Standardize Documentation for Ordering Home Oxygen to Support Patient Access

Prior to the pandemic, less than one percent of the oxygen improper payment rate was due to patients not meeting Medicare's medical necessity requirements, according to Medicare's CERT contractor. But shockingly, 72 to 99 percent of the oxygen improper payment rate was due to problems with the ordering clinicians' documentation.

Medicare has eliminated the Certificate of Medical Necessity (CMN). This makes the process even more subjectiveunderscoring the need for standardized documentation. The current process for documenting medical necessity is a clunky, cumbersome process that risks patient access and creates an enormous administrative burden for providers. Medicare should adopt a standardized template as the only required documentation to support medical necessity.

upon verbal/written order.

patient set-up, delivers

and educates the

the claim is denied.

appeal process, including

obtaining additional documentation from the

on significant risk, and

to maintain access to care

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CURRENT PROCESS

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Physician makes initial order

Supplier must gather additional including proof of qualifying oxygen testing.

audit. If audited, contractor requests

take up to FIVE YEARS.

CMS: Adopt a **clear**, standardized template for establishing medical necessity for supplemental oxygen therapies.

PROPOSED PROCESS

Physician makes initial order for supplemental oxygen documenting the medical need on an objective standard oxygen template. The template clearly outlines information needed to support the claim.

Supplier completes patient set-up, delivers supplemental oxygen, and educations patient about its use, without

If audited, Medicare contractor reviews completed oxygen template documenting patient need.

4 Medicare pays supplier.

> **Patient maintains** access to lifesustaining supplemental oxygen to remain with their family and friends in their

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community.



