

MEDICAL POLICY – 1.01.533

Continuous Home Pulse Oximetry


Ref. Policy: MP-006

Effective Date: Jun. 1, 2025
Last Revised: May 12, 2025
Replaces: N/A

RELATED MEDICAL POLICIES:
None

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Introduction

Pulse oximetry is a non-invasive way to measure oxygen levels in the blood. It may be used in a home setting to monitor the health of people with certain medical conditions that can affect their blood oxygen levels. A pulse oximeter is a device that attaches to the fingertip or earlobe and uses wavelengths of light to measure blood oxygen levels and heart rate. Continuous pulse oximetry measures oxygen levels for longer periods of time (1 hour or more). This policy describes when continuous home pulse oximetry may be considered medically necessary.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

Service	Medical Necessity
Continuous Home Pulse Oximetry	<p>Continuous home pulse oximetry may be considered medically necessary for the following indications:</p> <ul style="list-style-type: none"> Continuous pulse oximetry performed in the home is covered only when any ONE of the following indications is present:

Service	Medical Necessity
	<ul style="list-style-type: none"> ○ Individuals on prolonged home mechanical ventilation when the ventilator does not have a built in pulse oximeter <p>OR</p> <ul style="list-style-type: none"> ○ Home care individuals with tracheostomies <p>OR</p> <ul style="list-style-type: none"> ○ Premature or infants under one year with bronchopulmonary dysplasia <p>AND</p> <ul style="list-style-type: none"> • Continuous pulse oximetry performed in the home is covered only when ALL of the following indications are present: <ul style="list-style-type: none"> ○ The recipient would otherwise require hospitalization solely for the purpose of continuous monitoring ○ The results are reliable in that setting ○ The individual's record documents that the oximeter is preset and self-sealed and cannot be adjusted by the patient ○ The device is able to provide a printout which documents an adequate number of sampling hours (a minimum of four hours should be recorded), percent of oxygen saturation and an aggregate of the results (this information must be available if requested) ○ A trained caregiver is available to respond to changes in the oxygen saturation <p>Note: See Related Information below for Limitations</p>

Service	Investigational
Continuous Home Pulse Oximetry	<p>Pulse Oximetry is considered investigational for all other indications, including for the diagnosis of nocturnal hypoventilation.</p> <p>Note: See Related Information below for Limitations</p>

Coding

Code	Description
HCPCS	
A4606	Oxygen probe for use with oximeter device, replacement
E0445	Oximeter device for measuring blood oxygen levels non-invasively
ICD-10 Diagnosis Codes – Not Covered	
G47.33	Obstructive sleep apnea (adult) (pediatric)
G47.34	Idiopathic sleep related non-obstructive alveolar hypoventilation
G47.36	Sleep related hypoventilation in conditions classified elsewhere
G47.8	Other sleep disorders
G47.9	Sleep disorder, unspecified
J44.9	Chronic airway obstruction, not elsewhere classified (NEC)
J45.909-J45.998	Asthma
Z13.83	Encounter for screening for respiratory disorder NEC

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Related Information

Limitations

Continuous pulse oximetry performed in the home is not covered for any of the following indications:

- For routine monitoring of an individual with oxygen
- As part of an individual's asthma management
- For management of chronic obstructive pulmonary disease (COPD)
- For management of transient hypoxemic events
- For screening or management of a sleep disorder (e.g., sleep apnea)



Evidence Review

N/A

References

1. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) for Home Use of Oxygen (240.2). Revision Effective Date: 09/27/2021. <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=169&ncdver=2&DocID=240.2&bc=gAAAAgAAAAAA%3d%3d&=>. Accessed April 14, 2025.
2. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD). Oxygen and Oxygen Equipment. L33797. Revision Effective Date: 04/01/2023. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33797>. Accessed April 14, 2025.
3. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD). Oximetry Services. L35434. Revision Effective Date: 10/17/2019. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35434&ver=30&NCAId=2&NCID=169&ncdver=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7CCAL%7CNCID%7CMEDCAC%7CTA%7CMCD&ArticleType=Ed%7CKey%7CSAD%7CFAQ&PolicyType=Final&s=%26mdash%3B-%7C5%7C6%7C66%7C67%7C9%7C38%7C63%7C41%7C64%7C65%7C44&Keyword=Home+Pulse+Oximetry&KeywordLookUp=Doc&KeywordSearchType=And&kq=true&bc=IAAAAgAAAA&=>. Accessed April 14, 2025.

History

Date	Comments
09/16/19	New policy, approved August 13, 2019, effective January 1, 2020. Continuous home pulse oximetry may be considered medically necessary for patients on prolonged home mechanical ventilation when the ventilator does not have a built in pulse oximeter, or home care patients with tracheostomies, or premature or infants under one year with bronchopulmonary dysplasia when criteria are met; it is considered investigational for all other indications.
08/01/20	Annual Review, approved July 2, 2020. No changes to policy statement.



Date	Comments
08/01/21	Annual Review, approved July 9, 2021. No changes to policy statement.
05/01/22	Annual Review, approved April 11, 2022. No changes to policy statement.
10/01/22	Interim Review, approved September 12, 2022. References updated, no other changes to the policy.
04/01/23	Annual Review, approved March 20, 2023. References updated, no other changes to the policy. Changed the wording from "patient" to "individual" throughout the policy for standardization.
04/01/24	Annual Review, approved March 11, 2024. References updated, no other changes to the policy.
06/01/25	Annual Review, approved May 12, 2025. Background section updated. References updated. No changes to policy statements.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2025 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy only applies to Individual Plans.

