



AtHome Medical Insurance Listing

Aetna	Humana Military
Aetna AHS	Humana PFFS
Aetna Better Health	Integra Group*
Aetna Signature Administration	Integrated Health Plan (IHP)*
Amerihealth HMO and PPO	Magnacare
Amerivantage Medicare	Magnacare Workers Comp.
Amerigroup Medicaid	Medicare
BC BS of NE PA	Medicaid NJ
Beech Street Corporation*	Medicaid PA
Carecentrix (Horizon)	Medichoice/Beechstreet
Cigna	Meritan Health (Aetna)
Clover PPO	Multiplan*
Concentra Preferred Systems, Inc.*	Omnia
Coresource	Operating Engineers Local 825
Evolutions Healthcare Systems, Inc.*	Oxford Health Plan
Galaxy Health Network*	Oscar (Qualcare)
Great West	PHCS*
Gov't Employee Hospital Assoc. (GEHA)	Qualcare HMO
HHC Group	Qualcare PPO
Horizon BC BS (Carecentrix)	Tricare
Horizon Casualty Services	UnitedHealth Care Community (UHCCP)
Horizon Medicare Blue (Carecentrix)	United Health Care
Horizon Indemnity HMO/PPO (Carecentrix)	US Family Health
Horizon NJ Health	US Life
Humana Choice Care Commercial (Qualcare)	USA Managed Care Org*

***Agreement through Medgroup**

Not all plans are listed. Please call if you have any questions.



Medicare Oxygen Checklist

1. Progress Notes / Face to Face:

- a. A **qualifying respiratory diagnosis**, a plan of care including a respiratory assessment, and documentation that patient has been compliant with their medications.
- b. Notes need to indicate previous treatments were tried and/or deemed ineffective.
- c. Notes need to mention patient requires home oxygen.

2. Oxygen Testing: If the patient is 88% or less on room air, at rest, no further testing is needed.

If testing the patient on exertion, the following 3-part test is necessary:

1. O2 sats on room air at rest
2. O2 sats during exertion on room air
3. O2 sats during exertion with oxygen applied (include the liter flow)

Example: *“Previous treatment no longer effective, patient will require home O2 due to COPD ... O2 sats 94% on R/A @ rest, 86% R/A w/ exertion, 92% w/ exertion 2LPM O2 applied. Patient will require long term home O2.*

3. Reminder:

- a. Medicare will not cover oxygen prescribed “PRN” or oxygen for an acute condition; e.g., COPD exacerbation or PNA.
- b. **Medicare only considers long term oxygen therapy for payment; short term therapy for an acute condition is not a covered benefit.**
- c. An overnight pulse oximeter cannot be used to qualify an OSA patient for nocturnal oxygen, only an in-lab titrated study is accepted for patients with OSA.
- d. Testing is required to be within 48 hours of hospital discharge. Testing expires after 30 days from all other facilities.



CPAP/BIPAP Documentation Checklist

1. Patient demographics
2. Face to face chart notes – prior to PSG or HST
3. PSG, HST or Split Study (also titrated study if ordering BIPAP)
4. Rx with description of items ordered
5. **IF AHI is less than 15 the patient must also have one of the following diagnosis indicated in their progress notes to qualify: excessive daytime sleepiness, hypertension, impaired cognition, mood disorders, insomnia, ischemic heart disease, or history of stroke
6. If home test, include HST instructions and HST

For ordering BIPAP ALL of the above applies and the following is also required:

1. A CPAP has been tried and proven ineffective based on a lab titrated study **OR** an AHI > 5 on patient compliance report.
2. A new face to face is required for BiPAP if the patient has used a CPAP for more than three months.



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