



Oxygen Order Checklist

Please provide the following documentation when ordering oxygen:


- + Patient demographic information
- + Face to face chart notes stating why the patient is being prescribed oxygen therapy
- + **(Group I)** Proof of qualifying saturation levels - physician signed testing and/or chart notes documenting $\text{SaO}_2 \leq 88\%$ with explanation of how the test was performed such as at rest, with exertion, and on room air; or an Arterial Blood Gas (at rest/awake) indicating a PO_2 at or below 55 mmHg
- + **(Group II)** Proof of qualifying saturation levels - physician signed testing and/or chart notes documenting $\text{SaO}_2 89\%$ with explanation of how the test was performed such as at rest, with exertion, and on room air - an Arterial Blood Gas (at rest/awake) indicating a PO_2 of 56-59 mmHg with any one of the following: (a) Dependent edema suggesting congestive heart failure or (b) Pulmonary hypertension or cor pulmonale; or c) Erythrocythemia with a hematocrit greater than 56 percent
- + **(Group III)** Absence of hypoxemia defined in Group I and Group II and a medical condition with distinct physiologic, cognitive, and/or functional symptoms documented in high-quality, peer-reviewed literature to be improved by oxygen therapy, such as cluster headaches (not all inclusive). Proof of qualifying saturation levels is not required.
- + Oxygen Standard Written Order (SWO) required elements:
 - + Patient name
 - + Order date
 - + Specific oxygen equipment ordered with liter flow, duration and method of delivery – in addition to the description of the base item, the DMEPOS order/prescription may include all concurrently ordered supplies that are separately billed (list each separately)
 - + Quantity to be dispensed
 - + Treating practitioner name or National Provider Identifier (NPI)
 - + Treating practitioner's signature
 - + SWO date must be on or prior to delivery date and needs to be on file prior to billing

Phone _____

Fax _____

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