DOCUMENTATION CHECKLIST FOR OXYGEN AND OXYGEN EQUIPMENT

Policy References:

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

Documentation References: Standard Documentation Requirements Policy Article (A55426)

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 are met:

- ☐ 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 two 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**
  - ☐ During exercise (three oximetry studies); **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 more than 5% from baseline for at least five 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 three 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 four or more LMP