VENTURA COUNTY HEALTH CARE PLAN

Medical Policy: **Pulse Oximetry for Home Use**

Effective November 8, 2001
Reviewed: November 7, 2011; April 17, 2012
Reviewed/No Updates: 1/28/13; 2/13/14; 2/12/15; 2/11/16; 2/9/17; 2/8/18; 2/14/19; 2/13/20

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.

[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:

1. *AARC Clinical Practice Guideline. Oxygen therapy in the home or extended care facility. Respir Care. 1992 Aug;37(8):918-22.*

2. *National Heart, Lung and Blood Institute/World Health Organization Workshop Report. Global strategy for asthma management and prevention (based on a March 1993 meeting). National Heart, Lung and Blood Institute. Publication Number 95-3659. January 1995.*

3. *Series F, Marc I, Cormier Y, LaForge J. Utility of nocturnal home oximetry for case finding in patients with suspected sleep apnea hypopnea syndrome. Ann Int Med 1993;119:449-453*

4. *Farney RJ, Walker LE, Jensen RL, Walker JM. Ear oximetry to detect apnea and differentiate rapid eye movement (REM) and non-REM sleep. Screening for the sleep apnea syndrome. Chest 1986;89:533-39*

5. *ASDA Standards of Practice. Portable recording in the assessment of obstructive sleep apnea. Sleep 1994;17:378-92.*

6. *AARC Clinical Practice Guideline. Pulse oximetry. Respir Care 1991;36:1406-1409.*

7. *NIH Consensus Statement. Infantile apnea and home monitoring. 1986 Sep 29-Oct 1;6(6):1-10.*

C. History:

Reviewers: Richard O. Ashby MD, Thomas Brugman MD, QA Committee
Reviewed/Revised: Faustine Dela Cruz, RN & Albert Reeves, MD; Date: 11/7/11
Committee Review: UM on 11/10/11 QAC on 11/22/11
Reviewed/No Changes: Albert Reeves, MD; Date: 4/17/12
Committee Reviews: UM on 5/10/12 & QA on 5/22/12
Reviewed/No Changes: Albert Reeves, MD; Date: 1/28/13
Committee Review: UM on 2/14/13; QA on 2/26/13
Reviewed/No Changes; Catherine Sanders, MD
Committee Review: UM on 2/13/14; QA on 2/25/14
Reviewed/No Updates: Catherine Sanders, MD
Committee Review: UM on 02-12-2015 & QA on 02-24-2015
Reviewed/No Updates by: Faustine Dela Cruz, RN & Catherine Sanders, MD
Committee Review: UM: February 11, 2016; QAC: February 23, 2016
Reviewed/No Updates by: Catherine Sanders, MD & Robert Sterling, MD
Committee Review: UM: February 9, 2017; QAC: February 28, 2017

Reviewed/No Updates by: Catherine Sanders, MD & Robert Sterling, MD
Committee Review: UM: February 8, 2018; QAC: February 27, 2018
Reviewed/No Updates by: Catherine Sanders, MD & Robert Sterling, MD
Committee Review: UM: February 14, 2019; QAC: February 26, 2019
Reviewed/No Updates by**:** Howard Taekman, MD & Robert Sterling, MD
Committee Review: UM: February 13, 2020; QAC: February 25, 2020

Revision Date	Content Revised (Yes/No)	Contributors	Review/Revision Notes
2/9/17	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/8/18	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/14/19	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/13/20	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review