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

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**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

**HCPCS 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


Applicable URAC Standard

| Core 8 | Staff operational tools and support |

Change/Authorization History

<table>
<thead>
<tr>
<th>Revision Number</th>
<th>Date</th>
<th>Description of Change</th>
<th>Prepared / Reviewed by</th>
<th>Approved by</th>
<th>Review Date:</th>
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<td>A</td>
<td>11-20-06</td>
<td>Initial Release</td>
<td>Rosanne Brugnoni</td>
<td>Ken Fasse</td>
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<td>01</td>
<td>12-22-09</td>
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<td>Susan Glomb</td>
<td>Ken Fasse</td>
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<td>04-27-11</td>
<td>Updated to current policy</td>
<td>Susan Glomb</td>
<td>Dr. B. Almasri</td>
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<td>04</td>
<td>07-20-11</td>
<td>Added Important Note to all Medical Policies</td>
<td>Susan Glomb</td>
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<td>Susan Glomb</td>
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