

Oxygen Qualification Checklist

Step 1: Order & Perform Required Testing

Test Type & Condition (Check One)

☐ **Room Air Testing** (At rest, off oxygen – $PO_2 \leq 55$ mmHg OR $SpO_2 \leq 88\%$)

☐ **3-Step Testing (At Rest & Exercise – Spot Oximetry)**

1. At rest, off oxygen – showing a non-qualifying result
2. Exercising, off oxygen – showing a qualifying result ($PO_2 \leq 55$ mmHg OR $SpO_2 \leq 88\%$)
3. Exercising, with oxygen – must demonstrate improvement with oxygen therapy

☐ **Overnight Sleep Oximetry (Hospital or Home-Based)**

$PO_2 \leq 55$ mmHg OR $SpO_2 \leq 88\%$ for ≥ 5 minutes during sleep.

☐ **Titration Polysomnogram (For OSA Patients)**

Must confirm OSA is properly treated before qualifying oxygen saturation results are considered

Step 2: Determine Coverage Category

☐ **Group I (Chronic Hypoxemia - Annual Review Required)**

- $PO_2 \leq 55$ mmHg OR $SpO_2 \leq 88\%$ (Room Air, Sleep, or Exercise)

☐ **Group II (Limited Coverage - 3-Month Initial Coverage, Re-evaluation Required)**

- PO_2 56-59 mmHg OR $SpO_2 = 89\%$ AND one of the following: ☐ CHF with dependent edema ☐ Pulmonary hypertension ☐ Hct $> 56\%$

☐ **Group III (Limited Coverage - Must Have Documented Benefit in Peer-Reviewed Research)**

- No qualifying hypoxemia but condition shown to improve with oxygen

Step 3: Documentation Requirements

☐ **Chart Notes Must Include:**

- Qualifying oxygen saturation test results
- Physician documentation of **medical necessity**

☐ **Prescription Requirements:**

- **Flow Rate:** ____ LPM ☐ Continuous ☐ Sleep ☐ Exertion
- **Equipment:** ☐ Stationary ☐ Portable
- **Supplies:** ☐ Cannula ☐ Mask ☐ Tubing
- **Duration:** ____ months



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