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.

DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). 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 CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations, and any state-specific Medicaid mandates. Links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change. Lines of business are also subject to change without notice and are noted on www.wellcare.com. Guidelines are also available on the site by selecting the Provider tab, then “Tools” and “Clinical Guidelines”.

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 (PaO2) ≤ 55 mm Hg or oxygen saturation (SaO2) < 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 \( \text{SaO}_2 < 88\% \) or \( \text{PaO}_2 < 55 \text{ mm Hg} \) 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 \( \text{SaO}_2 \). Pulse oximetry measures \( \text{SaO}_2 \) by utilizing selected wavelengths of light to noninvasively determine the saturation of oxyhemoglobin (\( \text{SpO}_2 \)). Changes in the amount of duration of oxygen used can be modified based on the results of pulse oximetry. Pulse oximetry, expressed as \( \text{SpO}_2 \), is a method for measuring the \( \text{SaO}_2 \) 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 \( \text{SaO}_2 \) 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.  

**POSITION STATEMENT**

**Applicable To:**
- Medicaid
- Medicare

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

**IN ADDITION TO THE CCG, REFERENCE VENDOR CRITERIA AS WELL FOR SPECIFIC CRITERIA PERTAINING TO CODES.**

**Exclusions**

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,
- Other sleep disturbance 780.50 – 780.59; OR,
- Continuous monitoring for members with COPD, pulmonary fibrosis, or other chronic lung disease.

**Coverage**

Pulse oximetry is medically necessary and a covered benefit when the following criteria are met:

1. Patient exhibits signs or symptoms of acute respiratory dysfunction such as:
   - Tachypnea
   - Dyspnea
   - Cyanosis
   - Respiratory distress
   - Confusion
   - Hypoxia

2. Patient has chronic lung disease, severe cardiopulmonary disease, or neuromuscular disease involving the muscles of respiration, and oximetry is needed for at least one of the following reasons:
   - Initial evaluation to determine the severity of respiratory impairment; OR,
   - Evaluation of an acute change in condition; OR,
   - Evaluation of exercise tolerance in a patient with respiratory disease; OR,
   - Evaluation to establish medical necessity of oxygen therapeutic regimen.

3. Patient has sustained severe multiple trauma or complains of acute severe chest pain.
4. Patient is under treatment with a medication with known pulmonary toxicity and oximetry is medically necessary to monitor for potential adverse effects of therapy.

5. The results of tests performed by a durable medical equipment supplier to qualify patients for home oxygen service are not covered.

NOTE: Procedure code 94762 is considered medically necessary when performed for one of the following circumstances:
1. The patient has a condition for which intermittent arterial blood gas sampling is likely to miss important variations; OR,
2. The patient has a condition resulting in hypoxemia and there is a need to assess supplemental oxygen requirements and/or a therapeutic regimen.

In home management for patients with chronic cardiopulmonary problems, pulse oximetry determinations once or twice a year are considered reasonable. In all instances, there must be a documented request by a physician/nonphysician provider in the medical record for these services. Regular or routine testing will not be allowed for reimbursement. In all circumstances, testing would be expected to be useful in the continued management of a patient particularly in acute exacerbations or unstable conditions (e.g., acute bronchitis in a patient with COPD) where increased frequency of testing would be considered for coverage purposes.

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)
- Infant less than one year old and is not on oxygen therapy and has diagnosed congenital cyanotic cardiac condition.
- Children requiring non-invasive ventilation (e.g., CPAP, BiPAP).

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 (Use of an apnea monitor alone does not constitute active therapy).

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

HCPCS Level II ®* Codes
A4606 Oxygen probe for use with oximeter device, replacement
E0445 Oximeter device for measuring blood oxygen levels non-invasively

ICD-10-PCS – No applicable codes

Covered ICD-10-CM Diagnosis Codes
E84.9  Cystic fibrosis, unspecified
E84.11 Meconium ileus in cystic fibrosis
E84.0  Cystic fibrosis with pulmonary manifestations
E84.19 Cystic fibrosis with other intestinal manifestations
E84.8  Cystic fibrosis with other manifestations
I27.0  Primary pulmonary hypertension
I27.1  Kyphoscoliotic heart disease
I27.82 Chronic pulmonary embolism
I27.2  Other secondary pulmonary hypertension
I27.89 Other specified pulmonary heart diseases
I27.81 Cor pulmonale (chronic)
I27.9  Pulmonary heart disease, unspecified
J43.9  Emphysema, unspecified
J43.0  Unilateral pulmonary emphysema [MacLeod's syndrome]
J43.1  Panlobular emphysema
J43.2  Centrilobular emphysema
J43.8  Other emphysema
J43.9  Emphysema, unspecified
J47.9  Bronchiectasis, uncomplicated
J47.0  Bronchiectasis with acute lower respiratory infection
J47.1  Bronchiectasis with (acute) exacerbation
J44.9  Chronic obstructive pulmonary disease, unspecified
J84.10 Pulmonary fibrosis, unspecified
J84.17 Other interstitial pulmonary diseases with fibrosis in diseases classified elsewhere
J84.89 Other specified interstitial pulmonary diseases
J96.10 Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia
J96.11 Chronic respiratory failure with hypoxia
J96.12 Chronic respiratory failure with hypercapnia
Q33.4  Congenital bronchiectasis
P27.0  Wilson-Mikity syndrome
P27.1  Bronchopulmonary dysplasia originating in the perinatal period
P27.8  Other chronic respiratory diseases originating in the perinatal period
P27.9  Unspecified chronic respiratory disease originating in the perinatal period
P28.3  Primary sleep apnea of newborn
P28.4  Other apnea of newborn
Z99.11 Dependence on respirator [ventilator] status
Z99.81 Dependence on supplemental oxygen

**CCG Covered - not all inclusive**

J96.10 - J96.12 Chronic respiratory failure
P22.8  Other respiratory distress of newborn
P22.9  Respiratory distress of newborn, unspecified
P27.0 - P27.9 Chronic respiratory disease originating in the perinatal period
P28.3  Primary sleep apnea of newborn
P28.89 Other specified respiratory conditions of newborn
Q20.3  Discordant ventriculoarterial connection
Q21.3  Tetralogy of Fallot
Q22.4  Congenital tricuspid stenosis
Q22.6  Hypoplastic right heart syndrome
Q22.8  Other congenital malformations of tricuspid valve
Q22.9  Congenital malformation of tricuspid valve, unspecified
Q33.4  Congenital bronchiectasis
Z93.0  Traheostomy status
Z99.11 Dependence on respirator [ventilator] status
Z99.81 Dependence on supplemental oxygen

**CCG Covered when criteria are met**
- F28 Other psychotic disorder not due to a substance or known physiological condition
- F29 Unspecified psychosis not due to a substance or known physiological condition
- F51.8 Other sleep disorders not due to a substance or known physiological condition
- G47.00 Insomnia, unspecified
- G47.10 Hypersomnia, unspecified
- G47.20 Circadian rhythm sleep disorder, unspecified type
- G47.30 Sleep apnea, unspecified
- G47.33 Obstructive sleep apnea (adult) (pediatric)
- G47.8 Other sleep disorders
- G47.9 Sleep disorder, unspecified
- G70.9 Myoneural disorder, unspecified
- I27.81 Cor pulmonale (chronic)
- I27.9 Pulmonary heart disease, unspecified
- J44.9 Chronic obstructive pulmonary disease, unspecified
- J84.10 Pulmonary fibrosis, unspecified
- J84.17 Other interstitial pulmonary diseases with fibrosis in diseases classified elsewhere
- J84.89 Other specified interstitial pulmonary diseases
- J98.4 Other disorders of lung
- R06.00 Dyspnea, unspecified
- R06.09 Other forms of dyspnea
- R06.3 Periodic breathing
- R06.82 Tachypnea, not elsewhere classified
- R06.83 Snoring
- R06.89 Other abnormalities of breathing
- R09.02 Hypoxemia
- R23.0 Cyanosis

**Georgia Specific**
- Z93.0 Traheostomy status

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

**REFERENCES**

**MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS**

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<td>9/7/2017</td>
<td>Approved by MPC. No changes.</td>
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<tr>
<td>11/5/2015</td>
<td>Approved by MPC. Coding updates.</td>
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<td>11/6/2014</td>
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<tr>
<td>11/7/2013</td>
<td>Approved by MPC. Added criteria re: infants with congenital cyanotic cardiac condition; and children requiring non-invasive ventilation.</td>
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<td>5/2/2013</td>
<td>Approved by MPC. Included CMS LCD criteria.</td>
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<td>12/1/2011</td>
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<td>7/18/2011</td>
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