPM

### **Policy References:**

- Local Coverage Determination (LCD) (L33797)
- Policy Article (A52514)

**Documentation References**: Standard Documentation Requirements Policy Article (A55426)

The treating clinician must complete the following items:

Standard Written Order (SWO)

Medical records as noted below

#### **Medical Documentation**

Beneficiary is mobile within the home (for portable oxygen equipment)

Beneficiary has hypoxia related symptoms expected to improve with oxygen therapy; and

Beneficiary's blood gas study meets criteria noted below; and

Blood gas study was performed by a physician or qualified provider or supplier of laboratory services; **and** 

Blood gas study was obtained under the following conditions:

If performed during an inpatient hospital stay, the reported test must be the one obtained closest to but no earlier than two days prior to the hospital discharge date

Blood gas study performed at rest (awake) or during exercise.

Alternative treatments were tried or considered and deemed clinically ineffective. Provide information showing oxygen need in addition to the alternative therapy if required.

Group I or II performed while on 4 or more LPM

#### **Group I Criteria:**

Arterial blood gas (ABG) at or below 55 mm Hg or arterial blood saturation at or below 88%:

At rest; or

During exercise (three tests); or

During sleep (at least five minutes); or

During sleep (signs of hypoxemia).



Decrease in ABG more than 10 mm Hg or a decrease in arterial blood saturation of more than 5% from baseline for at least five minutes taken during sleep.

## **Group II Criteria:**

ABG between 56 – 59 mm Hg or arterial blood saturation at or above 89%

Same testing requirements as Group I; and

Beneficiary has one of the following conditions:

Dependent edema, suggesting congestive heart failure; or

Pulmonary hypertension or cor pulmonale; or

Erythrocythemia with a hematocrit greater than 56%.