

## PULSE OXIMETRY FOR HOME USE

### Policy

VCHCP considers pulse oximeters to be durable medical equipment (DME)<sup>1</sup>

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 SaO<sub>2</sub> 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 SaO<sub>2</sub> or the need to quantitate the response of SaO<sub>2</sub> 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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<sup>1</sup> DME is subject to an annual maximum for some plans.

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2/17/22; 2/2/23

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

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2/17/22; 2/2/23

## 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  
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