



360 DEGREE Patient Care

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Exercise Oximetry

Medicare patients need 88% or less SaO2
To qualify for insurance to cover

Patient name: _____ DOB: _____ Date: _____

****TESTING MUST BE STARTED WITHOUT O2 ON****

Resting _____ SaO2 without O2 on

(if 88% or less stop -if higher continue)

Walking SaO2 _____% at _____ minutes without O2 on

Walking SaO2 _____% at _____ minutes without O2 on

****ADD OXYGEN****

Walking with O2 on SaO2 _____% at _____ L of O2

Person doing test: _____ Date _____

Order for Stationary and Portable oxygen
at _____ L to keep SaO2 at 90% or better

Signature _____ Date _____

Printed name _____ NPI: _____

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Medicare Requirements for Oxygen

Home oxygen therapy is reasonable and necessary only if all of the following conditions are met:

1. The treating physician has determined that the patient has a severe lung disease of hypoxia-related symptoms that might be expected to improve with oxygen therapy; and
2. The patient's blood gas study meets the criteria stated below; and
3. The qualifying blood gas study was performed by a physician or by a qualified provider or supplier of laboratory services; and
4. The qualifying blood gas study was obtained under the following conditions;
 - If the qualifying blood gas study is performed during 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 the qualifying blood gas study is not performed during an inpatient hospital stay, the reported test must be performed while the patient is in a chronic stable state. – i.e., not during a period of acute illness or an exacerbation of their underlying disease, and
5. Alternative treatment measures have been tried or considered and deemed clinically ineffective.

Group I criteria include any of the following:

1. An arterial PO₂ at or below 55 mm Hg, or an arterial oxygen saturation at or below 88 percent taken at rest (awake), or
2. An arterial PO₂ at or below 55 mm Hg, or an arterial oxygen saturation at or below 88 percent, for at least 5 minutes taken during sleep for a patient who demonstrates an arterial PO₂ at or above 56 mm Hg, or an arterial oxygen saturation at or above 89 percent while awake, or
3. A decrease in arterial PO₂ more than 10mm Hg, or a decrease in arterial oxygen saturation more than 5 percent, from baseline saturation, for at least 5 minutes taken during sleep associated with symptoms (e.g., impairment of cognitive processes and [nocturnal restlessness or insomnia]) or signs (e.g., cor pulmonale, "P" pulmonale on EKG, documented pulmonary hypertension and erythrocytosis) reasonably attributable to hypoxemia, or
4. An arterial PO₂ at or below 55 mm Hg or an arterial oxygen saturation at or below 88 percent, taken during exercise for a patient who demonstrates an arterial PO₂ at or above 56 mm Hg or an arterial oxygen saturation at or above 89 percent during the day while at rest. In this case, oxygen is provided for during exercise if it is documented that the use of oxygen improves the hypoxemia that was demonstrated during exercise when the patient was breathing room air.
 - For all the sleep oximetry criteria described above, the 5 minutes does not have to be continuous. Baseline saturation is defined as the mean saturation level during the duration of the test. For purposes of meeting criterion 3 described in Group I above there must be a minimum of 2 hours test time recorded for sleep oximetry. The result must reach a qualifying test value otherwise the Group III presumption of non-coverage applies.

Group II criteria include the presence of (a) an arterial PO₂ of 56-59 mm Hg or an arterial blood oxygen saturation of 89 percent at rest (awake), during sleep for at least 5 minutes, or during exercise (as described under Group I criteria) and (b) any of the following:

1. Dependent edema suggesting congestive heart failure, or
2. Pulmonary hypertension or cor pulmonale, determined by measurement of pulmonary artery pressure, gated blood pool scan, echocardiogram, or "P" pulmonale on EKG (P wave greater than 3 mm in standard leads II, III, or AVF), or
3. Erythrocythemia with a hematocrit greater than 56 percent.

When oxygen is covered based on an oxygen study obtained during exercise, there must be documentation of three (3) oxygen studies in the patient's medical record—i.e., testing at rest without oxygen, testing during exercise without oxygen, and testing during exercise with oxygen applied (to demonstrate the improvement of the hypoxemia). All 3 tests must be performed within the same testing session.

Polysomnography and Home Sleep Tests

Coverage of home oxygen therapy requires that the patient be tested in the "chronic stable state." Chronic stable state is a requirement of the National Coverage Determination and is one of the key criteria when determining coverage of home therapy. Then NCD defines chronic stable state as "...not during a period of an acute illness or an exacerbation of their underlying disease." Based on this NCD definition, all co-existing diseases or conditions that can cause hypoxia must be treated and the patient be in a chronic stable state before oxygen therapy is considered eligible for payment. In the case of OSA, it is required that the OSA be appropriately and sufficiently treated such that the patient is in the chronic stable state before oxygen saturation results obtained during sleep testing are considered qualifying for oxygen therapy. When a liter flow greater than 4LPM is prescribed a blood gas study must be performed while the patient is on 4LPM with the results meeting the Group I or II criteria for a higher allowance to be paid on the stationary system. The qualifying blood gas study may be performed while the patient is on oxygen as long as the reported blood gas values meet the Group I or Group II criteria.

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