



PROVIDER POLICIES & PROCEDURES

NONINVASIVE PULSE OXIMETER

The primary purpose of this document is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP) with the information needed to support a medical necessity determination for a noninvasive pulse oximeter. By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

A noninvasive pulse oximeter is a device that measures the oxygen saturation level in blood. It can also measure and record an individual's heart rate. A sensor is placed on a finger, toe, or ear and uses wavelengths of light to estimate the oxygen saturation level in the arterial blood. The sensor is connected by a wire to a monitor, which displays both the oxygen saturation level and the heart rate. A noninvasive pulse oximeter may be used in the home setting to monitor individuals with certain medical conditions, e.g., circulatory or respiratory disorders, that may also affect their oxygen saturation levels.

CLINICAL GUIDELINE

Coverage guidelines for a pulse oximeter are made in accordance with the DSS definition of Medical Necessity. The following criteria are guidelines *only*. Coverage determinations are based on an assessment of the individual and their unique clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail. The guidelines are as follows:

Initial Authorization

A noninvasive pulse oximeter for monitoring in a home setting may be considered medically necessary for individuals with any of the following indications:

- A. A chronic respiratory, cardiovascular, or neuromuscular disease affecting the muscles of respiration requiring adjustments in oxygen concentration;
- B. Tracheostomy and/or ventilator dependent who requires monitoring;
- C. On oxygen therapy and requires monitoring of oxygen saturation level; **or**
- D. Infant or child who requires monitoring of oxygen saturation level and heart rate, with or without oxygen, due to conditions such as, but not limited to, congenital heart disease, pulmonary hypertension, or chronic lung disease.

Reauthorization

Continued use of a noninvasive pulse oximeter in a home setting may be considered medically necessary when:

- A. The above criteria under *Initial Authorization* have been met; and
- B. There is documentation addressing the medical need for continued use of the noninvasive pulse oximeter.

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.

To determine if a service or procedure requires prior authorization, CMAP Providers may refer to the *Benefit and Authorization Grids* summaries on www.ct.gov/husky by clicking on "For Providers" followed by "Benefit Grids". For a definitive list of benefits and service limitations, CMAP Providers may access the CMAP provider fee schedules and regulations at www.ctdssmap.com.

NOTE: EPSDT Special Provision

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures for Medicaid enrollees under 21 years of age where the service or good is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat. Section 17b-259b (2011) [ref. CMAP Provider Bulletin PB 2011-36].

PROCEDURE

Prior authorization of a noninvasive pulse oximeter is required. Requests for coverage are reviewed in accordance with procedures in place for reviewing requests for durable medical equipment. Coverage determinations are based upon a review of requested and/or submitted case-specific information.

Initial Authorization

The following information is needed to review initial requests for a noninvasive pulse oximeter:

1. Fully completed authorization request via on-line web portal; and
2. Signed prescription by a physician, advanced practice registered nurse (APRN), or physician assistant (PA) dated within the last twelve (12) months; and
3. Documentation from the treating practitioner, written within the past 12 months, as outlined in the *Clinical Guideline* section of this policy, supporting the medical need for the pulse oximeter; and
4. Pricing information as outlined in the [DSS Pricing Policy for MEDS Items](#).

Reauthorization

The following information is needed to review subsequent requests for a noninvasive pulse oximeter:

1. Fully completed authorization request via on-line web portal; and
2. Signed prescription by a physician, advanced practice registered nurse (APRN), or physician assistant (PA) dated within the last twelve (12) months; and
3. Documentation from the treating practitioner, written within the past 12 months, supporting the medical need for continued use of the noninvasive pulse oximeter; and
4. Pricing information as outlined in the [DSS Pricing Policy for MEDS Items](#).

EFFECTIVE DATE

This policy for the prior authorization for a noninvasive pulse oximeter for individuals covered under the HUSKY Health Program is effective February 1, 2025.

LIMITATIONS

Not Applicable

CODE:

Code	Description
E0445	Oximeter device for measuring blood oxygen levels, non-invasively

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DEFINITIONS

1. **HUSKY A:** Connecticut children and their parents or a relative caregiver; and pregnant women may qualify for HUSKY A (also known as Medicaid). Income limits apply.
2. **HUSKY B:** Uninsured children under the age of 19 in higher income households may be eligible for HUSKY B (also known as the Children's Health Insurance Program) depending on their family income level. Family cost-sharing may apply.
3. **HUSKY C:** Connecticut residents who are age 65 or older or residents who are ages 18-64 and who are blind, or have another disability, may qualify for Medicaid coverage under HUSKY C (this includes Medicaid for Employees with Disabilities (MED-Connect), if working). Income and asset limits apply.
4. **HUSKY D:** Connecticut residents who are ages 19-64 without dependent children and who: (1) do not qualify for HUSKY A; (2) do not receive Medicare; and (3) are not pregnant, may qualify for HUSKY D (also known as Medicaid for the Lowest-Income populations).
5. **HUSKY Health Program:** The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.
6. **HUSKY Limited Benefit Program or HUSKY, LBP:** Connecticut's implementation of limited health insurance coverage under Medicaid for individuals with tuberculosis or for family planning purposes and such coverage is substantially less than the full Medicaid coverage.
7. **Medically Necessary or Medical Necessity:** (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.
8. **Prior Authorization:** A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.

REFERENCES

- Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD) for Oxygen And Oxygen Equipment (L33797). Revised 4/1/2023. Available at: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33797>
- Complications and long-term pulmonary outcomes of bronchopulmonary dysplasia, Literature Review Current through August 2024.

PUBLICATION HISTORY

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Status	Date	Action Taken
Original Publication	October 2024	Approved at the October 9, 2024 CHNCT Medical Reviewer meeting. Approved at the December 16, 2024 CHNCT Clinical Quality Subcommittee meeting. Approved by DSS on December 27, 2024.

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