

## Health & Human Services

# PULSE OXIMETER AND SUPPLIES

Service Authorization Required - Yes CMN Required: No

COVERAGE AND LIMITATION CRITERIA AND POLICY

**REVISED: December 2023** 

## **DURABLE MEDICAL EQUIPMENT MANUAL**

EFFECTIVE: March 2007

## PULSE OXIMETER AND SUPPLIES

#### Indications and limitations of coverage and medical appropriateness:

A tamper-proof pulse oximeter for home use is allowed when **all** the following criteria are met:

- The member has frequently fluctuating oxygen saturation levels that are clinically significant; and
- Measurements are integral in dictating acute therapeutic intervention; and
- The absence of readily available saturation measurements represents an immediate and demonstrated health risk; and
- The member has a caregiver trained to provide whatever care is needed to reverse the low oxygen saturation level ordered by the
  physician/practitioner.

Coverage allowed if one of the following is present:

- Member is dependent on both a ventilator and supplemental oxygen or,
- Member has a tracheostomy and is dependent on supplemental oxygen or,
- Member requires supplemental oxygen and has unstable saturations or,
- Member is on supplemental oxygen and weaning is in process.

### **Documentation Requirements:**

- A prescription from prescribing physician/practitioner.
- Physician/practitioner exam within 90 days of the service authorization start date that supports the need.
- Plan of treatment that identifies a trained caregiver is available to perform the testing, document the frequency and the results and implement the appropriate therapeutic intervention, when necessary.

### Non-covered:

Continuous read oximetry meters and any meter used for diagnostic purposes are not covered.

Dakota Health & Human Services		PULSE OXIMETER AND SUPPLIES Service Authorization Required - Yes CMN Required: No	
DURABLE MEDICAL EQUIPMENT MANUAL		COVERAGE AND LIMITATION CRITERIA AND POLICY	
EFFECTIVE: March 2007		REVISED: December 2023	
PULSE OXIMETER AN	D SUPPLIES		
Date Revised	Revisions		
June 2017	Reviewed and Reformatted. Added do	Reviewed and Reformatted. Added documentation requirements for clarification.	
November 23, 2022	and replaced "may be covered" is allo	Reviewed and reformatted. Removed "the Division of Medical Assistance Programs (Division) may cover," and replaced "may be covered" is allowed. Documentation Requirements section bullet two replaced "60" with "90". Header logo updated with new logo.	
December 11, 2023	Reviewed and Reformatted. No Chan	Reviewed and Reformatted. No Changes made.	