Hello and welcome to another edition of Medicare Minute. I’m Dr. Robert Hoover, medical director at CGS Administrators, the Jurisdiction C DME MAC. Today I’m going to talk the policy requirements for oxygen testing.

To understand Medicare’s policy for oxygen, one must first understand the underlying research for the coverage requirements. In 1980 the Nocturnal Oxygen Therapy Trial Group led by Dr. Tom Petty published the result of a study looking at stable, chronic obstructive pulmonary disease or COPD patients. This multi-center study randomized over 200 patients to either nocturnal oxygen or continuous oxygen and followed the patients for at least 12 months. This seminal study found that patients who used nocturnal oxygen only were almost 2 times more likely to die than those who used oxygen continuously.

To enroll patients for the study, the researchers developed a set of criteria upon which to evaluate patients for participation. Those inclusion criteria are shown on the screen now.

The medical community was shocked at the outcome of the NOTT study. This study clearly demonstrated that continuous oxygen use helped patient with chronic lung diseases like COPD live longer. And almost 35 years later, oxygen is still the ONLY therapy for COPD that has been shown to prolong life.

Do these look familiar? Not only are they the Medicare coverage criteria for oxygen but they’re the same criteria from the NOTT study shown just a few moments ago! Medicare adopted the NOTT inclusion criteria as the Medicare coverage criteria for oxygen therapy.

So how did the NOTT results influence Medicare’s coverage requirements?

First Medicare limited coverage to patients with significant hypoxemia in the chronic stable state. As defined in the Medicare national policy, chronic stable state is when a
patient is not experiencing a period of acute illness or an exacerbation of their underlying disease. This requirement mirrors the patients selected for the NOTT study.

>Second, to qualify for oxygen Medicare requires that the patient have a severe, underlying chronic lung disease such as COPD or diffuse interstitial lung disease. Note that there is no mention in the examples of acute conditions like pneumonia or an undefined hypoxia. Coverage is limited to patients with a severe, chronic underlying lung disease, again matching the patient population of the NOTT study.

>Finally, Medicare does not allow oxygen prescriptions for “Oxygen PRN” or “Oxygen as needed.” As demonstrated in the NOTT study, oxygen therapy must be used on a continuous basis for the patient to get the benefit of oxygen use.

>That does it for this edition of Medicare Minute. As with all of CGS’ educational offerings, this is only a summary of certain policy requirements. I encourage you to read the applicable LCD and related Policy Article for a complete description of the coverage, coding and documentation requirements.

>Thank you for watching and have a nice day.

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