

# Premier Health Plan

## POLICY AND PROCEDURE MANUAL

Policy Number: MP.006.PH  
Last Review Date: 05/10/2018  
Effective Date: 07/01/2018

### MP.006.PH - Continuous Home Pulse Oximetry

This policy applies to the following lines of business:

- ✓ Premier Employee

Premier Health Plan considers **Continuous Home Pulse Oximetry** medically necessary for the following indications:

1. Continuous pulse oximetry performed in the home is covered only when any of the following indications is present:

- Patients on prolonged home mechanical ventilation when the ventilator does not have a built in pulse oximeter, OR
- Home Care patients with tracheostomies, OR
- Premature or infants under one year with bronchopulmonary dysplasia

AND

2. Continuous pulse oximetry performed in the home is covered only when ALL of the following indications are present:

- The recipient would otherwise require hospitalization solely for the purpose of continuous monitoring,
- The results are reliable in that setting,
- The patient's record documents that the oximeter is preset and self-sealed and cannot be adjusted by the patient,
- The device is able to provide a printout which documents an adequate number of sampling hours (a minimum of four hours should be recorded), percent of oxygen saturation and an aggregate of the results (this information must be available if requested), and
- A trained caregiver is available to respond to changes in the oxygen saturation.

**Limitations** - Continuous pulse oximetry performed in the home is not covered for any of the following indications:

- For routine monitoring of an individual with oxygen (not medically appropriate)
- As part of an individual's asthma management (not medically appropriate)
- For management of chronic obstructive pulmonary disease (COPD)
- For management of transient hypoxemic events
- For screening or management of a sleep disorder (e.g., sleep apnea)

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Pulse oximeters can be used just intermittently for a spot check (digital pulse oximeter) or used continuously which is mainly performed in the inpatient care setting.

The oximetry device used is subject to the Food and Drug Administration (FDA) regulations/approval. A complete list may be obtained by inserting product code DQA into the 510(k) approvals database.

### Background

Pulse oximetry measures oxygen saturation by utilizing selected wavelengths of light to noninvasively determine the saturation of oxyhemoglobin. The oximeter passes red light through the fingertip or earlobe; the amount of light that is absorbed reflects how much oxygen is in the blood. This is done by measuring light absorption of oxygenated hemoglobin and total hemoglobin in arterial blood.

Pulse oximetry is considered a safe procedure but the device does have limitations that can lead to inaccurate measurements, including: motion artifact, abnormal hemoglobins, skin pigmentation, low perfusion states, nail polish and ambient light. These limitations may lead to a false negative and potentially inappropriate treatment of the individual.

### Codes:

| <b>HCPCS Codes</b>              |   |
|---------------------------------|---|
| Code                            | Description   |
| E0445                           | Oximeter device for measuring blood oxygen levels noninvasively   |
| A4606                           | Oxygen probe for use with oximeter device, replacement            |
| <b>Not Covered ICD-10 Codes</b> |   |
| G47.33                          | Obstructive sleep apnea (adult) (pediatric)                       |
| G47.34                          | Idiopathic sleep related non-obstructive alveolar hypoventilation |
| G47.36                          | Sleep related hypoventilation in conditions classified elsewhere  |
| G47.8                           | Other sleep disorders   |
| G47.9                           | Sleep disorder, unspecified                                       |
| J44.9                           | Chronic airway obstruction, not elsewhere classified (NEC)        |
| J45.909-J45.998                 | Asthma  |
| Z13.83                          | Encounter for screening for respiratory disorder NEC              |

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### Variations

#### Medicare Advantage Products:

Continuous home pulse oximetry will be denied as not a covered benefit.

### References

1. American Association Respiratory Care. AARC clinical practice guidelines. Pulse oximetry. Respir Care. 1992 Aug ; 37(8): 891-897.  
<http://www.rcjournal.com/cpgs/pulsecpq.html>
2. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) for Home Use of Oxygen (240.2). Effective date 10/27/1993. <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=169&ncdver=1&DocID=240.2&bc=gAAAAAgAAAAAA%3d%3d&>
3. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD). Oxygen and Oxygen Equipment. L33797 effective 04/01/2018. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33797&ver=16&Date=&DocID=L33797&bc=iAAAABAAAAA&>
4. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD). Oximetry Services. L35434 effective 10/1/2017. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35434&ver=15&Date=&DocID=L35434+&bc=iAAAABAAAAAA&>
5. Church, G. California Thoracic Society Position Paper: Guidelines for the Use of Home Pulse Oximetry in Infants and Children. 2012.  
[https://www.calthoracic.org/sites/default/files/pdfs/CTspositionPaper\\_Guidelines%20for%20the%20Use%20of%20Home%20Pulse%20Oximetry%20InfantsChildren\\_2012.pdf](https://www.calthoracic.org/sites/default/files/pdfs/CTspositionPaper_Guidelines%20for%20the%20Use%20of%20Home%20Pulse%20Oximetry%20InfantsChildren_2012.pdf)
6. Hayes Health Technology Brief. Continuous Pulse Oximetry for Managing Home Oxygen Therapy in Adults. Annual Review January 21, 2010.
7. McCulloh R, Koster M, Ralston S, et al. Use of Intermittent vs. Continuous Pulse Oximetry for Nonhypoxemic Infants and Young Children Hospitalized for Bronchiolitis: A Randomized Clinical Trial. JAMA Pediatr. 2015 Oct 1; 169 (1): 898-904. <http://www.ncbi.nlm.nih.gov/pubmed/26322819>

### Disclaimer:

Premier Health Plan medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of Premier Health Plan and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable

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Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

Premier Health Plan reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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