

FOR NOCTURNAL HYPOXIA

TESTING INFORMATION

1. Oximetry must be conducted over a minimum of two (2) hours; and,
2. The nocturnal oximetry demonstrates an oxygen saturation of $\leq 88\%$.

Beneficiaries may self-administer home based overnight oximetry tests under the direction of a Medicare-enrolled Independent Diagnostic Testing Facility (IDTF). A DME supplier or another shipping entity may deliver a pulse oximetry test unit and related technology to a beneficiary's home under the following circumstances:

1. The beneficiary's treating practitioner has contacted the IDTF to order an overnight pulse oximetry test before the test is performed.
2. The test is performed under the direction and/or instruction of a Medicare-approved IDTF. Because it is the beneficiary who self-administers this test, the IDTF must provide clear written instructions to the beneficiary on proper operation of the test equipment and must include access to the IDTF in order to address other concerns that may arise. The DME supplier may not create this written instruction, provide verbal instructions, answer questions from the beneficiary, apply or demonstrate the application of the testing equipment to the beneficiary, or otherwise participate in the conduct of the test.
3. The test unit is sealed and tamper-proof such that test results cannot be accessed by anyone other than the IDTF which is responsible for transmitting a test report to the treating practitioner. The DME supplier may use related technology to download test results from the testing unit and transmit those results to the IDTF. In no case may the DME supplier access or manipulate the test results in any form.

WRITTEN ORDER REQUIREMENTS

- Beneficiary's name
- Physician's name
- Date of order
- Oxygen type
- Length of need
- Route of Administration
- Frequency of use & liter flow
- Prescribing physician's NPI, signature, date

FOR DIAGNOSIS OF OSA*

TESTING INFORMATION

- The titration is conducted over a minimum of two (2) hours; and,
- During titration:
 - The AHI/RDI is reduced to less than or equal to an average of ten (10) events per hour; or,
 - If the initial AHI/RDI was less than an average of ten (10) events per hour, the titration demonstrates further reduction in the AHI/RDI; and,
- Nocturnal oximetry conducted for the purpose of oxygen therapy and oxygen equipment reimbursement qualification may only be performed after optimal PAP settings have been determined and the beneficiary is using the PAP device at those settings; and,
- The nocturnal oximetry conducted during the PSG demonstrates an oxygen saturation of $\leq 88\%$.

If a patient requires the use of oxygen during the nighttime, then obstructive sleep apnea should be ruled out as a cause for the hypoxemia symptoms. If obstructive sleep apnea is present, Medicare will not cover oxygen therapy until it has been diagnosed and treated. When obstructive sleep apnea is a factor, testing for oxygen needs can only begin after the apneas are controlled with appropriate positive airway therapy using a CPAP or Bi-PAP.