

The Department of Vermont Health Access Medical Policy

Subject: Pulse Oximeter for Home Use

Last Review: April 27, 2011

Revision 3:

Revision 2:

Revision 1: September 16, 2010

Original Effective: October 15, 2006

Description of Service or Procedure

Pulse Oximeter measures the oxygen saturation (oxyhemoglobin) by using wavelengths of light via a noninvasive probe. The probe can be attached to a finger, toe or earlobe. A wire leading to the monitor shows the measurement and sounds an alarm if it is in an abnormal range.

The use of a Pulse Oximeter is considered safe but has some limitations. False-negative results for hypoxemia and/or false-positive results for normoxemia may lead to inappropriate treatment of an individual. In addition, tissue injury may occur at the site of the probe, as a result of inappropriate use of the device (e.g. pressure sores from prolonged application or electric shock and burns from the substitution of incompatible probes between instruments).

Disclaimer

Coverage is limited to the Medicaid Rules that pertain to the beneficiary's aid category. Prior Authorization (PA) is only valid if the beneficiary is eligible for the applicable item or service on the date of service.

Medicaid Rule

[7102.2](#) Prior Authorization Determination

[7103](#) Medical Necessity

[7505.2](#) Covered Services

Medicaid Rules can be found at <http://humanservices.vermont.gov/on-line-rules>



Coverage Position

A pulse oximeter may be covered for those individuals:

- When the pulse oximeter is prescribed by a licensed medical provider enrolled in the VT Medicaid program who is knowledgeable in the use of pulse oximeters and provides medical care to the beneficiary AND
- Who meet the clinical guidelines below.

Coverage Guidelines

A pulse oximeter for home use may be appropriate for beneficiaries:

Intermittent or short term:

- To determine the appropriate home oxygen need for ambulation, exercise and sleep OR
- To determine the appropriate home oxygen for beneficiaries with neuromuscular disease involving respiration muscles, with chronic lung disease, or with severe cardiopulmonary disease OR
- For beneficiaries weaned from home oxygen OR
- For periodically checking oxygen saturation levels in beneficiaries using long term oxygen therapy OR
- For infants less than 12 months of age using home oxygen OR
- For a change in the beneficiary's physical condition requiring an adjustment in the liter flow of their home oxygen

And

- A trained caregiver is available to respond to changes in oxygen saturation.

Continuous or long term:

- For beneficiaries that require mechanical ventilation OR
- For beneficiaries with a tracheostomy OR
- For beneficiaries born premature, newborn, or an infant less than 12 months of age requiring ongoing therapy for apnea OR
- For medical need to maintain oxygen saturation within a very narrow range OR
- For infants with chronic lung disease (for example, bronchopulmonary dysplasia (BPD))

And

- That a trained caregiver is available to respond to changes in oxygen saturation.

Vendor Responsibilities

The vendor will be responsible for expert oversight of the equipment:

- The vendor will have their Respiratory Therapist (RT) visit the beneficiary while still in the hospital and/or once the beneficiary is at home, at time of delivery of the oximeter (except for the spot oximeter) to: set-up, instruct in proper use, alarms and other features and to review emergency procedure should the equipment fail.
- A follow-up visit by the RT will be repeated in **7** days and then every **3** months as long as the equipment is needed and remains in the home. These visits should be documented and kept in the beneficiary's file at the vendor's facility.
- The vendor will instruct those beneficiaries, when a spot oximeter is purchased, in the proper care and storage, the correct use, and warranty information.
- The vendor will also instruct the beneficiary **not to** throw the oximeter away if s/he no longer needs it.

Provider Responsibilities

The Provider will be responsible:

- o To develop and instruct the primary care person in the plan of care as it relates to the oximeter and responses to low readings.
- o To complete the prescription form to avoid delay of delivery of the equipment to the beneficiary.
- o To update the prescription form every 6 months and send to the vendor so the correct equipment and oversight can be continued in the home and so the vendor receives the correct re-imbusement rate from the DVHA.

Clinical guidelines for repeat service or procedure

The same criteria apply as for the initial use.

Type of service or procedure covered

Pulse oximeter and related supplies and services.

Type of service or procedure not covered (this list may not be all inclusive)

- o Asthma management
- o Sudden Infant Death Syndrome (SIDS) monitoring
- o When used as a screening/testing technique for suspected sleep apnea.
- o Routine monitoring (for continuous or long term) of a beneficiary on oxygen

Billing and Prior Authorization

Oximeters			
Billing and Prior Authorization Instructions*			
Current Procedural Terminology (CPT)	Description	Allowed Amount	Prior Authorization (PA)
E0445 and E0445NU	Spot check oximeter	Purchase only	PA <i>is not</i> required.
E0445RR	Spot check oximeter	Rental only Limited to 3 months	PA <i>is not</i> required for the first 3 months. PA <i>is</i> required for a rental extension beyond 3 months.
E0445TG RR	Continuous with 24 hour trending, downloadable memory	Rental only	PA <i>is not</i> required for the first 6 months. PA <i>is</i> required for a rental extension beyond 6 months.
E0445TF RR	Continuous with 8 hour memory, alarms, etc.	Rental only	PA <i>is not</i> required.

*Regardless of the PA requirement, a current prescription and DME provider medical necessity form must be completed and available in the beneficiary’s chart should a retrospective review be done.

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