Medicare Requirements for Continuous Oxygen

Medical Record

- Face to face evaluation within 30 days prior to the order
- Lung disease diagnosis
- Chronic, stable state
- Hypoxia-related symptoms
- Qualifying test
- If tested inpatient, must be within 48 hours prior to discharge
- Alternative treatments tried and deemed ineffective
- Mention O_2 therapy

Standard chart requirements:

- Patient name
- MD signature and date

Oxygen Portability:

- Patient is mobile in the home

Qualification

O_2 Saturation for Qualification

- Room air pulse oximetry 88% or below at rest

If patient does not qualify at rest:

- Oximetry during exercise: 88% or below
- Oximetry during exercise with oxygen shows improvement

Notes:

- All three tests during the same session
- Improved results documented
- Tests performed within 30 days prior to oxygen order
- Tests performed in the ER not accepted

Group II-Conditional Qualification

Pulse oximetry 89% and:

- Dependent edema suggesting CHF or
- Pulmonary hypertension, cor pulmonale, or
- Erythrocythemia with hematocrit greater than 56%

Order

- Patient name
- Diagnosis
- Description of the item (ex. oxygen)
- Route of administration (ex. cannula)
- Rate or concentration (ex. 2 LPM)
- Frequency of use (ex. continuous)
- Physician name, NPI, and signature
- Date ordered
- Start date, if different from date ordered

Signed CMN

Oxygen Concentrator and Oxygen Portable: Above elements required for a complete written order prior to delivery, except CMN

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BARNES HEALTHCARE SERVICES

Medicare Requirements for Nocturnal Oxygen

Medical Record

- Face to face evaluation within 30 days prior to the order
- Lung disease diagnosis
- Chronic, stable state
- Hypoxia-related symptoms
- Qualifying test
- If tested inpatient, must be within 48 hours prior to discharge
- Alternative treatments tried and deemed ineffective
- Mention O_2 therapy

Standard chart requirements:

- Patient name
- MD signature and date

Testing for Patients with OSA

- Must be performed during a titration study under optimal pressures
- Over a minimum of 2 hours
- In a chronic, stable state

Qualification

Room air O_2 saturation decreases for at least 5minutes during sleep as follows:

- Arterial PO_2 at or below 55 mm Hg, or
- Pulse oximetry at or below 88%
- A decrease in arterial PO_2 more than 10 mm Hg, or oxygen saturation more than 5 percent from baseline saturation, for at least 5 minutes during sleep with symptoms (ex. nocturnal restlessness or insomnia) or signs (e.g., cor pulmonale, "P" pulmonale on EKG, and documented pulmonary hypertension) attributable to hypoxemia.

Group II

Room air pulse oximetry 89% for at least 5 minutes during sleep, and:

- Dependent edema suggesting CHF or
- Pulmonary hypertension, cor pulmonale, or
- Erythrocythemia with hematocrit greater than 56%

Order

- Patient name
- Diagnosis
- Description of the item (ex. oxygen)
- Route of administration (ex. cannula)
- Rate or concentration (ex. 2 LPM)
- Frequency of use (ex. continuous)
- Physician name, NPI, and signature
- Date ordered
- Start date, if different from order date

Signed CMN

Oxygen Portable: Not covered if test performed during sleep

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BARNES HEALTHCARE SERVICES

Medicare Requirements for PAP Therapy

Medical Record

- Face to face evaluation within 6 months of PAP order, and prior to sleep study
- Symptoms, sleep screen or diagnosis (Ex. Snoring, BMI, Epworth)
- Qualifying sleep test
- Signed and dated by physician
- Diagnosis code

Standard chart requirements:

- Patient name
- MD signature and date
- MD name and NPI

Qualification

A CPAP device is covered if sleep test results demonstrate one of the following :

- Apnea-hypopnea index (AHI) or Respiratory Disturbance Index (RDI) of 15 events per hour or greater with minimum 30 events, or
- AHI or RDI between 5 and 14 with a minimum of 10 events and documentation of excessive daytime sleepiness, insomnia, hypertension, ischemic heart disease, or history of stroke

A BIPAP device is covered when above criteria are met, and:

- A CPAP device is tried and proven ineffective during a trial titration

Order

- Patient name
- Diagnosis
- HME item including supplies
- Dosage (pressure)
- Length of need
- Physician name, NPI, and signature
- Date ordered
- Start date, if different from order date

Above elements are required prior to dispensing.

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BARNES HEALTHCARE SERVICES

Medicare Requirements for Nebulizers

Medical Record

- Face to face evaluation within 6 months prior to order
- Qualifying diagnosis
- Prescribed medication
- Signed and dated by physician

Standard chart requirements:

- Patient name
- MD signature and date
- MD name and NPI

Qualification

Nebulizers are diagnosis driven and will only be covered for diagnoses that severely impair the ability to breathe. Some of the common diagnoses include:

Chronic Obstructive Pulmonary Disease

• With acute lower respiratory infection	J44.0
• With (acute) exacerbation	J44.1
• Unspecified	J44.9
• Simple chronic bronchitis	J41.0
• Mucopurulent chronic bronchitis	J41.1
• Emphysema, unspecified	J43.9
• Bronchiectasis with (acute) exacerbation	J47.1
• Bronchiectasis, uncomplicated	J47.9

Other Diseases of Respiratory System

• Unspecified bacterial pneumonia	J15.9
• Viral pneumonia, unspecified	J12.9
• Cystic fibrosis	E84.0
• Unspecified asthma, uncomplicated	J45.909

Order

- Patient name
- Diagnosis
- Description of item
- Prescribed medication
- Physician name, NPI, and signature
- Date ordered
- Start date, if different from order date

Above elements are required prior to dispensing.

Medicare Requirements for Hospital Beds

Medical Record

- Face to face evaluation within 6 months prior to order
- Qualifying diagnosis
- Signed and dated by physician

Standard chart requirements:

- Patient name
- MD signature and date
- MD name and NPI

Qualification

A semi-electric hospital bed is covered if patient meets one of the following criteria :

- Patient requires positioning in ways not feasible in an ordinary bed
- For alleviation of pain, patient requires positioning not feasible in an ordinary bed
- Patient requires head of bed elevated more than 30 degrees due to CHF, COPD or aspiration
- Patient requires traction that can only be attached to a hospital bed
- Patient requires a different bed height to permit transfers to chair, wheelchair, or standing position
- Patient requires frequent changes or an immediate change in body positon

Order

- Patient name
- Diagnosis
- Description of item
- Physician name, NPI, and signature
- Date ordered
- Start date, if different from order date

Above elements are required prior to dispensing.

BARNES HEALTHCARE SERVICES

Medicare Requirements for Wheelchairs

Medical Record

- Face to face evaluation within 6 months prior to order
- Qualifying diagnosis
- Signed and dated by physician

Standard chart requirements:

- Patient name
- MD signature and date
- MD name and NPI

Qualification

A manual wheelchair is covered if patient meets all of the following criteria :

- Significantly impaired ability to perform mobility-related activities of daily living (MRADLs) (Ex. toileting, grooming, dressing and bathing)
- Mobility limitations are not sufficiently resolved with a properly fitted cane or walker
- Adequate access between rooms and maneuvering space exists in the home
- Use will significantly improve ability to perform MRADLs, with regular use
- Willingness of beneficiary to use

Additionally, one of the following criteria must be met:

- Patient has sufficient upper extremity function, physical and mental capability to self-propel the wheelchair, or
- A caregiver will provide assistance

Order

- Patient name
- Diagnosis
- Description of item
- Physician name, NPI, and signature
- Date ordered
- Start date, if different from order date

Above elements are required prior to dispensing.

Medicare Requirements for CoughAssist

Medical Record

- Face to face evaluation within 6 months prior to order
- Qualifying diagnosis
- Well documented failure of standard treatments to mobilize retained secretions
- Signed and dated by physician

Standard chart requirements:

- Patient name
- MD signature and date
- MD name and NPI

Qualification

Medical in-exsufflation devices are covered for beneficiaries who meet all of the following:

- They have a neuromuscular disease, **and**
- The condition is causing significant impairment of chest wall and/or diaphragmatic movement that results in inability to clear secretions

Order

- Patient name
- Diagnosis
- Description of item
- Frequency of treatment
- Inspiratory & expiratory pressure
- Length of need
- Physician name, NPI, and signature
- Date ordered
- Start date, if different from order date

Above elements are required prior to dispensing.

Medicare Requirements for AffloVest®

Medical Record

- Face to face visit within 6 months prior to order date
- Qualifying diagnosis
- Well documented failure of standard treatments to mobilize retained secretions (ex. flutter valve, percussion, postural drainage, suctioning, etc.)
- For diagnosis of bronchiectasis, CT scan with documentation of productive cough for 6 continuous months or frequent (twice per year) exacerbations requiring antibiotics
- Signed and dated by physician

Standard chart requirements:

- Patient name
- MD signature and date
- MD name and NPI

Qualification

Coverage for a high frequency chest wall oscillating device is diagnosis driven for recipients who have either

- A diagnosis of cystic fibrosis, or
- A diagnosis of bronchiectasis, confirmed by CT, or
- One of the following neuromuscular diseases:
  1. Post-polio
  2. Acid maltase deficiency
  3. Multiple sclerosis
  4. Quadriplegia
  5. Hereditary muscular dystrophy
  6. Myotonic disorders
  7. Other myopathies
  8. Paralysis of the diaphragm

Order

- Patient name
- Diagnosis
- Description of item
- Physician name, NPI, and signature
- Patient height & weight
- Length of need
- Treatments per day
- Minutes per treatment
- Frequencies: Soft (5Hz) to Intense (20Hz)
- Date ordered

Above elements are required prior to dispensing.

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BARNES HEALTHCARE SERVICES

Medicare Requirements for Respiratory Assist Device (RAD)

Medical Record

- Face to face evaluation within 30 days prior to order
- Hospital notes may be used
- Documentation of neuromuscular disease or severe thoracic cage abnormality, documentation of COPD, or hypoventilation

Standard chart requirements:

- Patient name
- MD signature and date
- MD name and NPI

Documentation requirements for continued coverage

- Progress of relevant symptoms
- Signed and dated statement declaring patient using average 4 hours per day and benefiting from use

Qualification

For Restrictive Thoracic Disorders:

- Arterial PCO_2 ≥45 mm Hg or
- Sleep oximetry with SaO_2 ≤ 88% for 5 minutes, minimum 2 hours on prescribed F_IO2, or
- For neuromuscular, either FVC<50% or MIP <60 cm H2O
- Documentation that COPD does not contribute significantly to pulmonary limitation

For COPD: On prescribed F_IO_2

- Arterial PCO_2 ≥52 mm Hg
- Sleep oximetry with SaO_2 < 88% for 5 minutes, minimum 2 hours, on 2 L/m O_2 or prescribed F_IO_2, whichever is higher, and
- OSA and CPAP treatment has been considered and ruled out as the predominant cause of awake hypercapnea or nocturnal oxygen desaturation

Order

- Patient name
- Description of item
- Dosage (inspiratory and expiratory pressure)
- Length of need and number of refills
- Physician name, NPI, and signature
- Date ordered
- Start date, if different from order date

Above elements are required prior to dispensing.

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BARNES HEALTHCARE SERVICES

Medicare Requirements for Respiratory Assist Device (RAD)

Medical Record

A diagnosis of central sleep apnea requires all of the following:

- Apnea hypopnea index >5
- Central apneas/hypopneas >50% of the total apneas/hypopneas
- Central apneas or hypopneas >5 times per hour
- Symptoms of excessive sleepiness or disrupted sleep

Qualification

For Hypoventilation: On prescribed F_IO_2

- $PaCO_2$ >45 mm Hg, while awake, and
- FEV_1/FVC > 70%, and
- $PaCO_2$ during sleep or immediately upon awakening worsened >7 mm Hg compared to original ABG or
- SaO2 < 88% for 5 minutes, during a PSG or HST for minimum 2 hours, not caused by obstructed airway events (ie AHI < 5)

For Central Sleep Apnea or Complex SA:

- Full PSG, attended in lab
- Diagnosis central or complex sleep apnea

Order

- Patient name
- Description of item
- Dosage (inspiratory and expiratory pressure)
- Length of need and number of refills
- Physician name, NPI, and signature
- Date ordered
- Start date, if different from order date

Above elements are required prior to dispensing.