Harmony Behavioral Health, Inc.

Harmony Behavioral Health of Florida, Inc.

Harmony Health Plan of Illinois, Inc.

HealthEase of Florida, Inc.

'Ohana Health Plan, a plan offered by
WellCare Health Insurance of Arizona, Inc.

WellCare Health Insurance of Illinois, Inc.

WellCare Health Insurance of New York, Inc.

WellCare Health Plans of New Jersey, Inc.

WellCare of Florida, Inc.

WellCare of Connecticut, Inc.

WellCare of Georgia, Inc.

WellCare of Kentucky, Inc.

WellCare of Louisiana, Inc.

WellCare of New York, Inc.

WellCare of Ohio, Inc.

WellCare of Texas, Inc.

WellCare Prescription Insurance, Inc.

Pulse Oximetry for Home Use

Policy Number: HS-171

Original Effective Date: 5/28/2010

Revised Date(s): 7/18/2011; 5/3/2012

DISCLAIMER

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

BACKGROUND

Long-term oxygen therapy is prescribed for a number of conditions including chronic obstructive pulmonary disease. Although measurements of arterial blood gases are used for initiation and monitoring of long-term oxygen therapy, pulse oximetry is also used for monitoring oxygen saturation. Some investigators have proposed that continuous or ambulatory pulse oximetry may provide better management of oxygen levels.

Continuous supplemental oxygen is prescribed to improve exercise performance and survival in patients with moderate to severe COPD who have severe daytime hypoxemia, arterial oxygen pressure (PaO_2) ≤ 55 mm Hg or oxygen saturation (SaO_2) < 88%. There is some evidence for improvement in endurance and exercise capacity with supplemental oxygen in patients with severe COPD, although it does not improve outcomes in patients with mild hypoxemia. Supplemental oxygen therapy is managed by a physician who prescribes how much oxygen should be used and for how long each day. The initiation of LTOT is based on measurement of oxygen levels in the arterial blood, which is an invasive and sometimes painful procedure. Typically, patients with SaO_2 < 88% or PaO_2 < 55 mm Hg are considered suitable candidates. Although measurements of arterial blood gases (ABGs) are used for initiation and monitoring of LTOT, pulse oximetry is also used for monitoring SaO_2. Pulse oximetry measures SaO_2 by utilizing selected wavelengths of light to noninvasively determine the saturation of oxyhemoglobin (SpO_2). Changes in the amount of duration of oxygen used can be modified based on the results of pulse oximetry.

Pulse oximetry, expressed as SpO_2, is a method for measuring the SaO_2 of arterial blood. A light-emitting probe that passes red and infrared light through translucent tissue is attached to the finger or earlobe, and a detector measures the amount of light absorbed. Oxygenated and deoxygenated blood absorb different quantities of red and infrared light, and the ratio between them can be converted into the percent SaO_2 using standard tables. Arterial pulses are used to determine the saturation in arterial blood only. The absorbance during a pulse *peak* includes the fresh arterial blood as well as other absorbers such as venous blood, tissue and skin, while the absorbance during a *trough* or in between pulses represents only those other absorbers. When the trough absorbance is subtracted from the peak absorbance, only the arterial blood component is left (Hayes, 2008).

POSITION STATEMENT

NOTE: Please see below for special coverage language related to home use of pulse oximetry for Georgia Medicaid.

Short-term home use of pulse oximetry **is considered medically necessary** in ANY of the following conditions:

- When weaning the member from home oxygen; **OR,**
- When a change in the member's physical condition related to chronic lung disease, severe cardiopulmonary disease or neuromuscular disease involving muscles of respiration requires an adjustment in liter flow of their home oxygen needs; **OR,**
- Infant less than one year old on home oxygen therapy (see below for circumstances where infants may receive long-term home use of pulse oximetry)

Long-term home use of pulse oximetry **is considered medically necessary** in ANY of the following conditions:

- Members with tracheostomy and ventilator; **OR,**
- Infants with chronic lung disease (e.g. bronchopulmonary dysplasia); **OR,**
- Premature infants on active therapy for apnea (**NOTE:** The use of an apnea monitor alone does not constitute active therapy)

Home use of pulse oximetry **is considered NOT medically necessary** in the following conditions:

- Asthma management (493.00 – 493.92); **OR,**

- When used alone as a screening technique for suspected obstructive sleep apnea (327.23); **OR,**
- or other sleep disturbance 780.50 – 780.59) ; **OR,**
- Continuous monitoring for members with COPD, pulmonary fibrosis, or other chronic lung disease

Georgia Medicaid-Specific Pulse Oximetry

The Division will cover a Pulse Oximeter and Portable Oxygen for Medically Fragile Children who are trach dependent and who breathe "room air", up to the age of five (5) years of age on a case by case basis through prior approval. Either an apnea monitor or an oximeter will be covered, not both. It will be determined through prior approval which device is feasible. No more than six (6) months will be approved per PA request.

CODING

CPT®* Codes - Not applicable

ICD-9-CM Procedure Codes - Not applicable

Covered HCPCS Level II ®* Codes

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

Covered ICD-9-CM Diagnosis Codes

277.00 - 277.09	Cystic fibrosis
416.0 - 416.9	Chronic pulmonary heart disease
492.0 - 492.8	Emphysema
494.0 - 494.1	Bronchiectasis
496	Chronic obstructive pulmonary disease
515	Postinflammatory pulmonary fibrosis
518.83	Chronic respiratory failure
748.61	Other anomalies of lung, congenital bronchiectasis
770.7	Chronic Respiratory disease arising in perinatal period; Bronchopulmonary dysplasia
770.81	Primary Apnea of newborn
770.82	Obstructive Apnea of Newborn
V46.1	Dependence on Respirator [Ventilator]
V46.2	Dependence on machine for supplemental oxygen

***Current Procedural Terminology (CPT) 2012 American Medical Association: Chicago, IL.®©**

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HISTORY AND REVISIONS

Date	Action
5/3/2012	• Approved by MPC.
12/1/2011	• New template design approved by MPC.
7/18/2011	• Approved by MPC. No changes.