

Home Pulse Oximetry Device

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Approved By:	Highmark Health Options – Market Leadership
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Products:	Medicaid
Application:	All participating hospitals and provider
Page Number(s):	1 of 4

Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary home pulse oximetry device.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children (DHCP) and Diamond State Health Plan Plus members.

Pulse Oximeter – A device used to measure arterial (blood) oxygen saturation. A small clamp is placed on a patient's finger, toe, or earlobe. The oximeter interprets the information gathered and determines the saturation of oxygen in the blood. The data obtained from the device is then interpreted by a health care professional who uses the data to determine appropriate treatment of the patient.

PROCEDURES

Prior authorization is required for items over \$500.00.

Intermittent pulse oximeter monitoring (less than 24 hours) for home use may be considered medically necessary durable medical equipment (DME), from a DME supplier, for ANY ONE of the following indications:

- To evaluate initial and ongoing medical necessity of an oxygen therapeutic regimen; or
- To evaluate appropriate home oxygen liter flow for ambulation, exercise, or sleep in a patient with respiratory disease; or
- To evaluate an acute change in condition requiring an adjustment to the liter flow of home oxygen; or
- Intermittently as a spot check (digital pulse oximeter).

Continuous pulse oximeter monitoring for home use may be considered medically necessary DME from a DME supplier, for ANY ONE of the following indications:

- To monitor individuals on home mechanical ventilation when the ventilator does not have a built-in pulse oximeter; or
- To monitor home care patients with tracheostomies; or
- To monitor premature or infants less than one (1) year of age with bronchopulmonary dysplasia; or
- The patient would otherwise require hospitalization solely for the purpose of continuous monitoring; and
- A trained caregiver is available to respond to changes in the oxygen saturation.

A pulse oximeter for home use (intermittent or continuous) is considered not medically necessary when used for indications other than those listed above including, but not limited to, asthma management or when used alone as a screening/testing technique for suspected obstructive sleep apnea (OSA).

When the pulse oximeter is used to determine oxygen saturation levels in a physician's office or as part of any other medical care and the charges are itemized, combine the charges and pay only the medical care. Payment for the medical care performed on the same date of service includes the allowance.

Code	Description
E0445	Oximeter Device for Measuring Blood Oxygen Levels Noninvasively.
94760	Noninvasive Ear or Pulse Oximetry for Oxygen Saturation; Single Determination.
94761	Noninvasive Ear or Pulse Oximetry for Oxygen Saturation; Multiple Determination (E.G., During Exercise).

The replacement of two (2) reusable probes every 12 months or five (5) disposable oximeter probes every one (1) month may be considered medically necessary when the probe is inoperable due to:

- Faulty or damaged wiring, sensors, pads, connectors, straps; or
- Damaged or missing springs; or
- Broken or missing shells; or
- Inaccurate data evidenced by environmental factors (e.g., movement or body temperature).

Quantity level limits or quantities of supplies that exceed the frequency guidelines listed in the policy will be denied as not medically necessary.

Note: Modifier RA or RB must be indicated when the replacement is a disposable oximeter probe.

Code	Description
A4606	Oxygen Probe for Use with Oximeter Device, Replacement.

Diagnosis Codes

B34.2	B97.21		B97.29	E84.0	E84.9	E84.11	E84.19
E84.8	I73.9		J12.81	J12.82	J12.89	J20.8	J22
J40	J43.0		J43.1	J43.2	J43.8	J43.9	J44.9
J47.1	J47.9		J80	J84.10	J84.170	J84.178	J84.89
J95.1	J95.2		J95.3	J95.821	J95.822	J96.00	J96.01
J96.02	J96.10		J96.11	J96.12	J96.20	J96.21	J96.22
J96.90	J96.91		J96.92	J98.4	J98.6	J98.8	P22.0
P22.1	P27.1		P27.8	P27.9	P28.3	Q23.4	R06.81
R09.02	U07.1		Z99.11	Z99.81			

Place of Service: Outpatient

The use of a Home Pulse Oximetry Device is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a comorbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

References

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POLICY UPDATE HISTORY

9/20/2021	Clinical Policy Review Committee – Medicaid Business Unit.
3/25/2021	Clinical Policy Management Committee – Highmark DE Commercial.
02/22/2023	Annual review; approved in Medical Policy Committee
02/28/2023	Approved in QI/UM