AtHome Medical Insurance Listing

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

*Agreement through Medgroup

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

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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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