OXYGEN AND OXYGEN EQUIPMENT:
BENEFICIARIES MEETING GROUP II CRITERIA

REQUIRED DOCUMENTATION

All Claims for Oxygen: Initial Certification

- ☐ **Standard Written Order (SWO)**
  The SWO contains all of the following elements:
  - ☐ Beneficiary's name or Medicare Beneficiary Identifier (MBI)
  - ☐ Order Date
  - ☐ General description of the item
    - ☐ 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
    - ☐ For equipment - In addition to the description of the base item, the SWO may include all concurrently ordered options, accessories or additional features that are separately billed or require an upgraded code (List each separately).
    - ☐ For supplies – In addition to the description of the base item, the DMEPOS order/ prescription may include all concurrently ordered supplies that are separately billed (List each separately)
  - ☐ Quantity to be dispensed, if applicable
  - ☐ Treating Practitioner Name or NPI
  - ☐ Treating Practitioner's signature
  - ☐ The practitioner's signature on the standard written order meets **CMS Signature Requirements** https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6698.pdf
  - ☐ Any changes or corrections have been initialed/signed and dated by the ordering practitioner.
- ☐ Certificate of Medical Necessity for Home Oxygen (The CMN may act as a substitute for the SWO if it contains the same information as required in a SWO.) https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS484.pdf
- ☐ 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.
  - ☐ Signature of person accepting delivery
  - ☐ Relationship to beneficiary
- ☐ Medical Records supporting that the beneficiary meets the basic coverage criteria specified in the Oxygen and Oxygen Equipment LCD.
  - ☐ The treating practitioner 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 (sitting or lying down but awake), the arterial PO2 is 56-59 mm Hg or the arterial oxygen saturation is 89%.	☐ While awake, the beneficiary's arterial P02 is ≥ 60 mm Hg or the arterial oxygen saturation is ≥ 90% and During sleep, the arterial PO2 falls to 56-59 mg Hg or the arterial oxygen saturation is 89% for at least 5 minutes.	☐ At rest, the beneficiary's arterial PO2 is ≥ 60 mm Hg or the arterial oxygen saturation is ≥ 90% on room air **but**, during exercise, the arterial PO2 falls to 56-59 mm Hg or the arterial oxygen saturation is 89% **and**, oxygen administration improves the hypoxemia, **and** the 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 qualifying value (not related to artifact) during the 5 minute qualifying period. In the case of a group **II** qualifier, the lowest qualifying value must be 89% even if this is not the overall lowest value during the test. See the LCD for complete details on the rules regarding home sleep oximetry studies. 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 for the Treatment of Obstructive Sleep Apnea and Oxygen and Oxygen Equipment Local Coverage Determinations (LCD) 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

☐ Medical Records document one of the following conditions:

- ☐ Dependent edema suggesting congestive heart failure, or
- ☐ Pulmonary hypertension or cor pulmonale, determined by measurement of pulmonary artery pressure, gated blood pool scan, echocardiogram, or "P" pulmonale on EKG, or
- ☐ Erythocythemia with a hematocrit greater than 56%

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 beneficiary was seen and evaluated by the treating practitioner within 30 days prior to the date of initial certification.

AND

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

☐ The practitioner'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 3 months after Initial Certification)

- ☐ Recertification CMN
- ☐ Copy of recert blood gas study (Should be the most recent test performed between the 61st and 90th day following Initial Date)
- ☐ Medical records documenting that the patient was seen and re-evaluated by the treating practitioner within 90 days* prior to the date of the Recertification

* If the treating practitioner 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 practitioner 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.