DCC

Template Workgroup(s)
June 25, 2018
Agenda

• Introduction and background – Connie Leonard / Kevin Young

• Overview of effort to improve documentation – Dr. Mark Pilley

• Overview of Template and CDE process – Robert Dieterle

• Templates and clinical data elements – Robert Dieterle

• Overview of Provider Documentation Manual, Oxygen – Connie Leonard

• Q&A – Connie Leonard
  Kevin Young
  Robert Dieterle
  Dr. Mark Pilley
Project Overview
Improper Payments

- Medicare receives 1.2 B claims per year.

**FY 2017 Medicare FFS Program Improper Payments**

- **$36.5 B (9.2%)** - Total in improper payments
- **$23.3 B (64%)** - Improper payments due to inadequate/insufficient documentation to support payment for services billed
- **$6.3 B (17%)** – Improper payments is due to services that were not medical necessary based on Medicare coverage policies

CMS’ Office of Financial Management estimates based on 2017 audit information

**Improper Payments By Agency (FY 2016)**

Over 3 million Claim Reviews in response to Medical Documentation Requests are sent annually by:

- Medicare Administrative Contractors (MACs) Medical Review (MR) Departments
- Comprehensive Error Rate Testing Contractor (CERT)
- Payment Error Rate Measurement Contractor (PERM)
- Medicare Recovery Auditors (formerly called RACs)
Project Overview
Purpose

The purpose of the DCC contract is to provide services to reduce provider burden and simplify the process of creating medical record documentation and ordering covered services.

• The primary mechanism is the creation of clinical data elements (CDEs) and templates to guide information collection
   The CDEs can be integrated by IT vendors into electronic health record (EHR) to create prompts to assist physicians when documenting encounters and orders for Medicare purposes.
   Once completed by the physician or other practitioner, the resulting encounter note and/or order becomes part of the medical record.

• To facilitate access to and adoption of the CDEs and templates, the DCC is working with CMS to:
   Update CMS.gov to manage the printable/fillable templates and the reference information.
   Create APIs for electronic access to templates and supporting material.
   Create reference implementations to demonstrate the ability to access the templates and utilize them in the context of provider documentation.
Project Overview
Topic Review and Analysis

Regulations
- Social Security Act
- Code of Federal Regulations (CFR)
- National Coverage Determination Program Integrity Manual

Contractor Discretion
- Local Coverage Determination

Analysis, Review and Harmonization / Rationalization

Guidance for templates and CDEs
Project Overview
Stakeholder Engagement

CMS priorities
Regulations and Policy
Service Requirements

Templates, CDEs and Guidance

CMS.gov

Stakeholder engagement
SODF  Workgroups

Validation

Pilots
DME Template Workgroup Process

1. Document individual participant role(s) (e.g. Supplier, Provider, EHR vendor).

2. Understand and document participant technology /standards (one on one).

3. Present CDEs in spreadsheet form to solicit input from participants for gap analysis.

4. Review gap analysis and resolve discrepancies
   a. Required, best practice, industry need, or optional
   b. Missing information
   c. Different data types
   d. Different value sets

5. Compare across participants and look for common issues.

6. Update templates/CDEs where appropriate.

7. Initiate Implementation Validation.

8. Initiate Pilots with Interoperability Contractor.
DME Template Workgroup
Sequencing and Workgroups for other Topics

Three parallel work streams:
1) DME
2) Home Health
3) A/B
DME Template Workgroup
Traditional Pilot for Templates / CDEs

Service (e.g. DME)  C-CDA / CDP1  EHR
Patient Medical Record
Ordering Provider
1. **DCC**
   - Create test patients
   - Include elements for order and F2F (typical)
   - Include elements for other templates (e.g. lab)

2. **HIT vendor or participating provider**
   - Implements all required and conditional CDEs
   - Enters test patients
   - Generates C-CDA / CDP1
   - Generates PDF for test patient medical record

3. **DCC**
   - Evaluates C-CDA / CDP1 and Order PDF for compliance and support of CDEs
   - Evaluates test patient medical record for information not in C-CDA / CDP1 or translation issues
   - Reports results of validation to provider/HIT vendor
1. **DCC**
   - Create test patient’s C-CDA / CDP1 / PDF
   - Include elements for order, lab, and F2F

2. **Supplier**
   - Implements all required and conditional CDEs
   - Consumes C-CDA / CDP1 / PDF
   - Generates Order summary
   - Generates PDF of Patient Information
   - Provides original C-CDA / CDP1

3. **DCC**
   - Evaluates order summary for compliance and support of CDEs from C-CDA / CDP1
   - Evaluates test patient supplier record for information from the C-CDA / CDP1
   - Verifies C-CDA / CDP1
Beneficiary Information: Last name: Patient _ First name: Test _ MI: 1
DOB: 09/23/1938 _ Gender: (M) _ Medicare ID: 1234567890

• S: 79 Y/O Medicare Beneficiary with a C/O sleep, cough, wheezing, SOB, DOE, fatigue, poor memory/concentration, depression with anxiety overlay.

• O: VS: T= 92.8, P= 48, R= 24, BP= 168/92, Height= 5’10” Weight= 178#, O2 Sat= 90% (RA at Rest)
  - General appearance: Appropriate developed, older than stated age male, in no respiratory distress but displayed mild tachypnea.
  - Chest/lungs: Decreased breath sounds, prolonged expiratory phase, use of accessory muscles
  - CV: RRR, W/O Gallop or Rub. II/VI systolic murmur heard best at LLSB
  - MS: Decreased skin turgor, use of accessory muscles to breath, decreased SQ tissue with generalized weakness
  - Neuro: Oriented to person and place but not time. Unsteady gait, use of an assist device (cane) to ambulate, unable to perform a tandem walk with (+) Rhomberg. Timed get-up-Go >15 sec
  - Nocturnal oximetry recorded 8 min of O2 sat <88%, improved to 92% with 3lpm O2 via NC

• A: History of bradycardia, irregular heartbeats, night sweats, fall risk, COPD with interstitial lung disease, mild OSA, nocturnal (sleep) hypoxia – home oxygen therapy indicated. (patient refuses CPAP)

• P: Home oxygen therapy: a) nocturnal O2, b) Group I oxygen concentrator (E1390), c) 3 LPM O2 via Nasal Cannula (NC),
  (Need O2 saturation between 90 – 95%)

Signature: Robert Smith, MD          Date: 12/08/2017
Name (Printed): Robert Smith, MD     NPI: 12345678

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Home Oxygen Therapy Order Template

**Patient Information:**

<table>
<thead>
<tr>
<th>Last name:</th>
<th>Patient</th>
<th>First name:</th>
<th>Test</th>
<th>MI:</th>
<th>1</th>
</tr>
</thead>
</table>

**DOB (MM/DD/YYYY):** 09/23/1938  Gender: X M __ F __ Other  Medicare ID: 1234567890

**Provider (physician/NPP) who is performing the face-to-face evaluation:**

<table>
<thead>
<tr>
<th>Last name:</th>
<th>Smith</th>
<th>First name:</th>
<th>Robert</th>
<th>MI:</th>
<th>C</th>
<th>Suffix:</th>
</tr>
</thead>
</table>

**NPI:** 12345678  **Date of face-to-face evaluation (MM/DD/YYYY):** 12/6/2017

**Patient Diagnoses (check all that apply):**

- COPD
- Bronchiectasis
- Hypoxemia
- Diffuse interstitial lung disease
- Cystic fibrosis
- Pulmonary neoplasm
- Erythrocytosis
- Pulmonary hypertension
- Recurring CHF d/t Cor Pulmonale
- Other: __________________________

**Start date, if different than date of order (MM/DD/YYYY):** __________________________

**Length of need:** 99 (months) (99 = lifetime)  **Flow rate:** 3 LPM / 90% (LPM/oxygen %)

**Frequency of use (check all that apply):** At rest / awake  During exertion  During sleep

**Target O2 Sat:** % or range % to %

**Frequency of O2 Sat monitoring:** Q Con hrs. At rest / awake  During exertion  During sleep

**Portable system:** maximum length of need for a single trip (e.g. without recharge): ___ / ___ hrs./min.
Oxygen eClinical Template
Scenario: Oxygen C-CDA Order (partial)

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth</td>
<td>September 23, 1958</td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
</tr>
<tr>
<td>Race</td>
<td>White</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Not Hispanic or Latino</td>
</tr>
<tr>
<td>Contact info</td>
<td>Primary Home: 239 Pleasant Ln, Newton, MA, 02458, US Tel: (781)545-1212</td>
</tr>
<tr>
<td>Patient IDs</td>
<td>Medicare ID: 1234567890</td>
</tr>
<tr>
<td>Performer (primary care physician)</td>
<td>Dr. Robert C. Smith of Pulmonary Physicians Center NPI: 1234567890</td>
</tr>
<tr>
<td>Encounter Id</td>
<td>9927012</td>
</tr>
<tr>
<td>Encounter Type</td>
<td>Oxygen Order</td>
</tr>
<tr>
<td>Encounter Date</td>
<td>From December 6, 2017 to December 6, 2017</td>
</tr>
<tr>
<td>Encounter Location</td>
<td>id: Clinic-01</td>
</tr>
</tbody>
</table>

Table of Contents
- **PATIENT DIAGNOSES**
  - Diagnoses
    - Hypoxemia
- **OXYGEN DETAILS**
  - Details
    - Length of need: 99 (months) (99 = lifetime)
    - Flow Rate: 3 LPM/90% (LPM/oxygen %)
    - Frequency of O2 Set monitoring: Q Con hrs: During sleep
- **OXYGEN SUPPLY DETAILS**
  - Supply
    - Portable: Concentrator: E1390 - Oxygen concentrator, single delivery port
  - Means of Delivery
    - Nasal cannula
- **TYPE OF ORDER**
  - Order Type
    - Initial or original order for certification
- **SIGNATURE INFORMATION**
  - Signature, name, date ordered
    - Robert C. Smith, MD
    - 12/5/2017 NPI: 1234567890
Home Oxygen Therapy – Status/Plan

Work completed

a) Created initial Gap Analysis
b) Updated Gap Analysis based on SODF and WG feedback
c) Created consolidated gap analysis
d) Performed one-on-one current/future state reviews
e) Created validation suite for suppliers and providers (EHRs)
   – Scenarios
   – Templates
   – C-CDA combining Order/Progress Note/Lab Test Results

Work in process

a) Working with interested workgroup members on validation
b) Creating automated gap analysis tool to use with new workgroup members
Templates and CDEs Special Open Door Forums (SODFs)

1. Home Oxygen Therapy
2. Home Blood Glucose Monitors
3. Respiratory Topics: CPAP, RAD, Ventilators
4. Therapeutics: Nebulizers, External Infusion Pumps, Immunosuppressive Drugs
5. Home Health Plan of Care / Certification and F2F Encounter
6. Therapeutic Shoes
7. Dietary: Enteral and Parenteral Nutrition
8. Vitamin and Mineral Assays
Background on Improper Payment for Respiratory Related Items (FY 2017 CERT Report)

- Home Oxygen Therapy
  - Improper payment rate: 52.8 % (570 million dollars)
  - 84.9 % due to incomplete documentation
- Positive Airway Pressure (PAP) Device for Obstructive Sleep Apnea (OSA)
  - Improper payment rate: 59.0 % (495 million dollars)
  - 87.8 % due to incomplete documentation
- Respiratory Assist Device (RAD)
  - Improper payment rate: 62.7 % (72 million dollars)
  - 95.0 % due to incomplete documentation
- Ventilator
  - Improper payment rate: 57.4 % (192 million dollars)
  - 25.4 % due to incomplete documentation
  - 58.0 % due to medical necessity
- Nebulizers and related drugs
  - Improper payment rate: 13.4 % (106 million dollars)
  - 88.5 % due to incomplete documentation
The draft Home Oxygen Therapy Templates and the associated Clinical Data Elements (CDEs) are available on the CMS.gov website which can be accessed through the link below:


**Home Oxygen Therapy**

- **Order** -- CDEs Draft R4.2 6/19/2018 -- Template Draft R4.2 6/19/2018
- **F2F Encounter** -- CDEs Draft R4.0 9/5/2017 -- Template Draft R4.0 9/5/2017
- **Lab Test Results** -- CDEs Draft R4.0 9/5/2017 -- Template Draft R4.0 9/5/2017
The draft Respiratory Related Item Templates and the associated Clinical Data Elements (CDEs) are available on the CMS.gov website which can be accessed through the link below:


Positive Airway Pressure (PAP) Device for Obstructive Sleep Apnea (OSA)

Order -- CDEs Draft R1.0c 4/12/2018 -- Template Draft R1.0c 4/12/2018
F2F Encounter -- CDEs Draft R1.0c 4/12/2018 -- Template Draft R1.0c 4/12/2018

Respiratory Assist Device (RAD)

Order -- CDEs Draft R1.0b 4/12/2018 -- Template Draft R1.0b 4/12/2018
F2F Encounter -- CDEs Draft R1.0b 4/12/2018 -- Template Draft R1.0b 4/12/2018
Lab Test Results -- CDEs Draft R1.0b 4/12/2018 -- Template Draft R1.0b 4/12/2018
Appendices -- Appendices A&B R0.1b 4/12/2018

Ventilator

Order -- CDEs Draft R1.0a 4/12/2018 -- Template Draft R1.0a 4/12/2018
Progress Note -- CDEs Draft R1.0a 4/12/2018 -- Template Draft R1.0a 4/12/2018

Also available:

CMS presentation slides to be used in support of the Special Open Door Forum conference call, “Respiratory Related Item Templates and Clinical Data Elements (CDEs)”, held on April 19, 2018; 3:00-4:00 pm Eastern Time.
DMEPOS Drug Related Templates and Clinical Data Elements (CDEs)

The draft DMEPOS Drug Related Templates and the associated Clinical Data Elements (CDEs) are available on the CMS.gov website which can be accessed through the link below:


**Nebulizers**

<table>
<thead>
<tr>
<th></th>
<th>CDEs Draft R1.0a 4/30/2018</th>
<th>Template Draft R1.0a 4/30/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Order</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F2F Encounter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appendices</td>
<td>Appendix A R0.1a 4/30/2018</td>
<td></td>
</tr>
</tbody>
</table>
What are Clinical Data Elements?

Definitions of the content of individual “fields” in a template

Each CDE has the following characteristics:

- Unique identification (e.g. PDN01, PND02)
- Name (e.g. Patient Name, Date of Birth)
- Data type (e.g. text, date, number, value from a set)
- Selection type (e.g. single, multiple)
- Value Set (list of allowed selections) (e.g. Items to orders, diagnoses)
Respiratory Related Items
Example Clinical Data Elements (CDEs)

**PBD: Patient/Beneficiary Demographics**
- **PBD1**: Patient’s first name, last name and middle initial (text)
- **PBD2**: Patient’s date of birth (date: MM/DD/YYYY)
- **PBD3**: Patient’s Gender (Single selection from the value set: M/F)
- **PBD4**: Patient’s Medicare ID (Medicare ID format and check digit)

**PND: Provider/NPP Demographics**
- **PND1**: Provider or Allowed NPP first name, last name, middle initial and suffix (text)
- **PND2**: Provider NPI (Numeric with check digit)
- **PND3**: Provider Telephone Number (xxx-xxx-xxxxx ext xxxx)
- **PND4**: Provider Direct address (Direct address)
Respiratory Related Items
Templates and Clinical Data Elements (CDEs)

Use of Color and Font for Templates and CDEs

1) CDEs in black Calibri are required
2) CDEs in *burnt orange* *Italics* Calibri are required if the condition is met
3) CDEs in *blue* Times New Roman are recommended but not required
USE of templates and CDEs

• Medicare does not require the use of these templates and CDEs for reimbursement for Respiratory Related Items.

• CDEs are designed for incorporation into provider EHR templates used to collect information during a patient encounter, recording laboratory results, and placing an order.

• Optional elements are present to assist providers in documenting the encounter and recording any pertinent information.

• Templates are visual representations of the CDE and may be printed, completed and made part of the patient’s medical record in the event the provider does not have an EHR or the EHR does not support the elements to show that respiratory related item is medically necessary and appropriate based on Medicare documentation requirements.
Respiratory Related Items
Order Templates and Clinical Data Elements (CDEs)

• Guidance

• Template (sections) (note: CDEs are defined for all “fields”)
  • Patient information
  • F2F or in-person provider information
  • Date of F2F or in-person evaluation
  • Diagnosis
  • Start date if different from date of order
  • Type of order
  • Device order / specific HCPCS code
  • Supply / Accessory Order
  • Signature, name, date ordered and NPI (for WOPD)
• Guidance
• Template (sections) (note: CDEs are defined for all “fields”)
  • Patient information
  • *Encounter information*
  • Diagnoses
  • *Current sleep study results (if available) (specific to PAP, RAD)*
  • *Qualifying observations (specific to PAP, RAD, Ventilator)*
  • Chief complaint and related past medical history
  • Medications
  • Allergies
  • Review of Systems (variation based on specific device)
  • Physical Examination (sections required for PAP and RAD)
  • Assessment
  • Treatment plan
  • Orders
  • Signature, name, date, and NPI
Respiratory Related Items -- RAD only
Lab Test Results Template and Clinical Data Elements (CDEs)

• Guidance

• Template (sections) (note: CDEs are defined for all “fields”)
  • Patient information
  • Provider information for in person visit
  • Date of testing
  • Person performing testing
  • Test conditions (e.g. receiving oxygen)
  • Testing
    • Arterial blood gas (at rest)
    • Arterial blood gas (during sleep or immediately upon awakening)
    • Overnight oximetry
  • Signature
DMPOS Nebulizers
Order Templates and Clinical Data Elements (CDEs)

• Guidance

• Template (sections) (note: CDEs are defined for all “fields”)
  • Required/conditional sections
    • Patient information
    • Diagnosis
    • Signature, name, date ordered and NPI (for WOPD)
    • Start date if different from date of order
    • Type of order
    • Drugs, associated devices and supplies (may be required or optional depending on item and benefit)
  • Optional sections
    • F2F or in-person provider information
    • Date of F2F or in-person evaluation
DMEPOS Nebulizers
F2F Encounter
Template and Clinical Data Elements (CDEs)

• Guidance

• Template (sections) (note: CDEs are defined for all “fields”)
  • Required/conditional sections
    • Patient information
    • Diagnoses
    • Treatment plan
    • Signature, name, date, and NPI
    • Benefit specific qualification information (elements may be conditional or optional)
  • Optional sections
    • Chief complaint and related past medical history
    • Medications
    • Allergies
    • Review of Systems (variation based on specific device)
    • Physical Examination
    • Assessment
    • Orders
Introduction and Home Use of Oxygen

May 10, 2018
What We Heard from Providers

- CMS requirements are excessive
- Documentation requirements are too hard to find
- Providers are afraid of audits
Purpose

Make it Easier to Find Documentation Requirements

- To eliminate the need for providers and suppliers to access many separate CMS documents to determine what is required for Medicare payment
- Instead of finding multiple Internet Only Manuals, regulations, LCDs, and NCDs, you can go to ONE place
What is it Not?

• Is not required
• Does not replace policy/coverage manuals
• Does not create any new requirements
Overview

Long Term Project – first chapter on Home Use of Oxygen in 2018

All coverage and payment documentation requirements will be IN ONE PLACE
- Each topic will have a Self-Audit Checklist so that you know what is required

It will reference and allow you to easily find other online resources:
- Local Coverage Determinations (LCDs)
- National Coverage Determinations (NCDs)
- CMS Manual Instructions
- Links to Clinical Templates
We Want Your Feedback

You have the opportunity to review draft language on the CMS website.

An **Open Door Forum call** for providers to get your feedback.

We encourage comments be sent to our Provider Documentation Manual mailbox.

After considering all comments, we will publish a chapter of the **Provider Documentation Manual**.

[ProviderDocumentationManual@cms.hhs.gov](mailto:ProviderDocumentationManual@cms.hhs.gov)
Home Oxygen Therapy
Physicians/Non-Physician Practitioners (NPPs)
Documentation Checklist

HOME OXYGEN THERAPY

PHYSICIAN/NON-PHYSICIAN PRACTITIONER (NPP) DOCUMENTATION CHECKLIST

The Centers for Medicare & Medicaid Services (CMS) issues this checklist solely for educational purposes and as a helpful resource for physicians and NPPs to ensure their orders and medical record documentation include all relevant information required to support Medicare coverage of home oxygen therapy.

The use of this checklist is voluntary and does not ensure Medicare reimbursement for home oxygen therapy equipment or supplies.

All of the following, as applicable, must be available in the patient’s medical record(s):

Written Order Prior To Delivery (WOPD):
The following items of home oxygen therapy equipment require a WOPD: Healthcare Common Procedure Coding System (HCPCS) codes E0424, E0431, E0433, E0434, E0439, E0441, E0442, E0443, or E0444. The WOPD provided to the supplier for the above type of oxygen equipment prescribed contains the following required elements:

- Beneficiary’s name
- Item of DME ordered
- National Provider Identifier (NPI) of the prescribing practitioner;
- Signature of the prescribing practitioner; and
- Date of the order

NOTE: The supplier must have evidence that the order was written prior to delivery to meet this requirement.

Physician Evaluation for Home Oxygen Equipment not requiring a Face-to-Face Encounter: (E1390, E1391, E1392, and K0738)

- Documentation demonstrates the beneficiary was seen and evaluated by the treating physician within 30 days prior to the date of Initial Certification.

For a detailed description of DMEPOS HCPCS please visit:

Initial Coverage: Certification:

- The medical record, (e.g., progress note, hospital discharge summary) documents the patient had an in-person visit or face to face (F2F) encounter addressing the patient’s underlying condition requiring supplemental oxygen
- The F2F encounter was conducted within 6 months as required and prior to the date of the order for home oxygen equipment for the above listed HCPCS codes

- The patient was seen and evaluated within 30 days prior to the start of home oxygen therapy.

- The patient has severe lung disease or hypoxia-related symptoms that is/are expected to benefit from oxygen therapy

- Oxygen testing was ordered, performed, and evaluated within 30 days prior to date of

- Initial Certification and meets the criteria for home oxygen therapy (see the reference for Covered Blood Gas Values in Appendix C)
- The patient was in a chronic stable state at the time of the test if tested as an outpatient
- If testing was performed when the patient was an inpatient, it was performed within 2 days prior to discharge from the hospital
- The patient requires an oxygen flow greater than 4 liters per minute (LPM)
- Oxygen testing results confirm low blood oxygen levels at qualifying levels while breathing
- The patient is mobile within the home, which supports the use of a portable oxygen system
- Alternative treatment measures have been tried or considered and deemed clinically ineffective, for example:
  - Medical and physical therapy directed at secretions;
  - Medical management of bronchospasm;
  - Medical management of infection has been tried, has not been sufficiently successful, and oxygen therapy is still required; or
  - Optimum therapy received prior to the order for long-term home oxygen therapy

Continued Coverage: Recertification:
A Recertification is required as follows:

For the patient that meets Group I criteria (see Appendix C):

- Twelve months after initial CMN;
- Most recent blood gas study is prior to the 13th month of therapy;
- Beneficiary was seen and reevaluated by the treating physician within 90 days prior to the Recertification date; and
- There is documentation, including a copy of the most recent qualifying arterial blood gas study

For the patient that meets Group II criteria (see Appendix C):

- Three months after initial CMN;
- The documentation substantiates the patient was seen and re-evaluated by the treating physician within 90 days prior to the Recertification date; and
Home Oxygen Therapy
Physicians/Non-Physician Practitioners (NPP)
Documentation Checklist (contd.)

- [ ] There is documentation and a copy of a repeat blood gas study performed between days 61–90 following the Initial Certification

**Detailed Written Order (DWO):**
A DWO is required for oxygen equipment and supplies that do not require a WOPD.

- [ ] A DWO for the oxygen equipment prescribed contains the following elements:
  - [ ] Beneficiary’s name;
  - [ ] Item of DME ordered;
  - [ ] Physician or NPP signature and signature date; and
  - [ ] Start date of the order or date the order was written

*The detailed item description can be either a narrative description or a brand name/model number and must include all options or additional features that will be separately billed or that will require an upgraded code.

- [ ] For home oxygen therapy supplies provided on a periodic basis, these ADDITIONAL elements are required in the DWO:
  - [ ] Duration of need;
  - [ ] Flow rate and/or oxygen percent; and

  - [ ] Frequency of use
HOME OXYGEN THERAPY

SUPPLIER DOCUMENTATION CHECKLIST

The Centers for Medicare & Medicaid Services (CMS) issues this checklist solely for educational purposes and as a helpful resource for suppliers to ensure their orders and medical record documentation include all relevant information required to support Medicare coverage of home oxygen therapy.

The use of this checklist is voluntary and does not ensure Medicare reimbursement of home oxygen therapy equipment or supplies.

Written Order Prior To Delivery (WOPD):

The following items of home oxygen therapy equipment require a WOPD: Healthcare Common Procedure Coding System (HCPCS) codes E0424, E0431, E0433, E0434, E0439, E0441, E0442, E0443, or E0444. The WOPD provided to the supplier for the above type of oxygen equipment prescribed contains the following required elements:

- Beneficiary’s name
- Item of DME ordered
- National Provider Identifier (NPI) of the prescribing practitioner
- Signature of the prescribing practitioner
- Date of the order

NOTE: The supplier must have evidence that the order was written prior to delivery to meet this requirement.

Physician Evaluation for Home Oxygen Equipment not requiring a Face-to-Face Encounter (E1390, E1391, E1392, and K0738):

- Documentation demonstrates the beneficiary was seen and evaluated by the treating physician within 30 days prior to the date of Initial Certification

Initial Coverage: Certification:

- The medical record (e.g. physician progress note, hospital discharge summary) documents the patient had an in-person visit or face to face (F2F) encounter within 6 months as required and prior to the date of the order for home oxygen equipment
- The F2F encounter addressed the patient’s underlying condition requiring supplemental oxygen.
- The patient was seen and evaluated by a physician within 30 days of the start of home oxygen therapy.
- The patient has severe lung disease or hypoxia-related symptoms that is/are expected to benefit from oxygen therapy.
- Oxygen testing was ordered and performed within 30 days prior to date of Initial Certification and meets the criteria for home oxygen therapy (see the reference for Covered Blood Gas Values below).

Continued Coverage: Recertification:

A Recertification CMN is required as follows:

For the patient that meets Group I criteria (see Appendix C):

- Current date is 12 months after initial CMN;
- Most recent blood gas study is prior to the 13th month of therapy;
- Beneficiary was seen and reevaluated by the treating physician within 90 days prior to the Recertification date; and
- There is documentation, including a copy of the most recent qualifying arterial blood gas study.

For the patient that meets Group II criteria (see Appendix C):

- Current date is 3 months after initial CMN;
- The documentation substantiates the patient was seen and re-evaluated by the treating physician within 90 days prior to the Recertification date; and
- There is documentation and a copy of a repeat blood gas study performed between days 61-90 following the Initial Certification.

Detailed Written Order (DWO):

The following items of home oxygen therapy equipment require a DWO: Healthcare Common Procedure Coding System (HCPCS) codes E0424, E0431, E0433, E0434, E0439, E0441, E0442, E0443, or E0444. A DWO is required before you can bill for oxygen and oxygen equipment and accessories. The DWO provided to the supplier for the above type of oxygen equipment prescribed contains the following required elements:

- A DWO was received from prescribing practitioner prior claim submission.
Home Oxygen Therapy Supplier Checklist

☐ A DWO for the oxygen equipment prescribed contains the following:
  ☐ Beneficiary’s name;
  ☐ Item of DME ordered*
  ☐ Physician or NPP signature and signature date; and
  ☐ Start date of the order or the date the order was written

*The detailed item description can be either a narrative description or a brand name/model number and must include all options or additional features that will be separately billed or that will require an upgraded code.

☐ For home oxygen supplies provided on a periodic basis, these ADDITIONAL elements are required in the DWO:
  ☐ Duration of need;
  ☐ Flow rate and/or oxygen percent; and
  ☐ Frequency of use
Home Use of Oxygen

• On **May 2**, the draft section was posted to: https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/ReducingProviderBurden.html

• Please send comments to: ProviderDocumentationManual@cms.hhs.gov by **May 31, 2018**

• Once comment period ends, CMS will review the comments and revise the manual. We will post it in final as an Internet Only Manual to: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html
Questions?