group health of eau claire	DEPARTMENT:	Utilization Management
	SUBJECT:	Pulse Oximeters
	PRODUCT LINE:	All
	POLICY NUMBER:	UM104
	ORIGINAL POLICY EFFECTIVE DATE:	11/25/2016
KMTSJ, Inc.	LAST REVISED DATE:	11/07/2018
	LAST REVIEWED DATE:	02/15/2024

- **SCOPE:** To ensure Group Health Cooperative of Eau Claire (the Cooperative) consistently and correctly administers pulse oximeter benefits to all members according policy benefits and medical necessity criteria.
- **POLICY:** It is the policy of the Cooperative to review prior authorization requests for the pulse oximeters.

PROCEDURE: Prior Authorization Required: YES

Associated codes: E0445

All Product Lines: Covered when criteria are met

When absence of readily available saturation measurements represents an immediate and demonstrated health risk, such as in any of the following circumstances:

- Member requires continuous/long-term monitoring (> 3 months) and has a trained caregiver available to respond to changes in the oxygen saturation level ordered by the physician; AND
- Short-term (one month) monitoring when a change in the individual's physical condition requires a physician-directed adjustment in the liter flow of their home oxygen needs; or
- 3. When weaning the individual from home oxygen; or
- 4. Member is ventilator-dependent in the home; AND
- 5. Approval by a GHC physician reviewer

Pulse oximetry is **NOT** considered medically necessary for any of the following because there is inadequate scientific data in the medical literature to substantiate its effectiveness:

- 1. Routine testing in the absence of signs or symptoms suggestive of oxygen desaturation
- 2. Repetitive or continuous oximeter use for routine monitoring of an individual with oxygen with a stable respiratory condition while receiving oxygen therapy
- 2. The use of pulse oximetry in the home, as part of an individual's asthma management
- 3. Continuous monitoring for patients with COPD, pulmonary fibrosis, or other chronic lung disease

Reference source, if applicable: N/A

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APPROVED: _____ DATE: _____2/15/2024____

REVISION HISTORY:

Rev. Date	Revised By/Title	Summary of Revision
01/23/2019	Michele Bauer, MD, CMO	No changes
03/10/2021	Michele Bauer, MD, CMO	Reviewed. No changes.
02/22/2022	Michele Bauer, MD, CMO	Updated the review process.
02/21/2023	Michele Bauer, MD, CMO	Reviewed. No changes.
02/15/2024	Michele Bauer, MD, CMO	Reviewed. No changes.