



Written Order Prior to Delivery
Oxygen - Stationary & Portable

Phone: 586-778-2500
Fax: 866-565-5190

Patient Full Name: _____ Date of Birth: _____

Address City/St/Zip: _____

Medicare # _____ Other Ins Type & # _____

Referring Facility: _____ Contact Name: _____ Phone: _____

Deliver To: [] Facility [] Home Requested Delivery Date: _____ Approx Time: _____ Discharge Date: _____

Length of Need (Months) (99 = Lifetime) : _____ Diagnosis: _____

Chart notes which contain the SpO2 results at rest, on room air, with signature of person performing test and the date test was performed. Testing must be performed either with the patient in a chronic stable state as an outpatient within 30 days or within two days prior to discharge from an inpatient facility to home. Send results with demographics and signed order.

The physician must document occurrence of face-to-face by signing/co-signing and dating pertinent portion of medical record confirming face-to-face even if conducted by nurse practitioner, physician assistant, or clinical nurse specialist.

If the test is not taken under these conditions, additional documentation must be obtained from the physician.

- PaO2 ≤ 55 mm Hg or SaO2 ≤ 88%
• PaO2 = 56-59 mm Hg or SaO2 = 88-98%
Requires secondary diagnosis of: Edema/congestive heart failure or Cor pulmonale with P wave ≥ 3 mm in lead II, III or AVF Erythrocythemia with Hct > 56% and Requires recertification and retesting 61 to 90 days after the initial start of therapy.
• PaO2 ≥ 60 mm Hg or SaO2 ≥ 90% Not covered as medically necessary
• If the estimated length of need is less than lifetime, a repeat blood gas or oxygen saturation test must be performed within 30 days of recertification.

If portable oxygen is ordered

Portable Oxygen Testing Requirements (All three must be performed during the same session) Oxygen qualifications for a patient tested during activity (Test results must be forwarded with perscription).

- Test Results On Room Air, O2 saturation is 89% or greater at rest
• On room air while ambulating/Exercising without oxygen, O2 saturation drops to 88% or below
• On Oxygen while ambulating/exercising with oxygen to show improvement and demonstrate the oxygen liter flow to maintain SpO2 greater than 90%

Therapies that have been tried and failed to prevent patient from using supplemental oxygen: _____

[] Oxygen Concentrator [] Portable [] HomeFill [] (Patient must be evaluated for conserving device, Titrate liter flow to maintain SpO2 90% or above)

Liter Flow: _____ LPM Delivery Method: [] Mask [] Cannula [] Other: _____

Daily Time Needed: _____ Hours/day [] Continuous [] With Activity [] Nocturnal

Qualifying Test Results:

Oxygen Saturation: _____% Test Date: _____ [] On Room Air At Rest
Oxygen Saturation: _____% Test Date: _____ [] On Room Air while Exercising
Oxygen Saturation: _____% Test Date: _____ [] With Oxygen During Exercise
Oxygen Saturation: _____% Test Date: _____ [] Sleeping (for Nocturnal use)

If ordering Portable Oxygen, all 3 test need to be performed, at rest, while exercising and while exercising on oxygen.

Test Performed By: _____ Signature: _____

Employer: _____

Ordering Physician, PA, or Nurse Practitioner Name (Please Print): _____

Ordering Physician, PA, or Nurse Practitioner Signature: _____ Date: ____/____/____

NPI: _____

Please Fax Prescription along with Patient Demographics To: 1.866.565.5190