



## OXYGEN COVERAGE CRITERIA

Initial coverage of home oxygen therapy and equipment should be reasonable and necessary. Documentation to support that should include:

- Face-to-Face Notes
- Oxygen Testing
- Standard Written Order

**FACE-TO-FACE NOTES:** The patient must have a face-to-face in person visit within 6 months of delivery of the equipment. The notes must document the symptoms/conditions believed to be contributing to the possible need for home oxygen, as well as the plan for it if testing exists to support it, or a plan/recommendation for that testing to be done.

**OXYGEN TESTING GUIDELINES:** Documentation should support the testing done at the time of need and show evidence of having been reviewed and evaluated by the ordering provider.

- Room Air at Rest:
  - Arterial PO<sub>2</sub> is 55mmHg or less or saturation is 88% or less taken at rest (awake) while breathing room air
- During Exercise:
  - A saturation at or below 88% taken during exercise for a patient who demonstrates oxygen saturation at or above 89% while at rest (awake)
  - In this instance, the testing MUST contain 3 recorded saturations taken at the same testing encounter:
    - SpO<sub>2</sub> on r/a @ rest
    - SpO<sub>2</sub> on r/a @ exercise
    - SpO<sub>2</sub> on O<sub>2</sub> @ exercise
- During Sleep:
  - A saturation at or below 88% taken during sleep for a patient who demonstrates oxygen saturation at or above 89% while awake.
  - A decrease in oxygen saturation more than 5% from baseline saturation, taken during sleep
  - Testing must be done as an independent trend oximetry for a minimum of 2 hours. (oxygen testing obtained during an HST, even if it rules out OSA, may not be used to qualify for nighttime O<sub>2</sub>)

**STANDARD WRITTEN ORDER:** A valid order will need to be provided that contains the equipment being ordered, frequency of use, and the liter flow needed.

*\*for patients who OSA is suspected, a sleep study that rules out sleep apnea should be obtained prior to overnight oximetry testing. If OSA is confirmed by any sleep study or exists in the patient's medical history, oxygen will not be covered unless the patient qualifies with daytime sat testing, or has an in-lab pap titration sleep study to support nocturnal O<sub>2</sub> is needed to be bled in after the OSA is resolved.*

**E-PRESCRIBE:** Frontier Home Medical makes ordering oxygen easier with electronic ordering through Parachute. Visit our website ([FrontierHomeMedical.com](http://FrontierHomeMedical.com)) to learn more about Parachute and get started with electronic ordering.

## FAX PRESCRIPTION & FACE-TO-FACE NOTES TO THE LOCAL FRONTIER BRANCH.

If you have any questions or concerns, please contact Frontier Home Medical. Thank you for your cooperation!

Cozad 304 W 8th Street Cozad, NE 69130 888.326.3818 fax: 308.784.3061	Omaha 8425 F St, Ste A Omaha, NE 68127 877.714.2500 fax: 402.614.2550	McCook 708 E B Street McCook, NE 69001 888.345.2068 fax: 308.345.6921	North Platte 601 S Dewey St., Ste. 3 North Platte, NE 69101 308.532.2078 fax: 308.532.2088	Kearney 3813 2nd Ave Kearney, NE 68847 877.234.3532 fax: 308.234.4245	Lincoln 4550 O St. Lincoln, NE 68510 877.465.0033 fax: 402.465.0055	Grand Island 225 N Webb Rd, Ste 2 Grand Island, NE 68803 877.727.6222 fax: 308.384.4923
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