PREREQUISITE CRITERIA The following criteria must be met:

- Patient must be Medicaid and EPSDT eligible.
- Patient is already approved for supplemental home oxygen systems.
- Patient’s blood saturation levels fluctuate, thus requiring continuous or intermittent monitoring to adjust oxygen delivery.
- If patient is age birth thru three years, must have a SaO2 equal to or less than 94%. Conditions under which lab results were obtained must be documented*.
- If patient is age four and above, must have a SaO2 equal to or less than 89%. Conditions under which lab results were obtained must be documented*.
- Pulse oximetry evaluations are acceptable when ordered and evaluated by the physician, and performed under his/her supervision, or when performed by a qualified provider or supplier of laboratory services. (A DME provider is not a qualified provider or supplier of lab services.)
- Documentation* must include 30 days of written or printed results of pulse oximetry readings obtained within the last month as well as documentation of condition(s) present when readings were obtained. The patient’s log should indicate one recording per day.
- A plan of care updated within 30 days of request must be submitted to include, at a minimum, plans for training the family or caregiver providing specific instructions on appropriate responses for different scenarios (i.e. what to do when O2 stats are below 89%).

ADDITIONAL CRITERIA The patient must also meet one of the following criteria:

- Patient is diagnosed with a serious respiratory diagnosis and requires short-term oximetry to rule out hypoxemia and/or to determine the need for supplemental oxygen.
- Patient is ventilator dependent with supplemental oxygen required.
- Patient has a tracheotomy and is dependent on supplemental oxygen.
- Patient requires supplemental oxygen per Alabama Medicaid criteria and has unstable saturations.
  - Unstable saturations are documented desaturations which require adjustments in the supplemental oxygen flow rates to maintain values. This should be documented* to have occurred at least once in a 60 day period immediately preceding the request.
- Patient is on supplemental oxygen and weaning is in progress.

DIAGNOSIS CODES

Covered diagnoses include:

- Lung disease, including but not limited to interstitial lung disease, cancer of the lung, cystic fibrosis, bronchiectasis
- Hypoxia related symptoms/conditions, such as pulmonary hypertension
- Recurrent CHF secondary to cor pulmonale
- Erythrocytosis
- Sickle cell disease
- Severe asthma
- Hypoplastic heart disease
- Suspected sleep apnea or nocturnal hypoxia
- Other diagnoses with medical justification
Criteria Checklist

DIAGNOSIS CODES cont.

Non-covered diagnoses include:
- Shortness of breath without evidence of hypoxemia
- Peripheral vascular disease
- Terminal illnesses not affecting the lungs, such as cancer not affecting the lungs or heart disease with no evidence of heart failure or pulmonary involvement.

Please refer to Chapter 14 of the Provider Manual for the ICD-10 crosswalk codes.

PROCEDURE CODES

E0445, A4606

LIMITATIONS

Request for pulse oximeters secondary to the need to determine the appropriateness of home oxygen liter flow rates, to rule out hypoxemia and/or to determine the need for supplemental oxygen, approval will be granted for up to 30 days only.

Initial approval of requests for pulse oximeters will be approved 90 days only. Renewal requests for recipients already approved for pulse oximeters for 90 days may be approved for an additional 7 months. Medical documentation must be submitted with renewal requests. At the end of the additional 7 months the pulse oximeter is considered a ten-month capped rent to purchase item for the recipient.

*Documentation may include notes from the patient chart and/or patient/caregiver logs.