

CERTIFICATE OF MEDICAL NECESSITY TO BE ISSUED TO CGHS
BENEFICIARIES BEING PRESCRIBED LONG TERM OXYGEN
THERAPY / OXYGEN CONCENTRATOR (To be filled by the treating
physician)

Certification Type: Initial/ Revised

1. Patient Name
2. Age of Patient
3. Physician Name
4. Address of physician
5. Telephone No of Physician
6. (a) Brief history and physical findings

(b) Co-morbidity (if any)

(c) Whether accompanied by symptoms of

- | | | |
|--|---|--------|
| ▪ Excessive daytime sleepiness | : | Yes/No |
| ▪ Snoring | : | Yes/No |
| ▪ Impaired cognition | : | Yes/No |
| ▪ Documented cardiovascular disease like
Hypertension, ischemic heart disease or
Stroke (specify if Yes) | : | Yes/No |

7. Laboratory data (specify date against each parameter):

Hematocrit

ECG

X-ray Chest

Echocardiography (wherever necessary)

Pulmonary function tests

Arterial blood gases:	1	2	3
Date			
pH			
paO ₂			
paCO ₂			
HCO ₃ a			
HCO ₃ s			
BE			
O ₂ sat			

(Note: the Arterial blood gas values should include those during chronic, stable state (atleast 3 months after an acute exacerbation) of the disease e.g. in a case of COPD, the ABG value during acute exacerbation generally demonstrates moderate to severe hypoxemia and hypercapnia which may normalise during stable state and therefore may not be an indication for long term oxygen therapy)

Others (specify)

11. Final Diagnosis
12. Recommended: Oxygen concentrator / portable oxygen cylinder / compressed oxygen cylinders
 - a. Flowrate
 - b. Nasal prongs/ Cannula
 - c. Nasal mask
 - d. Number of hours per day

I certify that the medical necessity information is true, accurate and complete to the best of my knowledge. I have carefully gone through the note for prescribers before filling up this proforma.

Date: _____ (Full Name, signature & address of Physician)

Note for prescribers (For diagnostic as well as for titration):

Home oxygen therapy is the home administration of oxygen at concentrations greater than the ambient air with the intention of treating or preventing the symptoms and manifestations of hypoxic or non-hypoxic medical conditions that are known to clinically improve with oxygen.

Clinical Indications

Home oxygen therapy is considered medically necessary in the following circumstances:

1. Chronic Hypoxia (generally long-term use). The conditions with which this may be associated include, but are not limited to:

- o Chronic obstructive pulmonary disease
- o Diffuse interstitial lung disease
- o Bronchiectasis
- o Widespread pulmonary neoplasm
- o Pulmonary hypertension
- o Recurring congestive heart failure due to chronic cor pulmonale

The following laboratory values, obtained while breathing ambient air, will be presumptive evidence for hypoxia:

Adults:

- o Arterial partial pressure of oxygen (PaO₂) less than or equal to 55mmHg or arterial oxygen saturation (SaO₂) less than or equal to 88%
- o PaO₂ levels between 56 and 59 or SaO₂ 89% in the presence of pulmonary hypertension, cor pulmonale, edema secondary to right heart failure, or erythrocytosis with hematocrit greater than 55%

Note:

1. Patients who desaturate to an SaO₂ less than or equal to 88% **only during exercise** and who demonstrate improvement in both the hypoxia and dyspnea and/or exercise capacity when using O₂ are candidates for supplemental O₂ during exercise only.
2. Patients who desaturate **only during sleep** to an SaO₂ of less than or equal to 88% for more than 30% of the night or with evidence of otherwise unexplained pulmonary hypertension, cor pulmonale, edema secondary to right heart failure, or erythrocytosis with

hematocrit greater than 55%, and in whom obstructive sleep apnea (OSA) and other nocturnal apnea or hypoventilation syndromes have been ruled out or, if OSA present, have persistent desaturation despite correction of AHI (RDI) by CPAP, are candidates for nocturnal O₂.

Infants and Children:

- Arterial partial pressure of oxygen (PaO₂) less than or equal to 60mmHg or arterial oxygen saturation (SaO₂) less than or equal to 92%

Note: Portable oxygen systems are considered medically necessary only when needed to complement the medical needs of an individual who requires a stationary system