HOME OXYGEN THERAPY

PHYSICIAN/NON-PHYSICIAN PRACTITIONER (NPP) DOCUMENTATION CHECKLIST

The Centers for Medicare & Medicaid Services (CMS) issues this checklist solely for educational purposes and as a helpful resource for physicians and NPPs to ensure their orders and medical record documentation include all relevant information required to support Medicare coverage of home oxygen therapy.

The use of this checklist is voluntary and does not ensure Medicare reimbursement of home oxygen therapy equipment or supplies.

All of the following, as applicable, must be available in the patient's medical record(s):

Written Order Prior To Delivery (WOPD):

The following items of home oxygen therapy equipment require a WOPD: *Healthcare Common Procedure Coding System (HCPCS) codes E0424, E0431, E0433, E0434, E0439, E0441, E0442, E0443, or E0444. The WOPD provided to the supplier for the above type of oxygen equipment prescribed contains the following required elements:*

- ☐ *Beneficiary's name*
- ☐ *Item of DME ordered*
- ☐ *National Provider Identifier (NPI) of the prescribing practitioner;*
- ☐ *Signature of the prescribing practitioner; and*
- ☐ *Date of the order*

NOTE: The supplier must have evidence that the order was written prior to delivery to meet this requirement.

Physician Evaluation for Home Oxygen Equipment not requiring a Face-to-Face Encounter: (E1390. E1391, E1392, and K0738)

- ☐ *Documentation demonstrates the beneficiary was seen and evaluated by the treating physician within 30 days prior to the date of Initial Certification.*

  For a detailed description of DMEPOS HCPCS please visit: https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2236CP.pdf

Initial Coverage: Certification:

- ☐ *The medical record, (e.g., progress note, hospital discharge summary) documents the patient had an in-person visit or face to face (F2F) encounter addressing the patient's underlying condition requiring supplemental oxygen*
- ☐ *The F2F encounter was conducted within 6 months as required and prior to the date of the order for home oxygen equipment for the above listed HCPCS codes*

- ☐ *The patient was seen and evaluated within 30 days prior to the start of home oxygen therapy.*
- ☐ *The patient has severe lung disease or hypoxia-related symptoms that is/are expected to benefit from oxygen therapy*
- ☐ *Oxygen testing was ordered, performed, and evaluated within 30 days prior to date of*

- ☐ I*nitial Certification and meets the criteria for home oxygen therapy (see the reference for Covered Blood Gas Values in Appendix C)*
- ☐ *The patient was in a chronic stable state at the time of the test if tested as an outpatient*
- ☐ *If testing was performed when the patient was an inpatient, it was performed within 2 days prior to discharge from the hospital*
- ☐ *The patient requires an oxygen flow greater than 4 liters per minute (LPM)*
- ☐ *Oxygen testing results confirm low blood oxygen levels at qualifying levels while breathing*
- ☐ *The patient is mobile within the home, which supports the use of a portable oxygen system*
- ☐ *Alternative treatment measures have been tried or considered and deemed clinically ineffective, for example:*
    - ☐ *Medical and physical therapy directed at secretions;*
    - ☐ *Medical management of bronchospasm;*
    - ☐ *Medical management of infection has been tried, has not been sufficiently successful, and oxygen therapy is still required; or*
    - ☐ *Optimum therapy received prior to the order for long-term home oxygen therapy*

<u>Continued Coverage: Recertification:</u>

A Recertification is required as follows:

For the patient that meets Group I criteria (see Appendix C):

- ☐ *Twelve months after initial CMN;*
- ☐ *Most recent blood gas study is prior to the 13th month of therapy;*
- ☐ *Beneficiary was seen and reevaluated by the treating physician within 90 days prior to the Recertification date.; and*
- ☐ *There is documentation, including a copy of the most recent qualifying arterial blood gas study*

For the patient that meets Group II criteria (see Appendix C):

- ☐ *Three months after initial CMN;*
- ☐ *The documentation substantiates the patient was seen and re-evaluated by the treating physician within 90 days prior to the Recertification date; and*

☐ *There is documentation and a copy of a repeat blood gas study performed between days 61–90 following the Initial Certification*

Detailed Written Order (DWO):

A DWO is required for oxygen equipment and supplies that do not require a WOPD.

- ☐ *A DWO for the oxygen equipment prescribed contains the following elements:*
  - ☐ *Beneficiary's name;*
  - ☐ *Item of DME ordered**
  - ☐ *Physician or NPP signature and signature date; and*
  - ☐ *Start date of the order or date the order was written*

**The detailed item description can be either a narrative description or a brand name/model number and must include all options or additional features that will be separately billed or that will require an upgraded code.*

- ☐ *For home oxygen therapy supplies provided on a periodic basis, these ADDITIONAL elements are required in the DWO:*
- ☐ *Duration of need;*
- ☐ *Flow rate and/or oxygen percent; and*
- ☐ *Frequency of use*