PULSE OXIMETRY FOR HOME USE

Policy

VCHCP considers pulse oximeters to be durable medical equipment (DME)\(^1\)

VCHCP covers pulse oximetry for home use only in the following conditions and after Medical Director Review:

1. When weaning the patient from home oxygen
2. When a change in the patient’s physical condition requires an adjustment in the liter flow of their home oxygen needs
3. To determine appropriate home oxygen liter flow for ambulation, exercise, or sleep
4. Pulse oximetry can be used in conjunction with infant home apnea monitoring.

Coverage of home pulse oximetry for indications other than those listed above may be approved on a case-by-case basis after review by a medical director.

VCHCP does **NOT** cover the use of home pulse oximetry in the following conditions:

1. asthma management
2. when used alone as a screening/testing technique for suspected obstructive sleep apnea

Background

For patients on long-term oxygen therapy, pulse oximetry Sa02 measurements are unnecessary except to assess changes in clinical status, or to facilitate changes in the oxygen prescription. Home pulse oximetry is also indicated when there is a need to monitor the adequacy of Sa02 or the need to quantitate the response of Sa02 to a therapeutic intervention.

An NHLBI/WHO Global Asthma Initiative Report concluded that pulse oximetry was not an appropriate method of monitoring patients with asthma. The report explained that during asthma exacerbations, the degree of hypoxemia may not accurately reflect the underlying degree of ventilation-perfusion (V-Q) mismatch.

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\(^{1}\) DME is subject to an annual maximum for some plans.
Pulse oximetry alone is not an efficient method of screening or diagnosing patients with suspected 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. Therefore, a follow up sleep study would be required to confirm or exclude the diagnosis of obstructive sleep apnea, regardless of the results of pulse oximetry screening.

Unless indicated otherwise above, this policy applies unless a specific limitation or exception exists.

**ICD-9 Codes/CPT Codes:**

**ICD-9 Codes:**

This is not a complete list of ICD-9 Codes

277.00-Cystic fibrosis  
289.0-Erythrocytosis  
413.9-Angina pectoris  
416-Chronic pulmonary heart disease  
416.0-Pulmonary hypertension  
416.9-Chronic cor pulmonale  
428.0-Congestive heart failure  
443.9-Peripheral vascular disease, unspecified  
492-Emphysema  
494-Bronchiectasis  
496-Chronic obstructive pulmonary disease  
515-Postinflammatory pulmonary fibrosis  
786-Dyspnea and respiratory abnormalities  
799.0-Hypoxemia

**CPT Codes:**

94760-Noninvasive ear or pulse oximetry for oxygen saturation; single determination  
94761 multiple determinations (e.g., during exercise)  
94762 by continuous overnight monitoring

**Place of Service:**

Home

**A. Attachments:** None
B. References:


C. Reviewers: Richard O. Ashby MD, Thomas Brugman MD, QA Committee

Reviewed/Revised by: Faustine Dela Cruz, RN & Albert Reeves, MD Date: 11-7-11

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Reviewed/No Updates: Catherine Sanders, MD
Medical Policy: Pulse Oximetry for Home Use

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Reviewed/No Updates by: Faustine Dela Cruz, RN & Catherine Sanders, MD

Reviewed/No Updates by: Catherine Sanders, MD & Robert Sterling, MD


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<thead>
<tr>
<th>Revision Date</th>
<th>Content Revised (Yes/No)</th>
<th>Contributors</th>
<th>Review/Revision Notes</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
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