


Medicare Home Oxygen Checklist

TO: _____ @ _____ RE: patient _____ DOB _____

Thanks for your referral! We've received your order to provide home oxygen. However, Medicare requires documentation, indicated by check marks below, to be in our chart before providing the equipment.

 If you have questions, please call 989-9902 and ask for _____.

 **Fax documents to 205-989-9903.**

▶▶▶ SAT results MUST be a specific value, NOT a range, and MUST document the condition of the test. Examples: "at rest on room air, upon exertion, per nocturnal oximetry, etc." ◀◀◀

- Please send an order for home oxygen specifically stating the maximum liter flow, method of administration, and duration of use. For example, "2 lpm via nasal cannula, 24 hours per day". Also, Medicare does not accept "PRN".
- We need signed documentation in progress notes that the patient has severe lung disease, or hypoxia-related symptoms that might be expected to improve with oxygen therapy.
- We need signed documentation of SATs or ABGs taken inpatient, no earlier than 2 days prior to discharge, that were the last tests taken.
- We need signed documentation of SATs or ABGs that the patient was in a "chronic stable state", and that oxygen was prescribed not during an acute illness, or exacerbation of the underlying disease, and were obtained outpatient 30 days prior to _____.
- SAT results provided were performed at exertion. In addition to the exertion SAT, Medicare requires you test the patient resting on room air AND while the patient continues to exert while oxygen is administered. All three tests must be performed at the same time and documented:
 1. *resting room air SAT*
 2. *exertion room air SAT...must be 88% or below to qualify*
 3. *exertion SAT on ? LPM oxygen to show improvement over the results of test 2*
- We need signed documentation in progress notes that alternative treatment measures have been tried, or considered, and deemed clinically ineffective. *Examples are: bronchodilators, diuretics, steroids, etc.*
- We need signed documentation in progress notes that the patient was seen & evaluated by the treating physician within 30 days prior to the order date of _____.
- Other