

HOME OXYGEN

The following is required from MEDICARE. We ask for Medicare's requirements prior to delivery. This is to help your success in approval for your patient and to protect your patient from being responsible for the cost later.

Home Oxygen Therapy

is reasonable and necessary **only if all of the following conditions are met:**

1. The treating practitioner has ordered and evaluated the results of a qualifying blood gas study (aka oximetry or saturation testing) performed at the time of need; and,
2. The beneficiary's blood gas study meets the criteria stated below; and,
3. The qualifying blood gas study was performed by a treating practitioner or by a qualified provider or supplier of laboratory services; and,
4. The provision of oxygen and oxygen equipment in the home setting will improve the beneficiary's condition.

Testing and Results

Oxygen qualification testing must be performed at the time of need which is defined as during the patient's illness when the presumption is that the provision of oxygen will improve the patient's condition in the home setting.

For oxygen initially prescribed at the time of hospital discharge, testing must be performed within 2 days prior to discharge. This rule does not apply to discharges from SNF.

The following 3 options are acceptable oximetry testing methods:

1. **At rest and awake** – often referred to as "spot" oximetry - and client has O₂ saturation of 88% or below
2. **During exercise** – requires a series of 3 tests done during a single testing session:
 - a. **At rest, off oxygen** – showing a non-qualifying result (O₂ sat above 88%)
 - b. **Exercising, off oxygen** – showing a qualifying result (O₂ sat below 88%)
 - c. **Exercising, ON oxygen** – tests results obtained while exercising with oxygen therapy showed improvement O₂ sat (usually 90% or above)
 - i. *If a patient needs > 4 LPM, you must prove the patient is still ≤88% while using 4 LPM, and then improves with LPM greater than 4.
3. **During sleep**
 - a. Overnight sleep oximetry (may be done in the hospital or home)
 - i. Just needs to de-sat to 88% or below once, no time requirement
 - ii. Cannot be used to prescribe oxygen for PAP user
 - b. Titration polysomnogram (in-lab)
 - i. Must be used for clients with sleep apnea to establish that the sleep apnea is appropriately and sufficiently treated before oxygen saturation results obtained during sleep testing are considered qualifying.

Paperwork Required in Order to Dispense Home Oxygen

Chart notes supporting need for oxygen, **blood gas testing** documented within client's chart, and **prescription** in form of Standard Written Order. *Note: liter flow and mode of administration (nasal cannula or mask) need to be in chart notes or on prescription.*

This document outlines the most common ways to qualify for home oxygen. There are additional situations for clients who have oxygen saturation levels of exactly 89% and for clients needing oxygen for cluster headaches. Please consult a member of Bellevue Healthcare's Respiratory Team to discuss those situations if applicable.



Oxygen Concentrator



Oxygen Tank & Regulator