Alabama Medicaid Agency
Oxygen Therapy
Request for Prior Authorization and Prescription

Patient Information

Patient Name _____ Patient Medicaid Number _____

Date of Birth _____ Diagnosis _____

Prescription Information

Date last seen by physician _____

Date oxygen prescribed _____ ❑Initial ❑Renewal

Liters per minute _____ Hours per day _____

Method of delivery (nasal cannula, mask, etc.) _____

If portable oxygen prescribed, state purpose _____

Estimated length of time oxygen needed _____ (months)

Describe type, duration, and frequency of recipient's daily activities outside the home

_____

_____

_____

Equipment Prescribed

Stationary System

- ❑ Compressed Gas
- ❑ Oxygen Concentrator

Portable System

- ❑ Compressed Gas

Laboratory Results

ABG (P02) result _____ ❑Room Air ❑Oxygen ❑Awake ❑Asleep Date of test _____

Oxygen Saturation _____ ❑Room Air ❑Oxygen ❑Awake ❑Asleep Date of test _____

Must attach a copy of the ABG report or oxygen saturation readout. ABG not required for children.

If ABG was not performed, please explain _____

If test not performed on room air, please explain _____

If ABG exceeds 59 mm Hg or if oxygen saturation exceeds 89 percent (94 percent for children three and under), physician must justify need for oxygen with more medical information.

For oxygen approved during activity, submit three oximetry studies from the same session: (1) testing at rest without oxygen; (2) testing during activity without oxygen; (3) testing during exercise with oxygen applied to demonstrate improvement of hypoxemia.

For nocturnal oxygen, provide download of overnight oximetry that shows documentation of the duration of desaturation below the specified value.

(Attach a separate letter if more space is needed to justify medical necessity)

I certify that oxygen is medically necessary.

_____ Date_____

Physician/DME Supplier Representative Signature* **(Stamped signatures are not acceptable)**

**DME Supplier representative signature allowed if submitting a separate prescription AND form 360 to fiscal agent for prior authorization review.*