

OHCA Guideline

Medical Procedure Class:	Pulse Oximeter
Initial Implementation Date:	03/26/2014
Last Review Date:	7/29/2021
Effective Date:	8/1/2021
Next Review/Revision Date:	8/1/2024
* This document is not a contract, and these guidelines do not reflect or represent every conceivable situation. Although all items contained in these guidelines may be met, this does not reflect, or imply, any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.	
<input type="checkbox"/> New Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria	
Summary	
Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
Definitions	
<p>Condition- A disease, illness, ailment, injury, bodily malfunction, or pregnancy.</p> <p>Hemoglobin- A red protein responsible for transporting oxygen in the blood.</p> <p>Hypoxemia- Abnormally low concentration of oxygen in the blood</p> <p>Pulse Oximeter- Device used for measuring blood oxygen levels in a non-invasive manner.</p> <p>SpO2- Percentage of hemoglobin in arterial blood which is saturated with oxygen, measured by a pulse oximeter.</p>	
Description	
<p>A Pulse Oximeter is used to measure oxygen saturation of arterial blood. The device uses a sensor probe that emits light on one side and has a detector on the other side. The light of the sensor require a pulse waveform in order to detect oxygen saturations. The probes are typically placed on earlobes or fingers. The sensor probes are connected to a monitor via a wire. The monitor displays oxygen saturation as well as the heart rate. Poor circulation, low blood pressure, ambient light, nail polish and incorrect probe use could obscure results. Pulse oximeters are simple to use and can provide a measure of oxygenation quickly and painlessly. Interpretation of the results requires an understanding of the member's underlying condition and knowing whether the test results may show the member as stable or unstable.</p>	
HCPCS Codes Covered Requiring Prior Authorization (PA)	
<p>E0445--Oximeter device for measurement of blood oxygen levels noninvasively.</p> <p>A4606—Oxygen probe for use with oximeter device, replacement (PA only required for requests greater than the allowed amount)</p>	
Approval Criteria	
<p>I. GENERAL</p> <p>A. Medical Necessity must be met. All documentation submitted to request services or substantiate previously provided services must demonstrate through adequate objective medical records, evidence sufficient to justify the member's needs for the</p>	

service, in the most cost-effective manner, in accordance with the **OAC 317:30-3-1 (f)**.

- B. Member must be receiving oxygen in the home; either continuously or intermittently, or for periods of distress. If member is not using oxygen, then pulse oximetry will not be covered.
- C. It is expected there will be an available trained caregiver in the home who is able to intervene and address changes in the member's oxygen saturation level in a medically safe and appropriate manner.
- D. Documentation of medical necessity from a provider contracted with the OHCA, shall include **ALL** the following criteria:
 - 1. Pertinent information relating to the members underlying diagnosis or condition causing the impairment that is resulting in the need for the oximeter and supplies. Include any documented monitor readings (if available) and documentation of unstable airway events;
 - 2. Current prescription for pulse oximeter signed and dated by the provider;
 - 3. Documentation of lab values (within past six months) that support the need of the request;

II. INDICATIONS

- A. Member has a diagnosis of one of the following disease processes:
 - 1. A chronic lung disease or acute respiratory illness (not yet resolved); **OR**
 - 2. A hemodynamically significant cardiac illness; **OR**
 - 3. A severe neuromuscular disease which impairs respiratory function **AND**
- B. One of the following respiratory conditions:
 - 1. Requires mechanical ventilation; **OR**
 - 2. Has a tracheostomy; **OR**
 - 3. Requires continuous supplemental oxygen; **OR**
 - 4. Has a documented history of hypoxemia and the need for oxygen titration to maintain oxygen saturation above a certain percentage; **OR**
 - 5. Requires the use of a cough assist machine.

III. FREQUENCY

- A. Prior Authorizations (PAs) are not required for the initial three months rental; however, months 4-13 do require a PA. PAs will be granted for an additional length of time based on member's continued need. If member still requires the device after 13 months of continued rental, the pulse oximeter is considered purchased as per **OAC 317:30-5, Part 17**.
- B. Disposable Sensor Probes are covered for purchased oximeters only. Member will be allowed 4 probes per month. Prior Authorization will be required for requests for additional product beyond the maximum product limitations. PAs should include documentation from the provider demonstrating medical necessity and shall be forwarded to the medical director for review.

Note: Additional documentation may be requested as needed

Additional Information

- Requests outside these guidelines must be reviewed by the Medical Director.
- Requests may be denied if approval criteria are not met.
- Pulse oximeters are not covered for caregiver convenience.
- Routine use of pulse oximetry is not covered.

- Temporary probe covers are not covered for rented oximeters as this is considered content of service to the rental.
- Pulse oximeters are not covered in conjunction with apnea monitors.

References

1. Oklahoma Health Care Authority; Policies & Rules, OAC 317:30-3-1; 317:30-5, Part 17.
2. Pulse Oximetry and Capnography for Home use. Aetna. Retrieved from: http://www.aetna.com/cpb/medical/data/300_399/0339.html
3. Guidelines for the use of Pulse Oximeters. Retrieved from: <https://www.northkirkleescg.nhs.uk/wp-content/uploads/2014/07/Pulse-Oximetry-guidelines-181013.pdf>
4. Minnesota Department of Human Services, Provider Manual, Equipment & Supplies; Oximeters. Retrieved from: http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_167671#
5. Centers for Medicare & Medicaid Services, Local Coverage Determination for Oxygen and Oxygen Equipment (L33797). Retrieved from: <https://www.cms.gov/medicare-coverage-database/license/cpt-license.aspx?from=~/overview-and-quick-search.aspx&npage=/medicare-coverage-database/details/lcd-details.aspx&LCDId=33797&ContrID=140>
6. Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-foot orthotics) and Medical Supplies Grid. Policy Number BIP051.R, (2019, April). Retrieved from: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/signaturevalue-bip/dme-prosthetics-corrective-appliances-medical-supplies-grid-ok.pdf>