PULSE OXIMETRY FOR HOME USE

Effective Date: September 1, 2008
Date Of Origin: August 28, 2002

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/0,1607,7-132-2945,2942,42543,42541,159815---00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945,2942,42543,42541,159815---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](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 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


AMA CPT Copyright Statement:
All Current Procedure Terminology (CPT) codes, descriptions, and other data are copyrighted by the American Medical Association.

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Priority Health’s medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan’s ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

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