noridian
Healthcare Solutions

Documentation Checklist
Oxygen and Oxygen Equipment

References: L33797, A52514

HCPCS Codes E0424, E0431, E0433, E0434, E0439, E0441, E0442, E0443, E0444

- ☐ Face-to-Face Examination (F2F)
  - ☐ Date stamp indicating supplier's date of receipt of F2F on or before date of delivery
- ☐ Written Order Prior to Delivery (WOPD)
  - ☐ Date stamp indicating supplier's date of receipt of WOPD on or before date of delivery

HCPCS Codes E1390, E1391, E1392, E1405, E1406, and K0738

- ☐ Dispensing Order (if applicable)
- ☐ Detailed Written Order (DWO)

All Oxygen and Oxygen Equipment

- ☐ Beneficiary Authorization
- ☐ Certificate of Medical Necessity (CMS 484 CMN)
- ☐ Proof of Delivery (POD)
  - ☐ Method 1 - Direct Delivery to the Beneficiary by the Supplier
    The date the beneficiary/designee signs for the equipment is to be the date of service of the claim.
  - ☐ Method 2 - Delivery via Shipping or Delivery Service
    The shipping date is to be the date of service of the claim.
- ☐ Continued Need
- ☐ Continued Use

Medical Records

Oxygen and Oxygen Equipment are reasonable and necessary only if all the following conditions are met:

- ☐ Treating physician determines the beneficiary has severe lung disease or hypoxia related symptoms expected to improve with oxygen therapy; **and**
- ☐ Beneficiary's blood gas study (BGS) meets the criteria noted below; **and**
- ☐ BGS was performed by a physician or qualified provider or supplier of laboratory services; and

- ☐ BGS was obtained under the following conditions:
  - ☐ If performed during an inpatient hospital stay, the reported test must be the one obtained closest to, but no earlier than 2 days prior to the hospital discharge date; **or**
  - ☐ If not performed during an inpatient hospital stay, the reported test must be performed while the beneficiary is in a chronic stable state – i.e., not during a period of acute illness or an exacerbation of their underlying disease; **and**
- ☐ Alternative treatments tried or considered and deemed clinically ineffective

Group I Criteria:

- ☐ Arterial blood gas (ABG) at or below 55 mm Hg or arterial blood saturation at or below 88%
  - ☐ At rest; **or**
  - ☐ During exercise (3 tests); **or**
  - ☐ During sleep (at least 5 minutes); **or**
  - ☐ During sleep (signs of hypoxemia)
    - ☐ Decrease in ABG more than 10 mm Hg or a decrease in arterial blood saturation more than 5% from baseline for at least 5 minutes taken during sleep
- ☐ Initial coverage limited to 12 months

Group II Criteria

- ☐ ABG between 56 – 59 mm Hg or arterial blood saturation at 89%
  - ☐ Same testing requirements as Group I; **and**
- ☐ Beneficiary has one of following conditions:
  - ☐ Dependent edema, suggesting congestive heart failure; **or**
  - ☐ Pulmonary hypertension or cor pulmonale; **or**
  - ☐ Erythrocythemia with a hematocrit greater than 56%
- ☐ Initial coverage limited to 3 months

Long Term Oxygen Therapy Clinical Trials

- ☐ Beneficiary is enrolled in a clinical trial approved by CMS and sponsored by the National Heart, Lung and Blood Institute; **and**
- ☐ Beneficiary has an ABG from 56 to 65 mm Hg or arterial oxygen saturation at or above 89%

Cluster Headaches

- ☐ Beneficiary is being treated for cluster headaches (Refer to LCD for ICD codes)
  - ☐ Has had at least five severe to very severe (prevents all activities) unilateral headache attacks lasting 15-180 minutes when untreated
  - ☐ Headache is accompanied by at least one of the following:
    - ☐ Ipsilateral conjunctival injection and/or lacrimation; **or**

- ☐ Ipsilateral nasal congestion and/or rhinorrhea; **or**
- ☐ Ipsilateral eyelid edema; **or**
- ☐ Ipsilateral forehead and facial sweating; **or**
- ☐ Ipsilateral miosis and/or ptosis; **or**
- ☐ A sense of restlessness or agitation

☐ Beneficiary is enrolled in a clinical trial approved by CMS

Portable Oxygen Systems

☐ Medical records support the beneficiary is mobile within the home; **and**

☐ BGS performed at rest (awake) or during exercise

High Liter Flow – Greater than 4 LPM

☐ Group I or II BGS performed while on 4 or more LPM

Certificate of Medical Necessity (CMN)

Initial CMN

☐ 1. First claim for home oxygen; **or**

☐ 2. During the first 36 months of the rental period, when a break in medical necessity of at least 60 days, plus whatever days remain in the rental month during which the need for oxygen ended; **or**

☐ 3. Equipment is replaced because reasonable useful lifetime (RUL) has been reached; **or**

☐ 4. Equipment is replaced because of irreparable damage, theft, or loss

Situations 1 and 2 require:

☐ Most recent BGS obtained within 30 days prior to initial date; **and**

☐ Beneficiary was seen and evaluated by the treating physician within 30 days prior to date of the initial CM

Situations 3 and 4 require:

☐ Most recent qualifying value and test date (does not need to be within 30 days, can be test result reported on the most recent prior CMN)

Recertification CMN

☐ Group I - Twelve (12) months after initial CMN

- ☐ Most recent BGS prior to the thirteenth month of therapy; **and**
- ☐ Beneficiary was seen and reevaluated by the treating physician within 90 days prior to the recertification date

☐ Group II - Three (3) months after initial CMN

- ☐ Most recent BGS performed between the 61st and 90th day following the initial certification; and
- ☐ Beneficiary was seen and reevaluated by the treating physician within 90 days prior to the recertification date

- ☐ Repeat testing is not required for recertification for situations 3 and 4 above.
  - ☐ Enter the most recent qualifying test and test date

Revised CMN

- ☐ When the prescribed maximum flow rate changes from one of the following categories to another:
  - ☐ a. Less than 1 LPM
  - ☐ b. 1-4 LPM
  - ☐ c. Greater than 4 LPM; and
    - ☐ If change is from category a or b to c, a repeat BGS with the beneficiary on 4 LPM must be performed
  - ☐ BGS must be most recent study obtained within 30 days prior to initial date
- ☐ When length of need expires
  - ☐ BGS must be most recent study obtained within 30 days prior to initial date
- ☐ When portable oxygen is added subsequent to the initial CMN for stationary oxygen
  - ☐ No requirement for a repeat BGS unless the initial qualifying study was performed during sleep, in which case a repeat BGS must be performed while the beneficiary is at rest (awake) or during exercise within 30 days prior to the revised date
- ☐ When stationary oxygen is added subsequent to the initial CMN for portable oxygen
  - ☐ No BGS required
- ☐ When there is a new treating physician but the oxygen order is the same
  - ☐ No BGS required
  - ☐ Does not need to be submitted with the claim
- ☐ If there is a new supplier and that supplier does not have the prior CMN
  - ☐ No BGS required
  - ☐ Does not need to be submitted with the claim

Billing Reminders

- Long term oxygen therapy and cluster headache clinical trial claims require the "clinicaltrials.gov" identifier number of the CMS clinical trial.
- Claims that meet the coverage criteria of long term oxygen therapy or cluster headache clinical trials must include the Q0 (Q-zero) modifier.
- Claims for beneficiaries being treated in a clinical trial for cluster headaches must include the diagnosis code for the qualifying cluster headache condition and the diagnosis code for "Examination of Participant in Clinical Trial" (Refer to LCD for ICD codes).
- Maintenance and servicing of a stationary or portable concentrator or transfilling equipment will be allowed no more than every six months beginning no sooner than six months following the end of the 36 month rental period.

- Suppliers must make a visit before billing for maintenance and service.
- QE modifier must be added to all claims billed for prescribed liter flow < 1 LPM.
- QF or QG modifier must be added to all claims billed for prescribed liter flow > 4 LPM.
- QE, QF, and QG modifiers may only be used with claims for stationary gaseous (E0424) or liquid systems (E0439) or oxygen concentrators (E1390, E1391).
- When billing oxygen contents suppliers should use a date of service (DOS) that is the anniversary date of the equipment whose rental period has ended.
- A supplier does not have to deliver contents every month in order to bill every month, but must assure there are sufficient contents to last for one month following the DOS on the claim.
- CMN is not required for claims for cluster headaches.

Print Form

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