JOHNS HOPKINS HEALTHCARE

Medical Policy: Pulse Oximetry at Home
Department: Health Services
Lines of Business: EHP, USFHP, PPMCO, ADVANTAGE MD

ACTION:
☐ New Policy
☐ Revising Policy Number
☐ Superseding Policy Number
☒ Archiving Policy Number: CMS16.17
☐ Retiring Policy Number

Effective Date: 01/07/2008
Review Dates: 01/05/09, 10/07/11, 09/06/13, 09/02/16

Johns Hopkins HealthCare LLC (JHHC) provides a full spectrum of health care products and services for Employer Health Programs, Priority Partners, Advantage MD and US Family Health Plan. Each line of business possesses its own unique contract and guidelines which, for benefit and payment purposes, should be consulted to know what benefits are available for reimbursement. Specific contract benefits, guidelines or policies supersede the information outlined in this policy.

ACTIVE AND ARCHIVED

This document has been archived as of 09/06/2013 and is no longer scheduled for review for either one or more of the following reasons:

1. This document is either primarily administrative in nature AND/OR
2. It addresses operational issues only AND/OR
3. It is mandated by statute or regulation AND/OR
4. It is unlikely that further published literature would change the determination

ARCHIVED POLICIES REMAIN ACTIVE FOR THE PURPOSE OF MEDICAL NECESSITY DETERMINATION

SCOPE:

This policy presents criteria for medically necessary pulse oximeter in the home.

POLICY:


For Advantage MD:
Local Coverage Determinations (LCDs) do not exist at this time. (Accessed October 3, 2016)
Medicare does not have a National Coverage Determination (NCD) for Pulse Oximetry.

I. When benefits are provided under the member’s contract, JHHC considers Pulse Oximeter for Home Use medically necessary for ANY of the following indications:
   A. To determine appropriate home oxygen liter flow for ambulation, exercise, or sleep, OR;
B. To monitor individuals on a ventilator at home, OR;
C. When a change in the individual's physical condition requires an adjustment in the liter flow of their home oxygen needs, OR;
D. When weaning the individual from home oxygen, OR;
E. For interstage monitoring of children undergoing the Norwood procedure for hypoplastic left heart syndrome.

II. Unless specific benefits are provided under the member’s contract, JHHC considers the use of home pulse oximetry experimental and investigational for all other indications, including the following because its effectiveness for these indications has not been established as they do not meet Technology Evaluation Criteria (TEC) #2-5.
   A. Asthma management
   B. Diagnosing nocturnal hypoventilation associated with neuromuscular disorders
   C. Evaluating and teaching continuous positive airway pressure (CPAP)
   D. When used alone as a screening/testing technique for suspected obstructive sleep apnea.

BACKGROUND:

Pulse Oximetry provides estimates of arterial oxyhemoglobin saturation (SaO2) by utilizing selected wavelengths of light to noninvasively determine the saturation of oxyhemoglobin. It is used to both measure and monitor blood oxygen saturation.

For patients with chronic stable cardiopulmonary problems oximetric determinations are usually not necessary more frequently than once or twice a year unless it is needed to document an acute exacerbation of chronic pulmonary disease or unstable conditions, or acute illnesses with signs indicating or suggesting increased hypoxemia.

A provider requesting long term use of pulse oximetry for a patient must provide the patient’s clinical history which will be reviewed on a case by case basis. There must be, either in the clinical notes or in a separate letter, the medical reason(s) for requesting the long term use.

CODING INFORMATION:

CPT Copyright 2016 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Note: The following CPT/HCPCS codes are included below for informational purposes. Inclusion or exclusion of a CPT/HCPCS code(s) below does not signify or imply member coverage or provider reimbursement. The member's specific benefit plan determines coverage and referral requirements. All inpatient admissions require pre-authorization.
### Medical Policy: Pulse Oximetry at Home

**Department:** Health Services  
**Lines of Business:** EHP, USFHP, PPMCO, ADVANTAGE MD

## PRE-AUTHORIZATION REQUIRED

*Compliance with the provision in this policy may be monitored and addressed through post-payment data analysis and/or medical review audits*

**Employer Health Programs (EHP)**  
**Priority Partners (PPMCO) refer to COMAR guidelines and PPMCO SPD then apply policy criteria**  
**US Family Health Plan (USFHP), TRICARE Medical Policy supersedes JHHC Medical Policy. If there is no Policy in TRICARE, apply the Medical Policy Criteria**  
**Advantage MD, LCD and NCD Medical Policy supersedes JHHC Medical Policy. If there is no LCD or NCD, apply the Medical Policy Criteria**

### HCPCS CODES

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>E0445</td>
<td>Oximeter device for measuring blood oxygen levels non-invasively</td>
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### CPT® CODES

**DESCRIPTION**

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<tr>
<th>CODE</th>
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<tbody>
<tr>
<td>94760</td>
<td>Noninvasive ear or pulse oximetry for oxygen saturation; single determination</td>
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<tr>
<td>94761</td>
<td>Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)</td>
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<tr>
<td>94762</td>
<td>Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)</td>
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### HCPCS CODES

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<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>A4606</td>
<td>Oxygen probe for use with oximeter device, replacement</td>
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### ICD10 CODES ARE FOR INFORMATIONAL PURPOSES ONLY

**DESCRIPTION**

<table>
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<tr>
<th>CODE</th>
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<tbody>
<tr>
<td>Q23.4</td>
<td>Hypoplastic left heart syndrome [for interstage monitoring of children undergoing the Norwood procedure]</td>
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<tr>
<td>Z99.11</td>
<td>Dependence on respirator [ventilator] status</td>
</tr>
<tr>
<td>Z99.81</td>
<td>Dependence on supplemental oxygen</td>
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REFERENCE STATEMENT:

Analyses of the scientific and clinical references cited below were conducted and utilized by the Johns Hopkins HealthCare LLC (JHHC) Medical Policy Team during the development and implementation of this medical policy. Per NCQA standards, the Medical Policy Team will continue to monitor and review any newly published clinical evidence and adjust the references below accordingly if deemed necessary.

REFERENCES:


