The supplier must be able to provide all of these items on request:

- Standard Written Order (SWO)
- Beneficiary Authorization
- Proof of Delivery (POD)
- Continued Need
- Continued Use
- Certificate of Medical Necessity (CMS 484 CMN)

Medical records from treating practitioner as noted below

Medical Records should contain:

Oxygen and Oxygen Equipment are reasonable and necessary only if all the following conditions

- Treating physician determines the beneficiary has severe lung disease or hypoxia related symptoms expected to improve with oxygen therapy; and
- Beneficiary’s blood gas study (BGS) meets the criteria noted below; and
  - BGS was performed by a physician or qualified provider or supplier or laboratory services; and
  - BGS 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 2 days prior to the hospital discharge date; or
    - If not performed during an inpatient hospital stay, the reported test must be performed while the beneficiary is in a chronic stable state – i.e., not during a period of acute illness or an exacerbation of their underlying disease; and
  - Alternative treatments tried or considered and deemed clinically ineffective

Group I Criteria

- Arterial blood gas (ABG) at or below 55 mm Hg or arterial blood saturation at or below 88%
  - At rest; or

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During exercise (3 oximetry studies); or
During sleep (at least 5 minutes); or
During sleep (signs of hypoxemia)
  □ Decrease in ABG more than 10 mm Hg or a decrease in arterial blood saturation more than 5% from baseline for at least 5 minutes taken during sleep

Initial coverage limited to 12 months

**Group II Criteria**

□ ABG between 56 – 59 mm Hg or arterial blood saturation at 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 co pulmonale: or
  □ Erythrocythemia with a hematocrit greater than 56%

Initial coverage limited to 3 months

**Long Term Oxygen Therapy Clinical Trials**

□ Beneficiary is enrolled in a clinical trial approved by CMS and sponsored by the National Heart, Lung and Blood Institute; and
□ Beneficiary has an ABG from 56 to 65 mm Hg or arterial oxygen saturation at or above 89%

**Cluster Headaches**

□ Beneficiary is being treated for cluster headaches (refer to LCD for ICD codes)
  □ Has had at least five severe to very severe (prevents all activities) unilateral headache attaches Lasting 15-180 minutes when untreated
  □ Headaches is accompanied by at least one of the following:
    □ Ipsilateral conjunctival injection and/or lacrimation; or
    □ Ipsilateral nasal congestion and/or rhinorrhea; or
    □ Ipsilateral eyelid edema; or
    □ Ipsilateral forehead and facial sweating; or
    □ Ipsilateral miosis and/or ptosis; or
    □ A sense of restlessness or agitation
□ Beneficiary is enrolled in a clinical trial approved by CMS
Portable Oxygen Systems

- Medical records support the beneficiary is mobile within the home; **and**
- BGS performed at rest (awake) or during exercise

High Liter Flow – Greater than 4 LMP

- Group I or II BGS performed while on 4 or more LMP