

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

OXYGEN CERTIFICATION RECORD

RECORD TYPE: GX0

"MEDICAL NECESSITY FOR OXYGEN"

VERSION 003.01 - 07/01/1997

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD TYPE: GX0  
"MEDICAL NECESSITY FOR OXYGEN"

LEVEL: SERVICE LINE

PURPOSE: To provide information regarding attending  
physician's certification of medical necessity  
for home oxygen therapy (Form HCFA-484).

REQUIREMENTS: If required by payor, a "GX0" record must be  
submitted for the initial certification,  
revised certification or renewal certification  
when billing for home oxygen therapy.

ORDER:	Preceding Record Type	Following Record Type
	----- FA0, FB0, FB1, or FB2 or FE0	----- FA0, GX1, GX2 HA0 or XA0

NOTES: When used, this record must follow the FA0, FB0,  
FB1, FB2, or FE0 records related to this service.

## ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD TYPE: GX0  
 "MEDICAL NECESSITY FOR OXYGEN"

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "GX0"	3	X	01	03
02.0	SEQUENCE NO	2	X	04	05
03.0	PAT CONTROL NO	17	X	06	22
04.0	CERTIFICATION TYPE	1	X	23	23
05.0	OXYGEN SYSTEM	1	X	24	24
06.0	LENGTH OF NEED	2	X	25	26
07.0	EQUIPMENT TYPE 1	1	X	27	27
08.0	EQUIPMENT TYPE 2	1	X	28	28
09.0	EQUIPMENT REASON	64	X	29	92
10.0	PRESCRIBED FROM DATE	8	X	93	100
11.0	PRESCRIBED TO DATE	8	X	101	108
12.0	DATE PRESCRIBED	8	X	109	116
13.0	DATE EVALUATED	8	X	117	124
14.0	OXY FLOW RATE	3	N	125	127
15.0	FREQUENCY OF USE	2	X	128	129
16.0	DURATION	2	X	130	131
17.0	ARTERIAL BLOOD GAS 4LPM	3	N	132	134
18.0	OXIMETRY 4LPM	3	N	135	137
19.0	DATE TESTED 4LPM	8	X	138	145
20.0	INPATIENT/OUTPATIENT IND	1	X	146	146
21.0	FILLER	65	X	147	211
22.0	ARTERIAL BLOOD GAS	3	N	212	214
23.0	OXIMETRY	3	N	215	217
24.0	DATE TESTED	8	X	218	225
25.0	ENTITY PERF OXIMETRY TST	33	X	226	258
26.0	TEST CONDITIONS	1	X	259	259
27.0	CLINICAL FINDINGS	3	X	260	262
28.0	PORT OXY FLOW RATE	3	N	263	265
29.0	ORDERING PROV ID	15	X	266	280
30.0	ORDERING PROV PHONE	10	X	281	290
31.0	DIAGNOSIS CODE-1	5	X	291	295
32.0	DIAGNOSIS CODE-2	5	X	296	300
33.0	DIAGNOSIS CODE-3	5	X	301	305
34.0	DIAGNOSIS CODE-4	5	X	306	310
35.0	CERT ON FILE	1	X	311	311
36.0	DELIVERY SYSTEM TYPE	1	X	312	312
37.0	FILLER-NATIONAL	8	X	313	320



ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX0-01.0  
"MEDICAL NECESSITY FOR OXYGEN"

DATA ELEMENT: Record Identifier (RECORD ID "GX0")

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
-----	-----	-----	-----	-----	-----	---
01.0	X(03)	LEFT	SPACES	01	03	R

DEFINITION: Code used to identify the "Medical Necessity for Oxygen" record.

CODE VALUES: N/A

VALIDATION: Must be entered.  
Must be "GX0".

FORM LOCATION: N/A

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX0-02.0  
 "MEDICAL NECESSITY FOR OXYGEN"

DATA ELEMENT: Sequence Number (SEQUENCE NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
-----	-----	-----	-----	-----	-----	---
02.0	X(02)	LEFT	SPACES	04	05	R

DEFINITION: A numeric value from 01 through 99 used to sequence the "GX0" records and to associate "GX0" records with "GX1" and "GX2" records.

CODE VALUES: 01 through 99

VALIDATION: Must be entered.  
 Must be a valid code from the above list.  
 The value entered must match the SEQUENCE NUMBER (FA0-02.0) submitted in the preceding "FA0" record.

FORM LOCATION: N/A

REMARKS: See sequencing instructions on page FA0.04.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX0-03.0  
 "MEDICAL NECESSITY FOR OXYGEN"

DATA ELEMENT: Patient Control Number (PAT CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
-----	-----	-----	-----	-----	-----	---
03.0	X(17)	LEFT	SPACES	06	22	C

DEFINITION: An identification assigned to the patient by the provider to identify the patient.

CODE VALUES: N/A

VALIDATION: See GENERAL INSTRUCTIONS for "Patient Control Number".

Must be entered.

FORM LOCATION: HCFA-1500 Block 26

REMARKS: The patient control number is used by the EMC system to link all records for a claim. All records between the record type CA0, up to and including the record type XA0, must have the same patient control number.

Although up to seventeen characters are allowed, not all payors' systems will record and return seventeen characters on remittance advices or other documents.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX0-04.0  
"MEDICAL NECESSITY FOR OXYGEN"

DATA ELEMENT: Type of Certification (CERTIFICATION TYPE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
04.0	X(01)	N/A	SPACE	23	23	C

DEFINITION: The type of certification being billed.

CODE VALUES: I = Initial Certification  
R = Renewal Certification  
S = Revised Certification

OR

1 = Initial Certification  
2 = Revised Certification  
3 = Renewal Certification

VALIDATION: Must be entered if required by payor.

If entered, must be a valid code from the above list.

FORM LOCATION: HCFA-484

REMARKS: Values 1, 2, and 3 are currently  
used by the Medicare Durable Medical Equipment  
Regional Carriers (DMERCs) only.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX0-05.0  
 "MEDICAL NECESSITY FOR OXYGEN"

DATA ELEMENT: Type of Oxygen System (OXYGEN SYSTEM)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
-----	-----	-----	-----	-----	-----	---
05.0	X(01)	N/A	SPACE	24	24	C

DEFINITION: To indicate if the patient is mobile within  
 The home when ordering portable oxygen.

CODE VALUES: Y = Yes, ordering portable oxygen and patient is  
 Mobile within the home.  
 N = No, ordering portable oxygen and patient is  
 NOT mobile within the home.  
 D = Does Not Apply. (Not ordering portable oxygen)

VALIDATION: Must be entered if required by payor.  
 If entered, must be a valid code from the above list.

FORM LOCATION: HCFA-484, Question 5

REMARKS: N/A



ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX0-06.0  
"MEDICAL NECESSITY FOR OXYGEN"

DATA ELEMENT: Length of Need

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
06.0	X(02)	LEFT	SPACES	26	26	C

DEFINITION: Estimate of length of time oxygen therapy will be required.

CODE VALUES: N/A

VALIDATION: Must be entered if required by payor.  
Enter the number of months covered by this certification. If lifetime, enter 99.

FORM LOCATION: HCFA-484

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX0-07.0  
 "MEDICAL NECESSITY FOR OXYGEN"

DATA ELEMENT: Type of Equipment 1 (EQUIPMENT TYPE 1)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
-----	-----	-----	-----	-----	-----	---
07.0	X(01)	N/A	SPACE	27	27	C

DEFINITION: Enter a description of the specific type of equipment being prescribed for the delivery of oxygen.

CODE VALUES: A = Concentrator  
 B = Liquid Stationary  
 C = Gaseous Stationary  
 D = Liquid Portable  
 E = Gaseous Portable  
 O = Other

VALIDATION: Must be entered if required by payor.  
 If entered, must be a valid code from the above list.

FORM LOCATION: N/A

REMARKS: If the prescribing physician ordered both a portable and stationary system, or a concentrator with a system, enter the second system in "Equipment Type 2" (GX0.08.0).

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX0-08.0  
 "MEDICAL NECESSITY FOR OXYGEN"

DATA ELEMENT: Type of Equipment 2 (EQUIPMENT TYPE 2)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
-----	-----	-----	-----	-----	-----	---
08.0	X(01)	N/A	SPACE	28	28	C

DEFINITION: Enter a description of the specific type of equipment being prescribed for the delivery of oxygen.

CODE VALUES: A = Concentrator  
 B = Liquid Stationary  
 C = Gaseous Stationary  
 D = Liquid Portable  
 E = Gaseous Portable  
 O = Other

VALIDATION: Must be entered if required by payor.  
 If entered, must be a valid code from the above list.

FORM LOCATION: N/A

REMARKS: If the prescribing physician ordered both a portable and stationary system, or a concentrator with a system, enter the second system in this field.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX0-09.0  
"MEDICAL NECESSITY FOR OXYGEN"

DATA ELEMENT: Reason for Equipment (EQUIPMENT REASON)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
-----	-----	-----	-----	-----	-----	---
09.0	X(64)	LEFT	SPACES	29	92	C

DEFINITION: The reasons why a particular system or piece of equipment is required.

CODE VALUE: N/A

VALIDATION: Must be entered if required by payor.

FORM LOCATION: N/A

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX0-10.0  
 "MEDICAL NECESSITY FOR OXYGEN" GX0-11.0

DATA ELEMENT: Oxygen Prescribed From Date  
 (PRESCRIBED FROM DATE)  
 Oxygen Prescribed To Date  
 (PRESCRIBED TO DATE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
-----	-----	-----	-----	-----	-----	---
10.0	X(08)	LEFT	SPACES	93	100	C
11.0	X(08)	LEFT	SPACES	101	108	C

DEFINITION: The from and to dates for which oxygen was prescribed.

CODE VALUES: N/A

VALIDATION: Must be entered if required by payor.  
 If entered, must be a valid date.  
 See GENERAL INSTRUCTIONS for "Date" entry.

FORM LOCATION: HCFA-484

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX0-12.0  
"MEDICAL NECESSITY FOR OXYGEN"

DATA ELEMENT: Date Oxygen Prescribed (DATE PRESCRIBED)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
12.0	X(08)	LEFT	SPACES	109	116	C

DEFINITION: The date oxygen was prescribed. On renewal prescriptions, enter the date the physician signed the renewal.

CODE VALUES: N/A

VALIDATION: Must be entered if required by payor.  
If entered, must be a valid date.  
See GENERAL INSTRUCTIONS for "Date" entry.

FORM LOCATION: HCFA-484

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX0-13.0  
 "MEDICAL NECESSITY FOR OXYGEN"

DATA ELEMENT: Date Patient Evaluated (DATE EVALUATED)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
-----	-----	-----	-----	-----	-----	---
13.0	X(08)	LEFT	SPACES	117	124	C

DEFINITION: The date the patient was last examined by the physician to determine the need for oxygen therapy.

CODE VALUES: N/A

VALIDATION: Must be entered if required by payor.  
 If entered, must be a valid date.  
 See GENERAL INSTRUCTIONS for "Date" entry.

FORM LOCATION: N\A

REMARKS: A lab test to evaluate the continued need for oxygen is not necessary for all recertification, but the results of any such test since the last prior certification should be entered.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX0-14.0  
 "MEDICAL NECESSITY FOR OXYGEN"

DATA ELEMENT: Oxygen Flow Rate (OXY FLOW RATE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
-----	-----	-----	-----	-----	-----	---
14.0	X(03)	RIGHT	ZEROES	125	127	C

DEFINITION: The oxygen flow rate (stationary equipment liters per minute).

CODE VALUES: 001 - 999 LPM  
 00X = less than 1 LPM

VALIDATION: Must be entered if required by payor.

FORM LOCATION: HCFA-484, Question 6

REMARKS: For oxygen concentrators, the concentrator supplied must accommodate the flow rate prescribed by the physician. If billing oxygen in excess of 4LPM, or less than 1LPM, the prescription must support the liter flow output.

If billing oxygen is greater than 4 LPM also Enter the date the test was performed (GX0-20.0).

Claims with flow rates of more than 2 liters per minute usually require review by the insurance carrier's medical staff.



ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX0-15.0  
 "MEDICAL NECESSITY FOR OXYGEN"

DATA ELEMENT: Frequency of Use

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
-----	-----	-----	-----	-----	-----	---
15.0	X(02)	LEFT	SPACES	128	129	C

DEFINITION: The number of times per day the patient must use oxygen.

CODE VALUES: N/A

VALIDATION: Must be entered if required by payor.

FORM LOCATION: N/A

REMARKS: This field is normally used only if the physician has prescribed oxygen for a particular period of use (i.e. during exercise, nocturnally, etc).

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX0-16.0  
"MEDICAL NECESSITY FOR OXYGEN"

DATA ELEMENT: Duration

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
-----	-----	-----	-----	-----	-----	---
16.0	X(02)	LEFT	SPACES	130	131	C

DEFINITION: The hours per period of use.

CODE VALUES: N/A

VALIDATION: Must be entered if required by payor.

FORM LOCATION: N/A

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX0-17.0  
"MEDICAL NECESSITY FOR OXYGEN"

DATA ELEMENT: Arterial Blood Gas on 4LPM

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
17.0	9(2)V9	RIGHT	ZEROES	132	134	C

DEFINITION: The arterial blood gas test results  
Taken on 4 LPM.

CODE VALUES: N/A

VALIDATION: Must be entered if required by payor.

FORM LOCATION: HCFA-484, Question 7a

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX0-18.0  
"MEDICAL NECESSITY FOR OXYGEN"

DATA ELEMENT: Oxygen Saturation on 4LPM

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
-----	-----	-----	-----	-----	-----	---
18.0	9(2)V9	RIGHT	ZEROES	135	137	C

DEFINITION: The oxygen saturation test results taken  
On 4 LPM with patient in a chronic  
stable state.

CODE VALUES: N/A

VALIDATION: Must be entered if required by payor.

FORM LOCATION: HCFA-484, Question 7b

REMARKS: N/A

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ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX0-19.0  
"MEDICAL NECESSITY FOR OXYGEN"

DATA ELEMENT: Date Test Performed on 4 LPM

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
-----	-----	-----	-----	-----	-----	---
19.0	X(08)	LEFT	SPACES	138	145	C

DEFINITION: The date the patient was tested for  
Arterial blood gas and/or oxygen  
Saturation on 4 LPM.

CODE VALUES: N/A

VALIDATION: Must be entered if required by payor.

FORM LOCATION: HCFA-484, Question 7c

REMARKS: N/A



ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX0-20.0  
 "MEDICAL NECESSITY FOR OXYGEN"

DATA ELEMENT: Inpatient/OutPatient Indicator

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
20.0	X(01)	LEFT	SPACES	146	146	C

DEFINITION: Were the test(s) reported in GX0-22 and/or GX0-23  
 Performed within ONE day of discharge from an  
 Inpatient facility to home or with the patient  
 In a chronic stable state as an outpatient?

CODE VALUES: Y = Yes  
 N = No

VALIDATION: Must be entered is required by payor.  
 If entered, must be a valid code from  
 Above list.

FORM LOCATION: HCFA-484, Question 2

REMARKS: N/A



ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX0-21.0  
"MEDICAL NECESSITY FOR OXYGEN"

DATA ELEMENT: Filler

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
21.0	X(65)	LEFT	SPACES	147	211	C

DEFINITION: Reserved for National use.

CODE VALUES: N/A

VALIDATION: N/A

FORM LOCATION: N/A

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX0-22.0  
"MEDICAL NECESSITY FOR OXYGEN"

DATA ELEMENT: Arterial Blood Gas

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
22.0	9(2)V9	RIGHT	ZEROES	212	214	C

DEFINITION: The Arterial Blood Gas test results  
taken on or before the certification date  
(furnish results of recent hospital tests).

CODE VALUES: N/A

VALIDATION: Must be entered if required by payor.

FORM LOCATION: HCFA-484, Question 1a

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX0-23.0  
"MEDICAL NECESSITY FOR OXYGEN"

DATA ELEMENT: Oxygen Saturation (OXIMETRY)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
-----	-----	-----	-----	-----	-----	---
23.0	9(2)V9	RIGHT	ZEROES	215	217	C

DEFINITION: The oxygen saturation (oximetry) test results taken on or before the certification date (furnish results of recent hospital tests).

CODE VALUES: N/A

VALIDATION: Must be entered if required by payor.

FORM LOCATION: HCFA-484, Question 1b

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX0-24.0  
"MEDICAL NECESSITY FOR OXYGEN"

DATA ELEMENT: Date Test Performed (DATE TESTED)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
24.0	X(08)	LEFT	SPACES	218	225	C

DEFINITION: The date the patient was tested for arterial blood gas and/or oxygen saturation.

CODE VALUES: N/A

VALIDATION: Must be entered if required by payor.  
If entered, must be a valid date.  
See GENERAL INSTRUCTIONS for "Date" entry.

FORM LOCATION: HCFA-484, Question 1c

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX0-25.0  
"MEDICAL NECESSITY FOR OXYGEN"

DATA ELEMENT: Entity Performing Oximetry Testing  
(ENTITY PERF OXIMETRY TST)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
-----	-----	-----	-----	-----	-----	---
25.0	X(33)	LEFT	SPACES	226	258	C

DEFINITION: The name of the entity who performed the ABG and/or oximetry tests.

CODE VALUES: N/A

VALIDATION: See GENERAL INSTRUCTIONS for "Name 2" entry.  
Must be entered if required by payor.

FORM LOCATION: HCFA-484

REMARKS: N/A



ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX0-26.0  
"MEDICAL NECESSITY FOR OXYGEN"

DATA ELEMENT: Test Conditions

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
26.0	X(01)	N/A	SPACES	259	259	C

DEFINITION: Code indicating the conditions under which the patient was tested.

CODE VALUES: 1 = At rest  
2 = Exercising  
3 = Sleeping

VALIDATION: Must be entered if required by payor.  
If entered, must be a valid code from the above list.

FORM LOCATION: HCFA-484, Question 3

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX0-27.0  
 "MEDICAL NECESSITY FOR OXYGEN"

DATA ELEMENT: Clinical Findings

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
-----	-----	-----	-----	-----	-----	---
27.0	X(03)	LEFT	SPACES	260	262	C

DEFINITION: If the patient's arterial PO2 is over 55 mm Hg and under 60 mm Hg or the oxygen saturation is over 88 percent, does the patient have (see validation):

CODE VALUES: Y = Yes  
 N = No  
 (Blank) = Does Not Apply

VALIDATION: Must be entered if required by payor.  
 If entered, must be valid code from the above list.  
 Enter Y, N, or (blank) to the following questions:  
 Position 1 = dependent edema due to congestive heart failure?  
 Position 2 = cor pulmonale or pulmonary hypertension documented by P pulmonate on EKG or by an echocardiogram, gated blood pool scan or direct pulmonary artery pressure measurement?  
 Position 3 = a hematocrit greater than 56 percent?

FORM LOCATION: HCFA-484, Question 8, 9, 10

REMARKS: Up to three codes can be entered in this field. For example, if 1 and 3 are applicable, enter "Y Y". A "space" means does not apply.

NOTE: Clinical findings are subject to later verification as necessary.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX0-28.0  
 "MEDICAL NECESSITY FOR OXYGEN"

DATA ELEMENT: Portable Oxygen Flow Rate  
 (PORT OXY FLOW RATE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
-----	-----	-----	-----	-----	-----	---
28.0	9(2)V9	RIGHT	ZEROES	263	265	C

DEFINITION: The oxygen flow rate (liters per minute) for a portable oxygen system.

CODE VALUES: N/A

VALIDATION: Must be entered if required by payor.

If entered, the medical therapeutic purpose to be served by the portable system that cannot be met by a stationary system must be entered in segment GX1-06.0.

FORM LOCATION: N/A

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX0-29.0  
"MEDICAL NECESSITY FOR OXYGEN"

DATA ELEMENT: Ordering Physician ID (ORDERING PROVIDER ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
29.0	X(15)	LEFT	SPACES	266	280	C

DEFINITION: The identifier assigned by the Payor to the physician who prescribed the oxygen.

CODE VALUES: N/A

VALIDATION: Must be entered if required by payor.

FORM LOCATION: N/A

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX0-30.0  
"MEDICAL NECESSITY FOR OXYGEN"

DATA ELEMENT: Ordering Provider Phone  
(ORDERING PROV PHONE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
30.0	X(10)	LEFT	SPACES	281	290	C

DEFINITION: The telephone number of the ordering physician who prescribed the oxygen.

CODE VALUES: N/A

VALIDATION: See GENERAL INSTRUCTIONS for "Telephone" entry.  
Must be entered if required by payor.

FORM LOCATION: N/A

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX0-31.0  
 "MEDICAL NECESSITY FOR OXYGEN" GX0-32.0  
 GX0-33.0  
 GX0-34.0

DATA ELEMENT: Diagnosis Code-1  
 Diagnosis Code-2  
 Diagnosis Code-3  
 Diagnosis Code-4

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
----	-----	-----	-----	-----	-----	---
31.0	X(05)	LEFT	SPACES	291	295	C
32.0	X(05)	LEFT	SPACES	296	300	C
33.0	X(05)	LEFT	SPACES	301	305	C
34.0	X(05)	LEFT	SPACES	306	310	C

DEFINITION: The ICD-9-CM Diagnosis Code identifying a diagnosed medical condition resulting in the prescription for oxygen.

CODE VALUES: N/A

VALIDATION: Must be the most specific/precise 3 digit, 4 digit or 5 digit code allowed for in the ICD-9-CM coding format.

Do not submit a decimal point. The decimal point is implied because each ICD-9-CM code is unique.

The submission of "V", "E", and/or "M" diagnosis codes may or may not be accepted by a payor.

Must be entered if required by payor.

FORM LOCATION: N/A

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX0-35.0  
"MEDICAL NECESSITY FOR OXYGEN"

DATA ELEMENT: Certification on File (CERT ON FILE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
-----	-----	-----	-----	-----	-----	---
35.0	X(01)	LEFT	SPACES	311	311	C

DEFINITION: The certification completed and signed by the physician is on file at the supplier's office.

CODE VALUES: Y = Yes  
N = No

VALIDATION: Must be entered if required by payor.  
If entered, must be a valid code from the above list.

FORM LOCATION: N/A

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX0-36.0  
 "MEDICAL NECESSITY FOR OXYGEN"

DATA ELEMENT: Delivery System Type

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
-----	-----	-----	-----	-----	-----	---
36.0	X(01)	N/A	SPACES	312	312	R

DEFINITION: To indicate if a particular form of delivery was prescribed.

CODE VALUES: A = Nasal Cannula  
 B = 02 Conserving Device  
 C = 02 Conserving Device with Pulse 02 System  
 D = 02 Conserving Device with Reservoir System  
 E = Transtracheal Catheter

VALIDATION: Must be entered if required by payor.  
 If entered, must be a valid code from the above list.

FORM LOCATION: N/A

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX0-37.0  
"MEDICAL NECESSITY FOR OXYGEN"

DATA ELEMENT: Filler-National

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
-----	-----	-----	-----	-----	-----	---
37.0	X(08)	LEFT	SPACES	313	320	R

DEFINITION: Unused reserved filler for National use.

CODE VALUES: N/A

VALIDATION: N/A

FORM LOCATION: N/A

REMARKS: N/A

END OF GX0 .....

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

OXYGEN CERTIFICATION RECORD

RECORD TYPE: GX1

"NARRATIVE INFORMATION FOR OXYGEN"

VERSION 003.01 - 07/01/1997

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD TYPE: GX1  
"NARRATIVE INFORMATION FOR OXYGEN"

LEVEL: SERVICE LINE

PURPOSE: To provide NARRATIVE information regarding the attending physician's certification of medical necessity for home oxygen therapy (Form HCFA-484).

REQUIREMENTS: If required by the payor, a "GX1" record must be submitted for the initial certification, revised certification or renewal certification when billing for home oxygen therapy.

ORDER:	Preceding Record Type -----	Following Record Type -----
	GX0	FA0, GX2, HA0 or XA0

NOTES:

## ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD TYPE: GX1  
"NARRATIVE INFORMATION FOR OXYGEN"

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS FROM	THRU
01.0	RECORD ID "GX1"	3	X	01	03
02.0	SEQUENCE NO	2	X	04	05
03.0	PAT CONTROL NO	17	X	06	22
04.0	TEST RESULTS	90	X	23	112
05.0	MEDICAL FINDINGS	90	X	113	202
06.0	EXERCISE ROUTINE	90	X	203	292
07.0	FILLER-NATIONAL	28	X	293	320

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX1-01.0  
"NARRATIVE INFORMATION FOR OXYGEN"

DATA ELEMENT: Record Identifier (RECORD ID "GX1")

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
-----	-----	-----	-----	-----	-----	---
01.0	X(03)	LEFT	SPACES	01	03	R

DEFINITION: Code used to identify the "Medical Necessity for Oxygen" record.

CODE VALUES: N/A

VALIDATION: Must be entered if required by payor.  
Must be "GX1".

FORM LOCATION: N/A

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX1-02.0  
 "NARRATIVE INFORMATION FOR OXYGEN"

DATA ELEMENT: Sequence Number (SEQUENCE NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
-----	-----	-----	-----	-----	-----	---
02.0	X(02)	LEFT	SPACES	04	05	R

DEFINITION: A numeric value from 01 through 99 used to sequence the "GX1" records and to associate "GX1" records with "GX0" and "GX2" records.

CODE VALUES: 01 through 99

VALIDATION: Must be entered.

Must be a valid code from the above list.

The value entered must match the SEQUENCE NUMBER (GA0-02.0) submitted in the preceding "GA0" record.

FORM LOCATION: N/A

REMARKS: See sequencing instructions on page FA0.04.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX1-03.0  
 "NARRATIVE INFORMATION FOR OXYGEN"

DATA ELEMENT: Patient Control Number (PAT CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
-----	-----	-----	-----	-----	-----	---
03.0	X(17)	LEFT	SPACES	06	22	R

DEFINITION: An identification assigned to the patient by the provider to identify the patient.

CODE VALUES: N/A

VALIDATION: See GENERAL INSTRUCTIONS for "Patient Control Number".

Must be entered.

FORM LOCATION: HCFA-1500 Block 26

REMARKS: The patient control number is used by the EMC system to link all records for a claim. All records between the record type CA0, up to and including the record type XA0, must have the same patient control number.

Although up to seventeen characters are allowed, not all payors' systems will record and return seventeen characters on remittance advices or other documents.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX1-04.0  
"NARRATIVE INFORMATION FOR OXYGEN"

DATA ELEMENT: Test Results

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
-----	-----	-----	-----	-----	-----	---
04.0	X(90)	LEFT	SPACES	23	112	C

DEFINITION: If tests are performed under other conditions such as oxygen, give test results and information necessary for interpreting the tests and why performed under these conditions.

CODE VALUES: N/A

VALIDATION: Must be entered if required by payor.

FORM LOCATION: HCFA-484

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX1-05.0  
"NARRATIVE INFORMATION FOR OXYGEN"

DATA ELEMENT: Additional Medical Findings  
(MEDICAL FINDINGS)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
-----	-----	-----	-----	-----	-----	---
05.0	X(90)	LEFT	SPACES	113	202	C

DEFINITION: Enter the additional medical findings justifying the need for oxygen if the PO2 levels are 60 mm Hg or above, or arterial blood oxygen saturation is 90 percent or above.

CODE VALUES: N/A

VALIDATION: Must be entered if required by payor.

FORM LOCATION: HCFA-484

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX1-06.0  
"NARRATIVE INFORMATION FOR OXYGEN"

DATA ELEMENT: Exercise Routine

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
-----	-----	-----	-----	-----	-----	---
06.0	X(90)	LEFT	SPACES	203	292	C

DEFINITION: Description of activities or exercise routine that patient undertakes on a regular basis that requires the portable system in the home that cannot be met by a stationary system (e.g. amount and frequency of ambulation).

CODE VALUES: N/A

VALIDATION: Must be entered if required by payor.

FORM LOCATION: HCFA-484

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX1-07.0  
 "NARRATIVE INFORMATION FOR OXYGEN"

DATA ELEMENT: Filler-National

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
-----	-----	-----	-----	-----	-----	---
07.0	X(28)	LEFT	SPACES	293	320	R

DEFINITION: Reserved record space for national use.

CODE VALUES: N/A

VALIDATION: N/A

FORM LOCATION: N/A

REMARKS: N/A

END OF GX1 .....

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

OXYGEN CERTIFICATION RECORD

RECORD TYPE: GX2

"FACILITY INFORMATION FOR OXYGEN"

VERSION 003.01 - 07/01/1997

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD TYPE: GX2  
"FACILITY INFORMATION FOR OXYGEN"

LEVEL: SERVICE LINE

PURPOSE: To provide FACILITY information regarding where the test was performed or where the patient resides if other than home.

REQUIREMENTS: If required by payor, a "GX2" record must be submitted for the initial certification, revised certification or renewal certification when billing for home oxygen therapy.

ORDER:	Preceding Record Type -----	Following Record Type -----
	GX0 or GX1	FA0, HA0, or XA0

NOTES: N/A

## ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD TYPE: GX2  
 "FACILITY INFORMATION FOR OXYGEN"

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "GX2"	3	X	01	03
02.0	SEQUENCE NO	2	X	04	05
03.0	PAT CONTROL NO	17	X	06	22
04.0	TEST FACILITY ADDR 1	30	X	23	52
05.0	TEST FACILITY ADDR 2	30	X	53	82
06.0	TEST FACILITY CITY	20	X	83	102
07.0	TEST FACILITY STATE	2	X	103	104
08.0	TEST FACILITY ZIP	9	X	105	113
09.0	PAT FACILITY NAME	33	X	114	146
10.0	PAT FACILITY ADDR 1	30	X	147	176
11.0	PAT FACILITY ADDR 2	30	X	177	206
12.0	PAT FACILITY CITY	20	X	207	226
13.0	PAT FACILITY STATE	2	X	227	228
14.0	PAT FACILITY ZIP	9	X	229	237
15.0	FILLER-NATIONAL	83	X	238	320

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX2-01.0  
"FACILITY INFORMATION FOR OXYGEN"

DATA ELEMENT: Record Identifier (RECORD ID "GX2")

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
-----	-----	-----	-----	-----	-----	---
01.0	X(03)	LEFT	SPACES	01	03	R

DEFINITION: Code used to identify the "Facility Information for Oxygen" record.

CODE VALUES: N/A

VALIDATION: Must be entered if required by payor.  
Must be "GX2".

FORM LOCATION: N/A

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX2-02.0  
 "FACILITY INFORMATION FOR OXYGEN"

DATA ELEMENT: Sequence Number (SEQUENCE NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
-----	-----	-----	-----	-----	-----	---
02.0	X(02)	LEFT	ZEROS	04	05	R

DEFINITION: A numeric value from 01 through 99 used to sequence the "GX2" records and to associate "GX2" records with "GX0" and "GX1" records.

CODE VALUES: 01 through 99

VALIDATION: Must be entered .  
 Must be a valid code from the above list.  
 The value entered must match the SEQUENCE NUMBER (GA0-02.0) submitted in the preceding "GA0" record.

FORM LOCATION: N/A

REMARKS: See sequencing instructions on page FA0.04.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX2-03.0  
 "FACILITY INFORMATION FOR OXYGEN"

DATA ELEMENT: Patient Control Number (PAT CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
-----	-----	-----	-----	-----	-----	---
03.0	X(17)	LEFT	SPACES	06	22	R

DEFINITION: An identification assigned to the patient by the provider to identify the patient.

CODE VALUES: N/A

VALIDATION: See GENERAL INSTRUCTIONS for "Patient Control Number".

Must be entered.

FORM LOCATION: HCFA-1500 Block 26

REMARKS: The patient control number is used by the EMC system to link all records for a claim. All records between the record type CA0, up to and including the record type XA0, must have the same patient control number.

Although up to seventeen characters are allowed, not all payors' systems will record and return seventeen characters on remittance advices or other documents.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX2-04.0  
 "FACILITY INFORMATION FOR OXYGEN" GX2-05.0  
 GX2-06.0  
 GX2-07.0  
 GX2-08.0

DATA ELEMENT: Test Facility Street Address 1  
 (TEST FACILITY ADDR 1)  
 Test Facility Street Address 2  
 (TEST FACILITY ADDR 2)  
 Test Facility City  
 (TEST FACILITY CITY)  
 Test Facility State  
 (TEST FACILITY STATE)  
 Test Facility Zip Code  
 (TEST FACILITY ZIP)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
----	-----	-----	-----	-----	-----	---
04.0	X(30)	LEFT	SPACES	23	52	C
05.0	X(30)	LEFT	SPACES	53	82	C
06.0	X(20)	LEFT	SPACES	83	102	C
07.0	X(02)	LEFT	SPACES	103	104	C
08.0	X(09)	LEFT	SPACES	105	113	C

DEFINITION: Enter the address of the facility where the tests were performed. If conducted in the patient's home, enter the name and address of the physician or the laboratory performing the tests.

CODE VALUES: N/A

VALIDATION: Must be entered if required by payor.

FORM LOCATION: HCFA-484

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX2-09.0  
 "FACILITY INFORMATION FOR OXYGEN" GX2-10.0  
 GX2-11.0  
 GX2-12.0  
 GX2-13.0  
 GX2-14.0

DATA ELEMENT: PAT Facility Name  
 (PAT FACILITY NAME)  
 PAT Facility Street Address 1  
 (PAT FACILITY ADDR 1)  
 PAT Facility Street Address 2  
 (PAT FACILITY ADDR 2)  
 PAT Facility City  
 (PAT FACILITY CITY)  
 PAT Facility State  
 (PAT FACILITY STATE)  
 PAT Facility Zip Code  
 (PAT FACILITY ZIP)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
----	-----	-----	-----	-----	-----	---
09.0	X(33)	LEFT	SPACES	114	146	C
10.0	X(30)	LEFT	SPACES	147	176	C
11.0	X(30)	LEFT	SPACES	177	206	C
12.0	X(20)	LEFT	SPACES	207	226	C
13.0	X(02)	LEFT	SPACES	227	228	C
14.0	X(09)	LEFT	SPACES	229	237	C

DEFINITION: Enter the name and address of the facility where the patient resides if other than home.

CODE VALUES: N/A

VALIDATION: Must be entered if required by payor.

FORM LOCATION: HCFA-484

REMARKS: N/A

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD/FIELD: GX2-15.0  
 "FACILITY INFORMATION FOR OXYGEN"

DATA ELEMENT: Filler-National

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
-----	-----	-----	-----	-----	-----	---
15.0	X(83)	LEFT	SPACES	238	320	R

DEFINITION: Reserved record space for national use.

CODE VALUES: N/A

VALIDATION: N/A

FORM LOCATION: N/A

REMARKS: N/A

END OF GX2 .....