



Policy Number: MP.006.MPC  
Last Review Date: 04/04/2025  
Effective Date: 04/15/2025

## **MP.006.MPC Continuous Home Pulse Oximetry**

Maryland Physicians Care considers **Continuous Home Pulse Oximetry** medically necessary for the following indications:

Continuous pulse oximetry performed in the home is covered when any **ONE** of the following indications is present:

- 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

AND all of the following are present:

- The recipient would otherwise require hospitalization solely for the purpose of continuous monitoring,
- The results are reliable in that setting,
- The patient'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), and
- A trained caregiver is available to respond to changes in the oxygen saturation.

### **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)

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### Codes

#### HCPCS Codes

Code	Description
A4606	Oxygen probe for use with oximeter device, replacement
E0445	Oximeter device for measuring blood oxygen levels noninvasively

#### Not Covered ICD-10 Codes

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

### 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=gAAAAAgAAA%3d%3d&=>
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>
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&NCDId=169&ncdver=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7CCAL%7CCNCD%7CMEDCAC%7CTA%7CMCD&ArticleType=Ed%7CKey%7CSAD%7CFAQ&PolicyType=Final&s=%26mdash%3B-%7C5%7C6%7C66%7C67%7C9%7C38%7C63%7C41%7C64%7C65%7C44&K>

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