

Medical Policy



Pulse Oximeter for Home Use

▼ Description

Pulse oximetry is based on the principle that oxygen is carried in the bloodstream, bound primarily to hemoglobin. Hemoglobin absorbs light differently at various wavelengths. This absorption pattern differs depending upon the degree of oxygenation. The level of oxygenation is determined by measuring the absorption at two specific wavelengths. As the light passes through tissues, it has a pulsatile component. The oximeter measures the oxygen saturation of hemoglobin in arterial blood as well as the pulse rate in beats per minute. Pulse oximeters provide a rapid indication of an individual's level of oxygenation.

The pulse oximeter is noninvasive consisting of a sensor attached to an individual's finger, nose, ear or toe. It is linked to a processing unit which delivers a read-out indicating an individual's oxygen saturation.

▼ Policy

For Medicare Members:

Per Medicare guidelines, oximeters (E0445) and replacement probes (A4606) will be considered non-covered because they are monitoring devices that provide information to physicians to assist in managing the member's treatment.

For Non-Medicare Members:

The use of pulse oximetry in the home setting may be considered a useful diagnostic option in select cases primarily for premature infants who are at high risk of recurrent episodes of apnea, bradycardia and hypoxemia, or for infants up to one year of age who have medical conditions affecting breathing and meeting the coverage criteria outlined below.

See NH Medicaid coverage criteria box on page 2.

▼ Policy Guidelines

Coverage Criteria:

1. Must be ordered by the Member's treating physician.
2. The use of continuous home pulse oximetry:
 - a. A trained caregiver should be available to respond to changes in the oxygen saturation.
 - b. Should include an event recorder
 - c. Is limited to one month rental or
 - d. Up to six months for infants continuing on oxygen or with a tracheostomy.
3. It may be considered an established option for newborns and children up to one year of age if one of the following criteria is met and a trained caregiver is available to respond to changes in the oxygen saturation:
 - a. Diagnosed with a chronic respiratory or cardiovascular disease requiring continuous oxygen supplementation
 - b. Oxygen need varies from day to day or per activity (e.g., feeding, sleeping, movement)
 - c. Medical need exists to maintain oxygen saturation within a narrow range
 - d. Infants who have experienced an apparent life-threatening event (ALTE)
 - e. Infants with tracheostomies or anatomical abnormalities that make them vulnerable to airway compromise
 - f. Infants with neurologic or metabolic disorders affecting respiratory control
 - g. Infants with chronic lung disease (bronchopulmonary dysplasia), especially those requiring supplemental oxygen, continuous airway pressure or mechanical ventilation
 - h. Infant with a craniofacial anomaly or a neuromuscular disorder which results in upper airway obstruction
 - i. Infant at high risk for hypoxic events

NH Medicaid

Authorization will be given when one of the following criteria are met:

- a. The recipient is being assessed by his or her primary care practitioner or pulmonary specialist, to determine if supplemental oxygen is required;
- b. The recipient has been on supplemental oxygen and an oximeter is requested to determine if he or she can be weaned from the supplemental oxygen; or

c. The recipient is receiving supplemental oxygen and is experiencing widely fluctuating oxygen saturation levels and an oximeter is required to assist in determining the cause, frequency, and duration of the fluctuation to properly determine the oxygen flow rate.

Exclusions:

1. Prevention of sudden infant death syndrome (SIDS)
2. Members over one year of age (**NH guidelines do not specify age restriction**).
3. There is insufficient clinical evidence to support the use of pulse oximeters in the home for the following indications, therefore it is not reasonable and necessary for:
 - a. Asthma management
 - b. Screening or diagnostic testing for obstructive sleep apnea or other sleep disturbance
 - c. Continuous monitoring of Members with chronic lung disease, including COPD and pulmonary fibrosis

▼ **HPCS Level II Codes and Description**

E0445 Oximeter device for measuring blood oxygen levels non-invasively
A4606 Oxygen probe for use with oximeter device, replacement

▼ **Important Note:**

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final

benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

▼ References

1. Centers for Medicare and Medicaid Services, Medicare Coverage Database, National Coverage Documents.
2. National Government Services, Inc. Oxygen and Oxygen Equipment. Local Coverage Determination No. L33797. Durable Medical Equipment Medicare Administrative Carrier Jurisdiction B; revised October 1, 2015.
3. National Heritage Insurance Company (NHIC), Oxygen and Oxygen Equipment. Local Coverage Determination No. L33797. Durable Medical Equipment Medicare Administrative Carrier Jurisdiction A. Chico, CA: NHIC; revised October 1, 2015.
4. American Association for Respiratory Care (AARC), (1992, August), AARC Clinical Practice Guidelines, *Pulse Oximetry*, Retrieved Sept. 5, 2008 from <http://www.rcjournal.com/cpgs/pulsecpg.html> (September 11, 2009).
5. American Lung Association of California, "Guidelines for the Use of Home Pulse Oximetry in Infants and Children," *California Thoracic Society*, Medical Section of the. Position Paper, 2007.
6. Gelinas, Jean-Francois, et al., "Prolonged, documented Home-Monitoring of Oxygenation in Infants and Children," *Pediatric Pulmonology*, Vol. 43, 2008, pp. 288-296.
7. HAYES Search and Summary, "Pulse Oximetry for Managing Home Oxygen Therapy," Lansdale, PA: HAYES, Inc., December 15, 2007, Archived January 13, 2009.
8. Nassi, N., et al., "Comparison between pulse oximetry and transthoracic impedance alarm traces during home monitoring," *Archives of Disease in Childhood*, Vol. 93, No. 2, pp. 126-132.

9. Wisconsin Physicians Service (WPS), “Non Invasive Pulse Oximetry for Oxygen Saturation,” *WPS Local Medical Review Policy*, 52280, original effective date 9/13/03, most recent revision date 11/5/07, < http://www.cms.hhs.gov/MCD/viewlcd.asp?lcd_id=14311&lcd_version=10&show=all> (September 11, 2009).

Applicable URAC Standard

Core 8	Staff operational tools and support
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Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:
A	11-20-06	Initial Release	Rosanne Brugnani	Ken Fasse	n/a
01		Annual Review- no changes	Susan Glomb	Ken Fasse	Dec.2008
02	12-22-09	Annual Review/ no changes	Susan Glomb	Ken Fasse	Dec.2009
03	12-03-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec.2010
04	04-27-11	Updated to current policy	Susan Glomb	Dr. B. Almasri	
05	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri	
06	1-6-12	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Jan. 2012
07	04-04-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri	
08	12-3-12	Annual Review – No changes	Susan Glomb	Dr. B. Almasri	Dec 12
09	12-18-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri	
10	11-25-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri	
11	12-04-15	Annual Review. Updated to reflect noncovered for Medicare members. Added Medicare reference.	Lisa Wojno	Dr. B. Almasri	December 2015