OXYGEN AND OXYGEN EQUIPMENT:
BENEFICIARIES MEETING GROUP I CRITERIA

REQUIRED DOCUMENTATION

All Claims for Oxygen: Initial Certification

- ☐ **5 Element Order (5EO)** obtained prior to Delivery for the HCPCS code E0424, E0431, E0433, E0434, E0439, E0441, E0442, E0443, or E0444
  - ☐ 5 Element Order contains:
    - ☐ Beneficiary's name
    - ☐ Prescribing physician/practitioner's NPI
    - ☐ A description of the item of DME ordered - the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model numbe
    - ☐ Signature of the prescribing physician/practitioner
    - ☐ Order date
  - ☐ The 5EO must be completed within six (6) months after the required face-to-face examination.
  - ☐ The date of the written order shall be on or before the date of delivery.
  - ☐ Any changes or corrections have been initialed/signed and dated by the ordering practitioner.
- ☐ **Documentation of Dispensing Order** (preliminary written or verbal order) that contains:
  - ☐ Description of the item
  - ☐ Name of the beneficiary
  - ☐ Prescribing physician/practitioner's name
  - ☐ Date of the order
  - ☐ Prescribing physician/practitioner's signature (if a written order) or supplier signature (if verbal order)

NOTE: If the claim includes HCPCS code E0424, E0431, E0433, E0434, E0439, E0441, E0442, E0443, or E0444, a 5 Element Order must be obtained prior to delivery. This home oxygen equipment cannot be delivered based on a dispensing order. A dispensing order for other equipment related to home oxygen therapy is only required if the items are dispensed prior to obtaining the detailed written order.

- ☐ **Detailed Written Order** that contains:
  - ☐ Beneficiary's name
  - ☐ Prescribing physician/practitioner's signature (and date if applicable*)
    - * Someone other than the physician/practitioner may complete the DWO of the item unless statute, manual instructions, the contractor's LCD or policy articles specify otherwise. However, the prescribing physician/practitioner must review the content and sign and date the document.
  - ☐ The date of the order
  - ☐ A description of all items, options, accessories or additional features that are separately billed or require an upgraded code. The description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number.
  - ☐ The means of oxygen delivery (cannula, mask, etc.)
  - ☐ The oxygen flow rate and frequency of use

- ☐ The physician's signature on the written order meets **CMS Signature Requirements** https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6698.pdf
- ☐ Certificate of Medical Necessity for Home Oxygen (The CMN may act as a substitute for a written order if it is sufficiently detailed)
- ☐ Proof of Delivery
  - ☐ Beneficiary's name
  - ☐ Quantity delivered
  - ☐ A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number.
  - ☐ Delivery date
  - ☐ Signature of person accepting delivery
  - ☐ Relationship to beneficiary
- ☐ Medical Records supporting that the beneficiary meets the basic coverage criteria specified in the Coverage and Payment Rules section of the Oxygen and Oxygen Equipment LCD.
  - ☐ The treating physician has determined that the beneficiary has a severe lung disease or hypoxia-related symptoms that might be expected to improve with oxygen therapy, AND
  - ☐ The beneficiary has had a blood gas study that meets one of the following criteria:

☐ At rest (awake but sitting or lying down), the arterial PO2 is at or below 55 mm Hg or the arterial oxygen saturation is at or below 88%.	☐ While awake, the beneficiary's arterial P02 is ≥ 56 mm Hg or the arterial oxygen saturation is ≥ 89% **but**, for at least 5 minutes during sleep, the arterial PO2 falls to ≤ 55 mg Hg or the arterial oxygen saturation to ≤ 88%.	☐ During sleep, there is a decrease in the arterial PO2 of more than 10mm Hg or a decrease in the arterial oxygen saturation of more than 5% from baseline saturation for at least 5 minutes **and** the decrease in PO2 or O2 saturation is associated with symptoms or signs reasonably attributable to hypoxemia.	☐ At rest, the beneficiary's arterial PO2 is ≥ 56 mm Hg or the arterial oxygen saturation is ≥ 89% on room air **but**, during exercise, the arterial PO2 falls to ≤ 55 mm Hg or the arterial oxygen saturation is < 88% **and**, oxygen administration improves the hypoxemia and, medical record includes **all** of the following: - Blood gas study performed at rest without oxygen; - Blood gas study performed during exercise without oxygen; and - Blood gas study performed during exercise with oxygen applied that demonstrates improvement of the hypoxemia.
	NOTE: The value reported on the CMN must be the lowest value (not related to artifact) during the 5 minute qualifying period. See the LCD for complete details on the rules regarding home sleep oximetry studies. Baseline saturation = mean saturation level during the duration of the test For beneficiaries with OSA, a qualifying oxygen saturation test for the purpose of determining Medicare home oxygen reimbursement may only occur during a titration polysomnographic study. Please refer to the Positive Airway Pressure Devices and Oxygen Local Coverage Determinations (LCD) and the online article, "Frequently Asked Questions: Oxygen Use in Beneficiaries with Obstructive Sleep Apnea" for additional information.		**NOTE:** All three qualifying blood gas study reading should be taken during a single testing session. The blood gas reading obtained during exercise, while breathing room air, is the number that should be recorded on the CMN. However, all three readings must be recorded in the medical record and available to the DME MAC or other Medicare contractors upon request.

AND

- ☐ The qualifying blood gas study was performed by a physician or by a qualified provider or supplier of laboratory services (blood gas studies performed by a supplier are not acceptable),

AND

- ☐ The qualifying blood gas study was obtained under one of the following conditions:
  - ☐ Performed during an inpatient hospital stay, no earlier than 2 days prior to the hospital discharge date, and was the last test obtained prior to discharge; **or**
  - ☐ Was not performed during an inpatient hospital stay **and** was performed while the patient was in a chronic stable state, not during a period of acute illness or an exacerbation of their underlying disease,

AND

- ☐ The qualifying blood gas study was the most recent study obtained prior to the Initial Date indicated in Section A of the CMN and this study was obtained within 30 days prior to the Initial Date,

AND

- ☐ The benficiary was seen and evaluated by the treating physician within 30 days prior to the date of initial certification,

AND

- ☐ Alternative treatment measures have been tried or considered and deemed clinically ineffective.

☐ The physician's signature on the medical records meets **CMS Signature Requirements** https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6698.pdf

Recertification (Required 12 months after Initial Certification)

☐ Recertification CMN

☐ Medical records documenting that the beneficiary was seen and re-evaluated by the treating physician within 90 days* prior to the date of the Recertification

* If the physician visit is not obtained within the 90-day window but the beneficiary continues to use oxygen and the visit is obtained at a later date, coverage would resume beginning with the date of that visit. The date of the visit is the recertifcation date that must be entered on the Recertification CMN.

NOTE: Please refer to the LCD for complete details regarding when an Initial, Recertification or Revised CMN is required.

Continued Medical Need for the equipment/accessories/supplies is verified by either:

☐ A refill order from the treating physician dated within 12 months of the date of service under review; or

☐ A change in prescription dated within 12 months of the date of service under review; or

☐ A properly completed CMN with an appropriate length of need specified; or

☐ A medical record, dated within 12 months of the date of service under review that shows usage of the item.

Portable Oxygen Systems

Medical records that support:

☐ The beneficiary is mobile within the home; and

☐ The qualifying blood gas study was performed at rest (awake) or during exercise

Liter Flow Greater Than 4 LPM

☐ A copy of a blood gas study showing blood gas levels in the Group I or Group II range while the beneficiary was receiving oxygen at the rate of 4 LPM

REMINDERS

- Suppliers must add a KX modifier only if all of the criteria in the Coverage Indications, Limitations and/or Medical Necessity" section of the related LCD have been met.
- Claim lines billed without a KX, GA, GY or GZ modifier will be rejected as missing information.
- If all of the criteria in the Coverage Indications, Limitations and/or Medical Necessity section have not been met, the GA, GY or GZ modifier must be added to the code. When there is an expectation of a medical necessity denial, suppliers must enter GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN), a GZ modifier if they have not obtained a valid ABN, or a GY modifier if the item or service is statutorily excluded.
- QA: For scenarios where the beneficiary has different daytime and nighttime oxygen flow requirements. Used if the average documented flow requirement from a daytime "at rest" qualifying test and flow rate for nocturnal oxygen requirement (standard arithmetic rounding rules apply) is <1 LPM.
- QB: For scenarios where the beneficiary has different daytime and nighttime oxygen flow requirements. Used if the average documented flow requirement from a daytime "at rest" qualifying test and flow rate for nocturnal oxygen requirement (standard arithmetic rounding rules apply) is >4 LPM, and portable oxygen is prescribed.
- QE: Used if the documented flow requirement on an "at rest" qualifying test is <1 LPM.
- QF: Used if the documented flow requirement on an "at rest" qualifying test is >4 LPM, and portable oxygen is prescribed. DO NOT use a flow requirement from a "with exercise" qualifying test.
- QG: Used if the documented flow requirement on an "at rest" qualifying test is >4 LPM. DO NOT use a flow requirement from a "with exercise" qualifying test.
- QR: For scenarios where the beneficiary has different daytime and nighttime oxygen flow requirements. Used if the average documented flow requirement from a daytime "at rest" qualifying test and flow rate for nocturnal oxygen requirement (standard arithmetic rounding rules apply) is >4 LPM.

ONLINE RESOURCES

- **DME MAC Supplier Manual**
  - **JB:** https://www.cgsmedicare.com/jb/pubs/supman/index.html
  - **JC:** https://www.cgsmedicare.com/jc/pubs/supman/index.html
- **Local Coverage Determinations (LCDs) and Policy Articles**
  - **JB:** https://www.cgsmedicare.com/jb/coverage/lcdinfo.html
  - **JC:** https://www.cgsmedicare.com/jc/coverage/LCDinfo.html
- **Oxygen Resources**
  - **JB:** https://www.cgsmedicare.com/jb/mr/oxygen_resources.html
  - **JC:** https://www.cgsmedicare.com/jc/mr/oxygen_resources.html

DISCLAIMER

This document was prepared as an educational tool and is not intended to grant rights or impose obligations. This checklist may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either written law or regulations. Suppliers are encouraged to consult the *DME MAC Supplier Manual* and the Local Coverage Determination/Policy Article for full and accurate details concerning policies and regulations.