

Pulse Oximetry for Home Use

Policy Number: PG0173
Last Review: 06/01/2023

HMO AND PPO
ELITE (MEDICARE ADVANTAGE)
MARKETPLACE

GUIDELINES:

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions, and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.
- Durable Medical Equipment (DME) frequency limitations are calculated based on The Center for Medicare and Medicaid Services (CMS) criteria and guidelines, National Coverage Determinations (NCD), and Local Coverage Determinations (LCD) rules and regulations.

SCOPE:

☒ Professional
☐ Facility

DESCRIPTION:

Oximeters are noninvasive monitors that measure the oxygen saturation of blood. They are often also referred to as “pulse oximeters” because they also measure and record an individual’s heart rate. A sensor is placed on a finger, toe or ear and uses light to estimate the oxygen saturation in the arterial blood; the sensor is connected by a wire to a monitor, which then displays both the oxygen saturation (O2 sat) and the heart rate. Pulse oximeters can be used intermittently for a spot check (digital pulse oximeter) or used continuously, which is mainly performed in the inpatient care setting. Continuous home pulse oximetry is restricted for use only under circumstances where there is a dependency on life-sustaining respiratory therapies.

Home oximetry may be used to monitor the O2 sat in the blood of individuals with known or suspected heart disease or many other circulatory or lung disorders. It may be considered medically necessary to assist the physician in determining the correct flow of supplemental oxygen, monitor changes in O2 sat during exercise and assist with management of home ventilators. The units used in the home are generally small, portable hand-held devices, though they can be larger, stationary machines.

POLICY:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

- **A pulse oximeter (E0445) does not require prior authorization when the coverage criteria below is met. Limits may apply.**

COVERAGE CRITERIA:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

A pulse oximetry device, for use in the home setting is considered medically necessary and, therefore, covered for members who are on oxygen or being evaluated for oxygen therapy when ALL the following criteria are met:

1. The member has one of the following indications:
 - A chronic respiratory, cardiovascular, or neuromuscular disease affecting the muscles of respiration requiring adjustments in oxygen concentration due to desaturations; or
 - Member is being actively weaned from home oxygen therapy; or

- Member has a tracheostomy and/or requires mechanical ventilation requiring adjustments in oxygen concentration due to desaturations; or
 - Pediatric members requiring the monitoring of continuous oxygen saturation and heart rate, with or without oxygen, due to conditions such as, but not limited to, congenital heart disease (e.g., transposition of the great arteries, hypoplastic left heart syndrome, pulmonary atresia [with intact septum]), pulmonary hypertension, chronic lung disease (e.g., Broncho-Pulmonary dysplasia), or Respiratory Distress of Newborn; and
2. The member has the physical and cognitive capacity to adjust the oxygen levels according to established guidelines set forth by the prescribing professional provider or a trained caregiver who can adjust the prescribed oxygen concentration; and
 3. The pulse oximeter requires a prescription by a professional provider.

The following methods of home pulse oximetry services are covered:

1. "Diagnostic Intermittent monitoring," which is defined as monitoring for periods of up to twenty-four hours in length.
2. "Continuous monitoring," which is defined as twenty-four-hour monitoring, seven days a week

Intermittent pulse oximeter monitoring for home use is considered necessary when one of the medically necessary coverage criteria indicated above is met (1,2 or 3) and ANY ONE of the following:

1. To evaluate initial and ongoing medical necessity of an oxygen therapeutic regimen; or
2. To evaluate appropriate home oxygen liter flow for ambulation, exercise, or sleep in a member with respiratory disease; or
3. Periodic evaluation of oxygen saturation level for members on long term medically necessary oxygen therapy (usually only necessary once or twice a year, unless they develop an acute illness); or
4. Member is under treatment with a medication with known pulmonary toxicity and oximetry is medically necessary to monitor for potential adverse effects of therapy.

In home management for members with chronic cardiopulmonary problems, pulse oximetry determinations once or twice a year are considered reasonable. In all instances, there must be a documented request by a physician/nonphysician provider in the medical record for these services. Regular or routine testing will not be allowed for reimbursement. In all circumstances, testing would be expected to be useful in the continued management of a member particularly in acute exacerbations or unstable conditions (e.g., acute bronchitis in a member with COPD) where increased frequency of testing would be considered for coverage purposes.

Continuous pulse oximeter monitoring use is considered necessary when one of the medically necessary coverage criteria above is met (1,2 or 3) and ANY ONE of the following:

1. To monitor members on home mechanical ventilation when the ventilator does not have a built-in pulse oximeter; or
2. The member would otherwise require hospitalization solely for the purpose of continuous monitoring.

Non-Covered:

All other uses for home pulse oximetry (intermittent or continuous) are considered not medically necessary and, therefore, not covered, including, but not limited to, the following:

- Diagnosing sleep apnea, the sensitivity and negative predictive value of pulse oximetry is not adequate to rule out OSA in members with mild to moderate symptoms.
- Management of obstructive sleep apnea without significant cardiopulmonary co-morbidities including chronic obstructive pulmonary disease (COPD), obesity hypoventilation, and heart failure Asthma management
- When used for monitoring asthma. According to the National Institutes for Health, Global Initiative for Asthma, National Heart, Lung and Blood Institute, pulse oximetry is not considered appropriate for asthma management
- For management of chronic obstructive pulmonary disease (COPD)

- Continuous pulse oximetry uses for routine monitoring of a member whose condition is considered stable.

The following home oximetry monitoring devices are not covered for any indications, are considered experimental/investigational (not an all-inclusive listing):

- Loop System [a wristband-type monitor suggested for use in individuals with chronic obstructive pulmonary disease (COPD) to monitor pulse oximetry, respiration, and heart rate. The wristband displays information as well as transmits to the cloud for analysis and transmittal to healthcare providers, alerting to signs of deterioration in the wearer.]
- Oxalert EPO [It is worn on the wrist and is purported to prevent respiratory arrest and death from opioid overdose by prompting the individual to breathe (via electrical stimulus and audio prompts) if oxygen levels dip below 90 percent.]
- Radius PPG [a wireless, continuous portable monitor that may be used in hospital or home settings. When used in the home, oxygen saturation levels are transmitted via mobile app which connects to a hospital portal for monitoring.]

CODING/BILLING INFORMATION:

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

HCPCS CODES	
A4606	Oxygen probe for use with oximeter device, replacement
E0445	Oximeter device for measuring blood oxygen levels non-invasively
Related CPT CODES	
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination
94761	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)
94762	Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)

REVISION HISTORY EXPLANATION: ORIGINAL EFFECTIVE DATE: 08/30/2008

Date	Explanation & Changes
10/15/2009	<ul style="list-style-type: none"> • No change
01/10/2017	<ul style="list-style-type: none"> • Title changed from Home Pulse Oximeter Monitor to Pulse Oximetry for Home Use • Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee
12/15/2020	<ul style="list-style-type: none"> • Medical policy placed on the new Paramount Medical Policy Format
02/09/2023	<ul style="list-style-type: none"> • Medical policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023
06/01/2023	<ul style="list-style-type: none"> • Medical Policy reviewed and updated to reflect the most current clinical evidence. • Medical policy updated to document the medical indication supporting home apnea monitoring testing. • Medical policy updated to include noncovered indications and noncovered home oximetry monitoring devices. • Removed coverage limits and added "Durable Medical Equipment (DME) frequency limitations are calculated based on The Center for Medicare and Medicaid Services (CMS) criteria and guidelines, National Coverage Determinations (NCD), and Local Coverage Determinations (LCD) rules and regulations." within the medical policy guidelines. • Removed the reimbursement documentation related to rental and own coverage.
03/04/2024	<ul style="list-style-type: none"> • Medical Policy placed on the new Paramount Medical Policy format

Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to <https://www.paramounthealthcare.com/providers/medical-policies/policy-library>

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals> <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs>

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services <https://www.ama-assn.org/amaone/cpt-current-procedural-terminology>

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

U.S. Preventive Services Task Force, <https://www.uspreventiveservicestaskforce.org/uspstf/>
Industry Standard Review

Hayes, Inc., <https://www.hayesinc.com/>

Industry Standard Review