

## Pulse Oximeter for Children

---

**Policy Number:**

MM.01.011

**Line(s) of Business:**

HMO; PPO; QUEST Integration

**Section:**

DME

**Place of Service:**

Home

**Original Effective Date:**

03/14/2006

**Current Effective Date:**

8/29/2018

### I. Description

A pulse oximeter is a device that determines the oxygen saturation of the patient's blood using a sensor attached to a finger, toe or earlobe. It may include a recording device and an audio alarm for saturation levels below a pre-set limit.

### II. Criteria/Guidelines

- A. Home pulse oximeters are covered (subject to Limitations and Administrative Guidelines) when the child has one of the following conditions:
  - 1. Chronic lung disease that requires supplemental oxygen; or
  - 2. Cardiovascular disease that requires oxygen; or
  - 3. Neuromuscular weakness that requires home ventilator or other positive pressure ventilatory support.
- B. Requests for extension of therapy require precertification, reassessment of the patient and documentation from the medical record of ongoing oxygen needs.

### III. Limitations

- A. Use of a pulse oximeter for the following conditions does not meet payment determination criteria and will not be covered by HMSA:
  - 1. Asthma: Using a pulse oximeter for monitoring oxygen saturation in asthmatics is not recommended according to the National Institutes of Health. There have been no studies that demonstrate that pulse oximetry is a sufficiently valid monitoring system during acute asthma exacerbations.
  - 2. Obstructive sleep apnea: The sensitivity and negative predictive value of pulse oximetry is not adequate to rule out obstructive sleep apnea in patients with mild to moderate symptoms. A polysomnogram is required to confirm or exclude the diagnosis of obstructive sleep apnea, regardless of the results of pulse oximetry screening.
- B. Coverage of a pulse oximeter for other indications will be considered on a case-by-case basis.

#### IV. Administrative Guidelines

- A. Precertification is required. To precertify, please complete HMSA's Precertification Request form and mail or fax the form as indicated.
- B. Precertification will be given for three months. Documentation must include:
  1. Age of the patient
  2. Patient's condition (including pertinent ICD-10 codes)
  3. Caregiver training in the use of the pulse oximeter
  4. A prescribed response plan to changes in saturation (e.g., increase/decrease oxygen flow rate, additional chest PT/suctioning, inhalation treatment, check temperature, call physician, take patient to ER, etc.).
  5. O2 saturation levels and patient treatment plan including a hospital discharge summary and respiratory therapy assessment. The documentation must include the range of expected oxygen levels given the patient's underlying medical condition.
- C. Requests for extension of therapy require precertification, reassessment of the patient and documentation from the medical record of ongoing oxygen needs.
- D. Ownership of the equipment transfers to the member when the payment cap (15 months) is reached.
- E. Applicable codes are:

HCPCS Code	Description
E0445	Oximeter device for measuring blood oxygen levels non-invasively
A4606	Oxygen probe for use with oximeter device, replacement

#### V. Important Reminder

The purpose of this Medical Policy is to provide a guide to coverage. This Medical Policy is not intended to dictate to providers how to practice medicine. Nothing in this Medical Policy is intended to discourage or prohibit providing other medical advice or treatment deemed appropriate by the treating physician.

Benefit determinations are subject to applicable member contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.

This Medical Policy has been developed through consideration of the medical necessity criteria under Hawaii's Patients' Bill of Rights and Responsibilities Act (Hawaii Revised Statutes §432E-1.4), generally accepted standards of medical practice and review of medical literature and government approval status. HMSA has determined that services not covered under this Medical Policy will not be medically necessary under Hawaii law in most cases. If a treating physician disagrees with HMSA's determination as to medical necessity in a given case, the physician may request that HMSA reconsider the application of the medical necessity criteria to the case at issue in light of any supporting documentation.

## VI. References

1. Bradshaw EA, Martin GR Screening for critical congenital heart disease: advancing detection in the newborn. *Curr Opin Pediatr.* 2012 Oct; 24(5): 603-608.
2. de-Wahl Granelli A, Wennergren M, Sandberg K. Impact of pulse oximetry screening on the detection of duct dependent congenital heart disease: a Swedish prospective screening study in 39 821 newborns. *BMJ* 2008; 337: a3037.
3. Global strategy for asthma management and prevention. Global Initiative for Asthma (GINA) 2016.
4. Hagadorn JI, Furey AM, Nghiem TH, et al. Achieved versus intended pulse oximeter saturation in infants born less than 28 weeks' gestation: the AVIOx study. *Pediatrics.* 2006; 118;1574.
5. Noridian Administrative Services. RETIRED LCD for Oxygen and Oxygen Equipment (L11457). Retired September 30, 2015.