**Unique Plan Description: Overnight Oximetry**
**Plan Selection Display: Overnight Oximetry**
**PlanType: Medical**
**Version: 1**
**Begin Effective Date:**
**End Effective Date: Current**
**Available at:** ***EMMC***
**Plan Comment: PRJ0493012-NewPlan-RK**

**Overnight Oximetry**

**Patient Care**

For Sleep Apnea Assessment:(NOTE)*
Do NOT order overnight oximetry There is NO inpatient evaluation/study to qualify a patient for CPAP. This must be done as an Outpatient(NOTE)*

☐ Resource Center Communication
*Routine, Other, Outpatient Sleep Study to be set up by PCP's Office*

For Nocturnal Oxygen:(NOTE)*
Overnight oximetry with read out test of at least 2 hours Patients only need to desaturate to 88% or lower at some point to qualify for home O2(NOTE)*
If the patient has regular Medicare and OSA as mentioned in the notes, an overnight oximetry will NOT qualify the patient for O2. They will need an outpatient sleep study titration where the sleep apneas are resolved, and patient is still desaturating(NOTE)*

☐ Oximetry Overnight w/ Printout (Resp)
*Routine, On Room Air or Patient's home O2 Flow Rate*
*Comments: Perform the study on Room Air or the patient's home O2 flow rate (maximum 2 L/min unless otherwise specified).*
*For the study to be considered complete, the recording must last at least 2 hours and capture at least one desaturation event with SpO2 at 88% or below.*
*Please note: If OSA is documented or suspected in clinical notes, overnight oximetry does not qualify the patient for home oxygen.*
*In these cases, the patient must undergo an outpatient sleep study with titration, which should confirm that sleep apnea events are adequately treated or resolved.*

For BiPAP in Patients with Known COPD:(NOTE)*
Patient has known COPD: ABG showing pCO2 greater than or equal to 52 AND an overnight oximetry on current baseline liter flow If the patient has regular Medicare, only an ABG is needed (NOTE)*
For Non-Medicare Patients:(NOTE)*

☐ Blood Gas Arterial
*BLOOD, Expedite, ONCE*
*Comments: Perform the study on Room Air or the patient's home O2 flow rate for Home BiPAP evaluation.*

☐ Oximetry Overnight w/ Printout (Resp)
*Routine, On Room Air or Patient's home O2 Flow Rate*
*Comments: Perform the study on Room Air or the patient's home O2 flow rate (maximum 2 L/min unless otherwise specified).*
*For the study to be considered complete, the recording must last at least 2 hours and capture at least one desaturation event with SpO2 at 88% or below.*
*Please note: If OSA is documented or suspected in clinical notes, overnight oximetry does not qualify the patient for home oxygen.*
*In these cases, the patient must undergo an outpatient sleep study with titration, which should confirm that sleep apnea events are adequately treated or resolved.*

For Medicare Patients-ONLY Requires ABG:(NOTE)*

☐ Blood Gas Arterial
*BLOOD, Expedite, ONCE*
*Comments: Perform the study on Room Air or the patient's home O2 flow rate for Home BiPAP evaluation.*

For BiPAP in Patients with Known or Suspected OSA:(NOTE)*
Do NOT order overnight oximetry or ABGs There is NO inpatient evaluation/study to qualify a patient for BiPAP for OSA This must be done as an Outpatient (NOTE)*

☐ Resource Center Communication

*Other, Outpatient Sleep Study to be set up by PCP's Office*

For NIV:(NOTE)*

ABG showing pCO2 greater than or equal to 52 Supporting Chart Notes explaining the need for NIVBiPAP tried and failed requiring the need for NIV (NOTE)*

☐ Blood Gas Arterial

*BLOOD, Expedite, ONCE*

*Comments: Perform the study on Room Air or the patient's home O2 flow rate for home NIV evaluation.*

**Non Categorized**

Providers must exercise independent clinical judgment when using order sets.(NOTE)*

***Report Legend:**

DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a subphase