DOME HOME CARE
Dependable Oxygen & Medical Equipment

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 $SaO_2 \leq 88\%$ with explanation of how the test was performed (at rest, with exertion, 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 SaO_2 of 89% with explanation of how the test was performed (at rest, with exertion, on room air); or 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, (b) pulmonary hypertension or cor pulmonale, or (c) erythrocythemia with a hematocrit greater than 56%
- **(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

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