





Oxygen Detailed Written Order Prior to Delivery

Patient Name: Account #: Patient DOB: Patient Telephone Number: <p style="text-align: center;">Face Sheet/Demographics Faxed</p>	Order Date <p style="text-align: center;">Chart Notes Attached (Chart notes must include the need for the equipment being ordered)</p>
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I, the Physician, have treated this patient for a condition that supports the need and have discussed the need for this medical equipment with the patient and caregivers. I have documented the following information and the need for this equipment in the patient's most recent chart notes. **Date of visit prior to order:**

DIAGNOSIS (Check appropriate diagnosis below)	Length of Need in Months	(99 = Lifetime)
<input type="checkbox"/> Acidosis NOS Metabolic	<input type="checkbox"/> COPD	<input type="checkbox"/> Pulmonary Hypertension
<input type="checkbox"/> Anomaly Lung - Chronic Bronchiectasis	<input type="checkbox"/> Emphysema	<input type="checkbox"/> Respiratory Failure
<input type="checkbox"/> Bronchitis with COPD	<input type="checkbox"/> Lung DX NOS Chronic	Other:
<input type="checkbox"/> CHF	<input type="checkbox"/> Pulmonary Collapse Atelectasis	<input type="checkbox"/> Other:
TREATMENT TYPE (Check appropriate treatment type below)		
<input type="checkbox"/> 24 - Hour Oxygen (Continuous)	<input type="checkbox"/> Portable (W/Activity)	
<input type="checkbox"/> LPM	<input type="checkbox"/> Pulse Flow Setting	Via Nasal Cannula
<input type="checkbox"/> Nocturnal Oxygen (At Night)	<input type="checkbox"/> Others:	
<input type="checkbox"/> Overnight Oximetry	<input type="checkbox"/> Others:	

EQUIPMENT (Check equipment below)	
<input type="checkbox"/> Concentrator (E1390) (0 to 10 lpm continuous in home) 	<input type="checkbox"/> Home Fill/Concentrator (K0738/E1390) (Same as concentrator but can fill tanks for portability) 
<input type="checkbox"/> Portable Concentrator – Pull Behind (E1392/E1390) (0 to 3 lpm continuous/0 to 5 lpm pulse flow in home and portable 201 lbs) 	<input type="checkbox"/> Portable Concentrator – Carry Style (E1392) (0 to 5 lpm pulse flow portable 5lbs) 
<input type="checkbox"/> Portable Tanks (E0431) Only necessary if patient needs more than 3 lpm continuous for travel; must have chart notes prior to delivery.	
<input type="checkbox"/> Other:	

NECESSITY FOR OXYGEN (Saturation test(s) must match saturation test(s) in chart notes)			
IF 88% BELOW: ONLY STEP 1 IS NEEDED		IF 89% OR GREATER: STEP 2 & 3 ARE NEEDED	
1. Oxygen Saturation Room Air at Rest Test	%	2. Oxygen Saturation Room Air Walking Test	%
		3. Oxygen Saturation on Oxygen @	LPM Walking Test
			%

Technician's Information	
PRINTED Name	Test Date
Technician's Signature	Signature Date
Prescribing Physician's Information	
Name & Credentials	NPI #
Telephone	Fax
Signature	Signature Date
(Stamped signature not accepted)	

If filled out completely, this form serves as the Detailed Written Order (DWO) and proof that patient was seen by the physician within 30 days prior to the date of order. This must be received by supplier before equipment is dispensed.

Home oxygen therapy may be payable only when the following criteria have been met:

The treating physician has determined the beneficiary has a severe lung disease or hypoxia related symptoms that might be expected to improve with the oxygen *and*,

The beneficiary's blood gas study meets the policy criteria *and*,

The qualifying blood gas study was performed by a physician or by a qualified provider or supplier of laboratory services *and*,

The qualifying blood gas study was obtained under the following conditions:

If the qualifying blood gas study is performed during an inpatient hospital stay, the reported test must be the one obtained closest to but no earlier than two (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 beneficiary is in a chronic stable state, not during a period of acute illness or an exacerbation of their underlying disease *and*,

Alternative treatment measures have been tried or considered and deemed clinically ineffective.

Medicare requires that a physician (MD, DO, or DPM), physician assistant (PA), nurse practitioner (NP), or clinical nurse specialist (CNS) perform the office visit examination with the beneficiary. The chart notes from the examination must be signed and dated by the author of the note.

For Portable Oxygen: The beneficiary must be tested at rest or during exercise/exertion. The beneficiary must be mobile within the home.

For Stationary Oxygen: The beneficiary may be tested at rest, during exercise/exertion or sleep.

When an exercise oximetry test is used to qualify the beneficiary (six (6) minute walk), there must be documentation of three (3) oximetry studies in the beneficiary's medical record.

- 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 oxygen qualification testing must be performed in person by a physician or other medical professional qualified to conduct oximetry testing (a provider who is qualified to bill Medicare for the test).

If the beneficiary has a diagnosis of Obstructive Sleep Apnea (OSA), the beneficiary will need to have a Titration study, a 6 minute walk, or a rest/awake test performed to qualify for the oxygen. A night pulse oximetry test will not meet Medicare's criteria for a qualifying test.

Medicare requires that it is a physician (MD, DO, or DPM), physician assistant (PA), nurse practitioner (NP), or clinical nurse specialist (CNS) perform the office visit examination with the beneficiary.

<u>MICHIGAN LOCATIONS</u>	DEARBORN	LIVONIA	SAGINAW	<u>FLORIDA LOCATION</u>
CENTER LINE	2520 Auto Club Dr	13450 Farmington Rd	5599 Bay Rd	LONGWOOD
Corporate & Retail Location	EASTPOINTE	LIVONIA	SOUTHGATE	830 S. Ronald Reagan Blvd
26834 Lawrence	21571 Kelly Rd	St. Mary Mercy Hospital	18800 Eureka Rd	866-928-0003
Center Line, MI 48015	FARMINGTON HILLS	36475 5 Mile Rd	STERLING	
586-755-2300	Tri-Atria Building	ROYAL OAK	HEIGHTS	
888-BINSONS	32255 Northwestern	30475 Woodward Ave	43900 Schoenherr Rd	
Fax: 586-755-2322	Hwy FLINT		TROY	
	G-4433 Miller Rd		6475 Rochester Rd	
