SKILLED NURSING FACILITY, HOME HEALTH OR HOSPICE TESTING

- For initial oxygen qualification, patients may be tested while in a skilled nursing facility, or while under a home health or hospice stay if the test is taken while the patient is under a Medicare-covered Part A stay.

QUALIFIED TESTING PROVIDERS

- At rest: Hospital, skilled nursing facility, home health, hospice, on-site IDTF or physician's office
- During exercise: Hospital, skilled nursing facility, home health, hospice, on-site IDTF or physician's office
- During sleep: Hospital, on-site IDTF, physician's office, Skilled Nursing Facility, Home Health Agency, or Hospice Organization*
- Home sleep oximetry is limited solely to stand-alone overnight pulse oximetry performed in beneficiary's home. Overnight oximetry performed as part of home sleep testing or as part of any other home testing cannot be used for oxygen qualification purposes.
- Apria cannot perform qualifying nocturnal oximetry studies, but can coordinate the tests with a qualifying IDTF.

**Testing performed by an SNF, Home Health, or Hospice requires verification of a "Part A Covered Stay" that coincides with the test date in order to be considered valid.*

PATIENT EVALUATION MEDICAL RECORDS/PHYSICIAN CHART NOTES

Medical records requested/obtained must document need and/or benefit of oxygen therapy for patient, and must include the following:

1. Evidence that the in-person (face-to-face) visit was conducted in person with a physician or qualified healthcare professional (must have an NPI – National Provider Identifier).
2. Documentation that in-person visit took place within 30 days prior to initial CMN/delivery date.
3. Documentation of patient's hypoxia-related condition and that his/her condition may improve with oxygen therapy.
4. Documentation of other treatment measures that have been tried and deemed ineffective (e.g., medications, inhalers, etc.).
5. Includes physician or facility name.
6. Is legibly signed and dated by treating physician or other qualified healthcare professional (must have an NPI – National Provider Identifier). Electronic signatures are acceptable if dated and there is an indicator to show that signature was electronically appended. Signature and date stamps are not acceptable.
7. **For recertification:** Documentation that in-person visit took place within 90 days prior to CMN recertification.

Please note: Addenda to medical records are strongly discouraged.

APRIA®

MEDICARE PART B OXYGEN COVERAGE

HOME OXYGEN DIAGNOSTIC REQUIREMENTS* COVERED HEALTH CONDITIONS:

- Severe primary lung disease such as:
  - Chronic obstructive pulmonary disease
  - Diffuse interstitial lung disease
  - Cystic fibrosis
- Bronchiectasis
- Pulmonary neoplasm, primary or metastatic
- Chronic bronchitis
- Emphysema
- Hypoxia-related symptoms/conditions that may improve with oxygen therapy, such as:
  - Pulmonary hypertension
  - Recurring congestive heart failure due to chronic cor pulmonale
  - Erythrocytosis/erythrocythemia

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

HELP ENSURE YOUR MEDICARE PATIENTS' OXYGEN THERAPY IS COVERED

LABORATORY EVIDENCE/QUALIFYING TESTING REQUIREMENTS

Testing must be performed either with patient in a chronic stable state as an outpatient within 30 days prior to initial certification or within two days prior to discharge from an inpatient hospital stay to home. Testing by a skilled nursing facility, home health or hospice must be performed with the patient in a chronic stable state within 30 days prior to initial certification.

Blood gas study/oxygen saturation test must be performed by a physician or qualified provider or supplier of laboratory services that is registered and able to bill for the test. Test performed in a qualified provider's office must contain the physician's or facility's name.

Medicare requires that test results be documented in patient's medical record and made available to the oxygen provider. **These requirements apply to all Medicare oxygen patients, even if Medicare is in a secondary role.**

Patient can be tested under any of these three conditions:

1. A test taken during rest. Medicare considers oxygen medically necessary if SpO_2 is less than or equal to 88%. If SpO_2 is greater than 88%, proceed to step 2.
2. A test taken on room air during exercise. If patient meets qualifying threshold of SpO_2 less than or equal to 88% while exercising, all three (3) of the required tests below must be performed within same testing session and be recorded in the form of a medical record.
   a. A test taken during rest while patient breathes room air.
   b. A test taken during exercise while patient breathes room air.
   c. A test taken during exercise, with oxygen applied (to demonstrate improvement of hypoxia).
3. A test taken during sleep. If patient is tested during sleep, test must have at least two hours of recorded time. Test must indicate arterial oxygen desaturation to 88% or less for at least 5 minutes of testing period. A patient tested during sleep will not qualify for portable oxygen.

Regardless of test condition, the following values apply to all:

- Group I: $PaO_2 \leq 55$ mm Hg or $SaO_2 \leq 88\%$ acceptable.
- Group II: $PaO_2 = 56–59$ mm Hg or $SaO_2 = 89\%$ acceptable only with secondary diagnosis of:
  - Edema suggesting congestive heart failure
  - Pulmonary hypertension/cor pulmonale with P wave > 3 mm in lead II, III or AVF
  - Erythrocythemia with Hct > 56%
- Group II: Recertification and retesting are required 61 to 90 days after initial start.
- Group III: If $PaO_2 \geq 60$ mm Hg or $SaO_2 \geq 90\%$, there is a presumption of noncoverage.
- If liter flow is greater than 4 LPM, patient must meet Group I or Group II criteria while patient is receiving oxygen at a rate of 4 LPM or higher.
- All patients must be tested in a chronic stable state, including those discharged from the hospital.
- All coexisting diseases or conditions that can cause hypoxia must be treated and patient must be tested in a chronic stable state before oxygen therapy is qualified.

OBSTRUCTIVE SLEEP APNEA (OSA) DIAGNOSIS REQUIREMENTS

If a patient with a chronic lung disease has also been diagnosed with obstructive sleep apnea, the test must be performed during the titration portion of a facility-based polysomnogram.

- Optimal treatment of OSA with the PAP device must be achieved.
- Titration must be conducted over a minimum of 2 hours
- During the titration phase, the patient continues to remain hypoxic (≤ 88% for a total of 5 minutes or more); and
  - AHI/RDI reduced to ≤ 10 per hour; or
  - If AHI/RDI was ≤ 10 per hour, titration demonstrates further reduction.

PORTABLE OXYGEN REQUIREMENTS

- Qualifying test must be conducted while patient is awake.
- Patient must be mobile within the home.

EMERGENCY ROOM TESTING

- A patient tested in an emergency room is generally not considered to be in a chronic stable state. If test was taken while patient was in the ER, patient must be tested again in physician's office or by an IDTF.

(Over)