

What's needed for O2 referral

Order:

- Make sure the Diagnosis listed is a qualifying oxygen diagnosis (chronic lung disease)
- Make sure liter flow is filled out as well as how it is being order (continuous, with activity or nocturnal only. Testing needs to match what is being ordered)
- Make sure order is signed & dated by physician who is ordering the O2

F2F note:

- Per Medicare, the patient has to been seen for a F2F 30 days prior to the initial order date for the O2
- Make sure the F2F discusses the test results (the stat % that the patient dropped to and for how long they dropped)
- Discuss the need of O2 and how you are going to order the O2 (continuous, with activity or nocturnal)
- You want to make sure the Diagnosis you are putting on the order is mentioned/listed in the F2F note
- *The more that can be discussed in the F2F about O2 and the patient's diagnosis the better*

Testing:

- Per Medicare, testing is only good for 30 days
- Continuous Oxygen: test the patient while they are sitting (at rest)
 - Arterial blood saturation must be at or below 88% to qualify for continuous
- During exercise: requires a series of 3 tests done during a single testing session
 - At rest, off oxygen
 - Exercising, off oxygen – showing a qualifying result (Arterial blood saturation must be at or below 88%)
 - Exercising, on oxygen – showing improvement in test results obtained
 - Testing must support the liter flow that is being ordered
 - For example, if you are ordering the patient to be at 4lpm, then the patient must be tested on each liter flow (2lpm, 3lpm, 4lpm), and the sat % must be documented while on each liter flow setting
 - Whoever does the testing must sign & date the testing results sheet



medical equipment

DETAILED PHYSICIANS ORDER
RESPIRATORY EQUIPMENT

Patient: _____ Date of Order: _____ HT: _____ WT: _____

Address: _____ DOB: _____ Length of Need: 99

Diagnosis Codes: _____

Equipment Needed:

- | | |
|--|---|
| <input type="checkbox"/> E0570 – Nebulizer with compression | <input type="checkbox"/> E0601- CPAP settings: _____ |
| <input type="checkbox"/> Nebulizer Admin Sets | <input type="checkbox"/> E0470- BiPAP settings: _____ |
| <input type="checkbox"/> A7003 – Admin sets (2/month) | <input type="checkbox"/> E0471 BiPAP ASV settings: _____ |
| <input type="checkbox"/> A7015 – Aerosol Mask (1/month) | <input type="checkbox"/> E0562 Heated Humidifier |
| <input type="checkbox"/> E0463- Volume Control Ventilator Invasive Interface | <input type="checkbox"/> CPAP/BiPAP/Respiratory assist Supplies: |
| <input type="checkbox"/> E0464 – Volume Control Ventilator Non- Invasive Interface | <input type="checkbox"/> A7030 – Full Face Mask (1/3mo) |
| <input type="checkbox"/> E0482 – Cough Stimulating Device | <input type="checkbox"/> A7031 – Face mask interface (1/1mo) |
| <input type="checkbox"/> E0439 – Stationary Liquid Oxygen System | <input type="checkbox"/> A7032 – Nasal cushions (2/1mo) |
| <input type="checkbox"/> E0463 – Volume Control Ventilator | <input type="checkbox"/> A7033 – Nasal pillows (2/1mo) |
| <input type="checkbox"/> Invasive Interface | <input type="checkbox"/> A7034 – Nasal application device (1/3mo) |
| <input type="checkbox"/> E0464 – Volume Control Ventilator | <input type="checkbox"/> A7035 – Headgear (1/6mo) |
| <input type="checkbox"/> Non-invasive Interface | <input type="checkbox"/> A7036 – Chinstrap (1/6mo) |
| <input type="checkbox"/> E0482 – Cough Stimulating Device | <input type="checkbox"/> A7037 – PAP tubing (1/3mo) |
| <input type="checkbox"/> E0439- Stationary Liquid Oxygen System | <input type="checkbox"/> A7038- PAP filter disposable (2/1mo) |
| <input type="checkbox"/> E0443 – Oxygen contents-gas | <input type="checkbox"/> A7039- PAP filter non-disposable (1/6mo) |
| <input type="checkbox"/> E0434 – Portable Liquid Oxygen system | <input type="checkbox"/> A7044- PAP oral interface (1/6mo) |
| <input type="checkbox"/> E0431 - Gaseous Oxygen Regulator | <input type="checkbox"/> A7046- Replacement water chamber (1/6mo) |
| <input type="checkbox"/> E1392 – Portable oxygen concentrator | <input type="checkbox"/> A4604- Tubing with heating element (1/3mo) |
| <input type="checkbox"/> E1390 - Oxygen Concentrator | |

Oxygen LPM _____ Continuous/With Exercise/Nocturnal
Via Nasal Cannula _____ OR Mask _____ OR Bled into PAP Device _____
OR Invasive Vent _____

____ Overnight Pulse Oximetry On:
ROOM AIR _____
Oxygen _____ @ _____ lpm.
CPAP _____
BiPAP _____

____ TEST ON CONSERVER

Titrate patient's oxygen setting to achieve an SpO₂ > 90%
at rest and during activities of daily living via pulse
oximetry; and set up on the appropriate conserving
device or portable oxygen concentrator.

____ Other Please Specify:

Physicians

Name: _____

Physicians

Signature: _____

Address: _____

Date: _____

Phone: _____

NPI: _____

Fax: _____

Showroom location for new patients and walk-ins:
1005 N Kingshighway Ste 12 Cape Girardeau, Mo. 573-803-2390 fax 573-803-1247

Medicare approved Oxygen Dx

Coverage of home oxygen therapy requires that the beneficiary be tested in the “chronic stable state”, and not during a period of acute illness or an exacerbation of their underlying disease.

- ❖ Pulmonary Neoplasm, primary or metastatic (C34.90)
- ❖ Erythrocytosis/Erythrocythemia (D75.1)
- ❖ Sarcoidosis, unspecified (D86.9)
- ❖ Cystic Fibrosis (E84.9)
- ❖ Cluster Headaches (G44.001)
- ❖ Primary Pulmonary Hypertension (I27.0)
- ❖ Chronic systolic (congestive) heart failure (I50.22)
- ❖ Chronic diastolic (congestive) heart failure (I50.32)
- ❖ Acute on Chronic combined systolic and diastolic heart failure (I50.43)
- ❖ Recurring congestive heart failure (I50.9)
- ❖ Chronic Bronchitis (J41.0)
- ❖ Emphysema (J43.9)
- ❖ Chronic obstructive pulmonary disease (J44.9)
- ❖ Bronchiectasis, uncomplicated (J47.9)
- ❖ Pulmonary Fibrosis, unspecified (J84.10)
- ❖ Idiopathic pulmonary fibrosis (J84.112)
- ❖ Diffuse Interstitial lung disease (J84.9)
- ❖ Chronic respiratory failure, unsp w/hypoxia or hypercapnia (J96.10)
- ❖ Other disorders of lung (J98.4)

- ❖ Chronic respiratory failure w/ hypoxia (J96.11)
- ❖ Hypoxemia (R09.02)

In the case of OSA, it is required that the OSA be appropriately and sufficiently treated such that the beneficiary is in the chronic stable state before oxygen saturation results obtained during sleep testing are considered qualifying for oxygen. For beneficiaries with OSA, this means that the OSA must be sufficiently treated such that the underlying severe lung disease is unmasked.

For beneficiaries with OSA, a qualifying oxygen saturation test may only occur during a titration polysomnographic study (either split night or stand-alone). The titration PSG is one in which all of the following criteria are met:

1. The titration is conducted over a minimum of two (2) hours; and
 2. During titration:
 - A. The AHI/RDI is reduced to less than or equal to an average of ten (10) events per hour; or
 - B. If the initial AHI/RDI was less than an average of ten (10) events per hour, The titration demonstrates further reduction in the AHI/RDI; and
 3. Nocturnal oximetry conducted for the purpose for oxygen reimbursement qualification may only be performed after optimal PAP settings have been determined and the beneficiary is using the PAP device at those settings; and
 4. The nocturnal oximetry conducted during the PSG demonstrates an oxygen saturation \leq 88% for 5 minutes total (which need not be continuous)
- ❖ Obstructive sleep apnea (G47.33)
 - ❖ Idio sleep related nonobstructive alveolar hypoventilation (G47.34)
 - ❖ Sleep related hypoventilation (G47.36)

***Note: This list of covered health conditions is meant to serve as a guide and its not all inclusive of covered condition.