

Oxygen evaluation and testing requirements

Summary: For insurance coverage purposes, we will need

- (1) oxygen testing,
 - (2) a face to face evaluation of the patient's oxygen needs, and
 - (3) RX/CMN.
-

Face to face evaluation criteria:

The follow documents must be submitted along with a new RX for O2. The testing and face to face encounter notes cannot be > 30 days older than the date the New RX is signed.

During the face to face visit, the clinician must document:

- a. Medical reason patient is being prescribed oxygen
- b. History of patient oxygen use or lung disease process.
- c. Diagnosis of an active, chronic pulmonary condition
- d. Alternative treatment measures that have been tried or considered and deemed clinically ineffective.

Testing must also be done while patient is in a chronic, stable state, meaning essentially that the patient is at baseline. This means that testing will not qualify if it was performed during an acute illness (i.e. infections, pneumonia, etc.) or during an exacerbation of an underlying condition (i.e. COPD exacerbation)

Oxygen testing criteria:

Portable O2 testing:

For patients that require portable O2, the following oximetry readings should be obtained, and labelled with the test conditions (rest/exertion, on room air/on O2) very clearly.

1. SpO2 on Room Air at Rest (if this sat is 88% or lower, no further testing is required. Otherwise the following 2 readings will also be needed)
2. SpO2 on Room Air with Exertion
3. SpO2 on O2 with Exertion (showing improvement in SpO2 readings)
Patients requiring 5 LPM or higher will also need additional testing showing that 4 LPM is insufficient and improvement at a higher LPM.

Nocturnal O2 Testing for Patients without Sleep Apnea:

Testing for nocturnal only patients with no history of Sleep Apnea can be done in an Overnight Oximetry test. The test will need to show that with at least 2 hours of recorded time, the patient desaturates to 88% or lower for a total of at least 5 minutes.

Nocturnal O2 Testing for Patients with Sleep Apnea:

This testing needs to be done in an in lab, PAP titration sleep study. This study needs to document that at effective PAP pressures (pressures where AHI is reduced < 10) there is a cumulative total of 5 mins with Spo2 at 88% or lower. Only effective PAP pressures count towards this time total, not the total time 88% or lower during the study.