



| CLINICAL MEDICAL POLICY     |   |
|-----------------------------|---|
| Policy Name:                | Pulse Oximetry, Home Use                  |
| Policy Number:              | MP-140-MD-PA                              |
| Responsible Department(s):  | Medical Management                        |
| Provider Notice/Issue Date: | 11/01/2025                                |
| Effective Date:             | 12/01/2025                                |
| Next Annual Review:         | 08/2026                                   |
| Revision Date:              | 08/20/2025                                |
| Products:                   | Highmark Wholecare <sup>SM</sup> Medicaid |
| Application:                | All participating hospitals and providers |
| Page Number(s):             | 1 of 3                                    |

#### Policy History

| Date       | Action                   |
|------------|--------------------------|
| 12/01/2025 | Provider Effective date  |
| 09/17/2025 | QI/UM Committee review   |
| 09/17/2025 | Policy initially created |

#### Disclaimer

Highmark Wholecare<sup>SM</sup> 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 Wholecare<sup>SM</sup> may provide coverage under the DME benefit of the Company's Medicaid products for medically necessary home pulse oximetry use.

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.

(Current applicable Pennsylvania HealthChoices Agreement Section V. Program Requirements, B. Prior Authorization of Services, 1. General Prior Authorization Requirements.)

## **Definitions**

**Pulse Oximeter** - a non-invasive monitoring technique that measures the oxygen saturation in the blood by shining light at specific wavelengths through tissue, most commonly the fingernail bed.

## **Procedures**

1. Continuous home pulse oximetry may be considered medically necessary only when ALL of the following indications are present:
  - A. The recipient would otherwise require hospitalization solely for the purpose of continuous monitoring; AND
  - B. The results are reliable in the home setting; AND
  - C. The individual's medical record documents that the oximeter is present and self-sealed and cannot be adjusted by the recipient; AND
  - D. The device is able to provide a print-out which documents an adequate number of sampling hours (minimum of four (4) hours should be recorded), percent of oxygen saturation and an aggregate of the results (this information must be available upon request); AND
  - E. A trained caregiver is available to respond to changes in the oxygen saturation.
2. Continuous home pulse oximetry may be considered medically necessary when an individual presents with ANY of the following indications:
  - A. The individual has tracheostomy and/or requires mechanical ventilation requiring adjustments in oxygen concentration due to desaturations; OR
  - B. Being actively weaned from home oxygen therapy; OR
  - C. A chronic respiratory, cardiovascular, or neuromuscular disease affecting the muscles of respiration requiring adjustments in oxygen concentration due to desaturations; OR
  - D. Pediatric individuals who require continuous oxygen saturation and heart rate monitoring, with or without oxygen, due to conditions such as, but not limited to:
    - 1) Congenital heart disease; OR
    - 2) Pulmonary hypertension; OR
    - 3) Chronic lung disease (bronchopulmonary dysplasia); OR
3. Pulse oximetry for any use other than those specified above are considered not medically necessary, and therefore not covered, because available peer-reviewed literature does not support the use. Including any of the following:
  - Asthma management
  - Evaluating continuous positive airway pressure (CPAP)
  - Evaluating desaturation in individuals with COVID-19
  - Predicting the need of a adenotonsillectomy in pediatric individuals
  - Screening or testing for obstructive sleep apnea (OSA)
  - Diagnosis nocturnal hypoventilation
  - Maintenance or continuous monitoring for a person who is considered stable.

4. Post-payment Audit Statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Wholecare<sup>SM</sup> at any time pursuant to the terms of your provider agreement.

5. Place of Service

The proper place of service for continuous pulse oximetry is outpatient.

### **Governing Bodies Approval**

#### **CMS**

The Centers for Medicare and Medicaid Services (CMS) has published the following guidance:

- National Coverage Determination (NCD) Home Use of Oxygen (240.2)
- Local Coverage Determination (LCD) Oximetry Services (L35434)
- Local Coverage Article (LCA) Billing and Coding: Oximetry Services (A57205)

### **Coding Requirements**

#### **Procedure Codes**

| <b>HCPSC Code</b> | <b>Description</b>  |
|-------------------|---|
| A4606             | Oxygen probe for use with oximeter device, replacement          |
| E0445             | Oximeter device for measuring blood oxygen levels noninvasively |

### **Reimbursement**

Participating facilities will be reimbursed per their Highmark Wholecare<sup>SM</sup> contract.

### **Reference Sources**

Centers for Medicare and Medicaid Services (CMS). Local Coverage Article (LCA) Billing and Coding: Oximetry Services (A57205). Original Effective date October 1, 2019. Revision Effective date October 1, 2024. Accessed on August 27, 2025.

Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) Oximetry Services (L35434). Original Effective date October 1, 2015. Revision Effective date October 17, 2019. Accessed on August 27, 2025.

Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) Home Use of Oxygen (240.2). Effective date September 27, 2021. Implementation date January 3, 2023. Accessed on August 27, 2025.

Torp KD, Modi P, Pollard EJ, et al. Pulse Oximetry. [Updated 2023 Jul 30]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing. January 2025. Accessed on August 28, 2025.