

Physician's Order for Oxygen

Physician Name: (please print)	NPI:
Physician Signature:	Date:
Portable Homefill Unit (1-5	LPM or more, pulse)
	PM or less, continuous flow or pulse) unk and contents (1-5 LPM, continuous flow)
Equipment (check appropriate system(s): Portable needs do	
	· · · · · · · · · · · · · · · · · · ·
LPM with activity hours per day hours per day	documented in patient chart
Liter Flow: LPM at rest awake hours per day	If over 4 LPM, sats must be tested while on 4 LPM (or more) oxygen and
Continuous (delivers a constant, steady stream o Pulse (delivers pulse dose of oxygen with each in	nhalation)
Method of Administration: Nasal Cannula Other:	
Date of Order: Length of Need:	-
Physician Order	
During sleep: (Sats must drop below 88	3% for a combined total of at least 5 minutes)
	(titrate liter flow up until sats show recovery)
2. During exercise on room air:	_
1. At rest on room air:	
If does not qualify at rest but has shortness of breath	
At rest on room air (awake): If qualifies h	
Test Results (Standard Qualification is ≤ 88% arterial Of	
est performed during: Outpatient chronic stable state	e Inpatient within 2 days of discharge
Test results and alternative treatment documented in process.	ogress note in patient medical record? Yes
Date of test:	Test done at: Home Hospital Facility
Oxygen Saturation Testing Information – MUST BE WITHIN 30	O DAYS PRIOR TO DATE OF ORDER
Alternative treatment measures considered/tried and deeme	ed ineffective:
	nia or Hypoxemia alone are not covered per Medicare guidelines
Diagnosis Code(s) supporting need for oxygen:	
Patient Name: Date of Face-to-Face (F2F) Examination:	
	DOB:

Fax back to: 320-231-4941

Oxygen Order and Documentation Requirements

Medicare, along with other insurance providers, requires that a physician, NP, CNS or PA has had a Face-to-Face (F2F) examination with the patient that documents that the patient was evaluated and/or treated for a condition that supports the need for the prescribed equipment. The date of the F2F exam may be no older than 30 days prior to the order date.

A Five-Element Order (5EO) is also required; this cannot be completed until after the F2F exam, and must be received by the supplier prior to dispensing the equipment. This order must contain:

- Patient's name
- Date of the order
- Description of each item to be dispensed
- Ordering Practitioner's National Provider Identifier (NPI)
- Signature of ordering practitioner and signature date. Signature and date stamps are not allowed. Signatures must be legible and/or physician's name must also be printed

Patient Medical Records must contain documentation of the following:

- 1. The Face-to-Face (F2F) examination. This can be an inpatient admit H&P, discharge, progress note, or outpatient note.
- 2. Diagnosis: Medicare covers home oxygen for patients with:
 - A severe lung disease. Examples include COPD, diffuse interstitial lung disease, cystic fibrosis, bronchiectasis, and widespread pulmonary neoplasm; or
 - Hypoxia-related symptoms or findings. Examples include pulmonary hypertension, recurring CHF due to cor pulmonale, erythrocytosis, impairment of cognitive process, nocturnal restlessness, or morning headache.
- **3. Documentation that alternative treatment measures have been considered or tried** but deemed ineffective. This could include inhalation medications and nebulizer treatments or inhalers that were prescribed but do not help the patient.
- **4. Oxygen saturation testing**. Testing must occur within 2 days prior to discharge from an inpatient facility or 30 days prior to initial date of order for an outpatient. The patient must be in a chronic stable state and not during a period of acute illness or exacerbation of the underlying disease (i.e. not the emergency room).
 - Please document the date of the test, actual test performed and who completed the testing process.
 - Oxygen saturations may be tested:
 - > At Rest: Test oxygen saturations on room air at rest (awake).

If arterial 02 saturation 88% or lower, or arterial PO2 of 55 mm Hg or less, no further testing is required. This will qualify the patient for a concentrator and also portability. *If portability is ordered, there must be documentation in the medical record that the patient is mobile within their home.*

➤ With Activity (if sats above 88% at rest but drop during activity):

Three tests are performed at the same testing session:

- 1. At rest on room air, and
- 2. During exercise on room air, and
- During exercise wearing oxygen (to show recovery).

If O2 saturations taken during exercise on room air are 88% or lower, the patient will qualify for concentrator and portability. There must be documentation in the medical record that patient is mobile within their home.

> **During Sleep** (overnight oximetry):

The patient's saturations must drop below 88% (arterial oxygen saturations) or 55 mm Hg (arterial PO2) for a <u>combined total of at least 5 minutes</u> of the total testing time to qualify. If the patient qualifies during sleep, they are only eligible for a concentrator.

If patient requires <u>over</u> 4 LPM, oxygen saturations must be tested while on oxygen at 4 LPM or more, and these results documented in the patient chart.

Physicians who have patients with Medicare/Medicare replacement insurances are also required to complete a Certificate of Medical Necessity; this will be faxed to the doctor for completion once all qualifying documentation has been received.

Thank you for making Lake Region Home Medical Supply part of your healthcare team. Please call 218-332-5920 if any questions.