

## Guidelines for Home Oxygen for Medicare Patients

Medicare is actively enforcing the following guidelines when documenting the need for home oxygen. The physician must clearly **DOCUMENT** the need for home oxygen in the medical record in order for it to be covered by Medicare.

The following criteria must be **MET** and **DOCUMENTED** by the PHYSICIAN to qualify for home O<sub>2</sub>:

- PaO<sub>2</sub> ≤ 55mmHg  
OR
- SaO<sub>2</sub> ≤ 88% while awake, asleep, and at rest

If the above criteria are only met with exertion, 3 tests are required:

- 1. On room air, AT REST
- 2. On room air, DURING EXERTION
- 3. On oxygen, DURING EXERTION

If the test is done during sleep, it must show at least 5 minutes (not continuous) of SaO<sub>2</sub> ≤ 88% or PaO<sub>2</sub> ≤ 55mmHg

HOWEVER, if the patient has severe lung disease or hypoxia-related symptoms that might be expected to improve with oxygen therapy, this is acceptable for Medicare coverage.

Values must be recorded within 48 hours prior to discharge from the hospital

**The physician MUST complete the Certificate of Medical Necessity –  
Oxygen DME form CMS-484**

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Home-Oxygen-Therapy-Text-Only.pdf>