

PULSE OXIMETRY FOR HOME USE

Effective Date: September 1, 2008

Review Dates: 8/02, 8/03, 11/04, 10/05, 10/06, 10/07,
10/08, 10/09, 10/10, 10/11, 10/12, 10/13, 11/14, 11/15,
11/16, 11/17, 11/18

Date Of Origin: August 28, 2002

Status: Current

I. POLICY/CRITERIA

- A. Pulse oximetry may be covered under the DME benefit for the indications listed below. Prior authorization is required after the initial 3 months of use.
- B. Priority Health will **cover** pulse oximetry for **short-term home use** in *any* of the following conditions:
 - 1. When weaning the patient from home oxygen; *or*
 - 2. When a change in the patient's physical condition requires an adjustment in the liter flow of their home oxygen needs; *or*
 - 3. To determine appropriate home oxygen liter flow for ambulation, exercise, or sleep.
 - 4. Infant (less than one year old) on home oxygen therapy
- C. Coverage of home pulse oximetry for indications other than those listed above may be approved on a case-by-case basis after review by the medical director.
- D. Priority Health will **cover** pulse oximetry for **long-term home use** for the following indication only:
 - 1. Tracheostomy and ventilator patients
- E. Priority Health does **not cover** the use of home pulse oximetry in the following conditions:
 - 1. Asthma management.
 - 2. When used alone as a screening/testing technique for suspected obstructive sleep apnea or other sleep disturbance.
 - 3. Continuous monitoring for patients with COPD, pulmonary fibrosis, or other chronic lung disease.

II. MEDICAL NECESSITY REVIEW

- Required after initial 3 months of use
- Not Required
- Not Applicable

III. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

IV. CODING INFORMATION

ICD-10 codes

Diagnosis codes will vary. See criteria.

CPT/HCPCS code:

E0445 Oximeter device for measuring blood oxygen levels noninvasively
This is paid as a capped rental service at the DME benefit level.

V. DESCRIPTION

Background:

For patients on long-term oxygen therapy, pulse oximetry oxygen saturation (SaO₂) measurements are unnecessary except to assess changes in clinical status, or to facilitate changes in the oxygen prescription. Home pulse oximetry is also indicated when there is a need to monitor the adequacy of SaO₂ or the need to quantitate the response of SaO₂ to a therapeutic intervention.

A National Heart, Lung and Blood Institute/World Health Organization Global Asthma Initiative Report concluded that pulse oximetry was not an appropriate

method of monitoring patients with asthma. The report explained that, during asthma exacerbations, the degree of hypoxemia may not accurately reflect the underlying degree of ventilation-perfusion (V-Q) mismatch.

Pulse oximetry alone is not an efficient method of screening or diagnosing patients with suspected obstructive sleep apnea. The sensitivity and negative predictive value of pulse oximetry is not adequate to rule out obstructive sleep apnea in patients with mild to moderate symptoms. Therefore, a follow up sleep study would be required to confirm or exclude the diagnosis of obstructive sleep apnea, regardless of the results of pulse oximetry screening.

VI. REFERENCES

1. *Home Oximetry Monitoring*, Humana Medical Coverage Policy @ http://apps.humana.com/tad/tad_new/Search.aspx?criteria=oximetry&searchtype=freetext (Retrieved August 25, 2011, September 6, 2013, October 1, 2014 & August 24, 2016).
http://apps.humana.com/tad/tad_new/Search.aspx?criteria=oximetry&searchtype=freetext&policyType=both (Retrieved October 10, 2017 & October 5, 2018).
2. *Noninvasive Ear or Pulse Oximetry for Oxygen Saturation by Continuous Overnight Monitoring for Sleep Disorders*. BCBSBCN of MI Medical Policy. <http://www.bcbsm.com/mprApp/MedicalPolicyDocument?fileId=2106491> (Retrieved October 10, 2017).
<https://www.bcbsm.com/mprApp/MedicalPolicyDocument?fileId=2132736> (Retrieved October 5, 2018).
3. *Pulse Oximetry for Home Use, Number 0339*, Coverage Policy Bulletin, Aetna, Inc. www.aetna.com; (Retrieved May 31, 2002, June 2006, September 15, 2008, August 25, 2011, September 14, 2012, September 6, 2013, October 1, 2014 & August 24, 2016).
http://www.aetna.com/cpb/medical/data/300_399/0339.html (Retrieved October 10, 2017 & October 5, 2018).
4. *Respiratory Devices, Policy 377*, Blue Cross Blue Shield of Massachusetts, March 2001 & July 2006. www.bcbsma.com

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