



REIMBURSEMENT POLICY STATEMENT

Georgia Medicaid

Policy Name & Number	Date Effective
Pulse Oximeter Device-Non-Invasive-GA MCD-PY-1740	04/01/2026
Policy Type	
REIMBURSEMENT	

Reimbursement Policies prepared by CareSource and its affiliates are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. CareSource and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject

Pulse Oximeter Device-Non-Invasive

B. Background

Pulse oximetry is a quick diagnostic tool used to detect hypoxia and adjust oxygen supplementation in patients on ventilator support and with various medical conditions. These noninvasive devices are well tolerated by individuals of all ages, from newborns to the elderly, and generally pose a lower risk of complications compared to arterial blood gas measurements. This technique enables rapid and accurate assessment of blood oxygen saturation.

Commonly known as the fifth vital sign, pulse oximetry measures blood oxygen saturation by directing light at specific wavelengths through tissue, most frequently at the fingernail bed. Pulse oximeter probes typically contain 2 light emitters and 1 light detector or sensor, which captures the light either on the opposite side of the tissue bed or reflects it from areas such as the forehead. These probes are available in single-use adhesive versions or multi-use clips.

Conventional pulse oximeters play a vital role in diagnosing hypoxia. Normal oxygen saturation levels typically range from 95% to 100%, while hypoxemia is indicated by an oxygen saturation of less than 90%. Healthcare providers must keep track of oxygenation trends and respond appropriately if readings are inconsistent with clinical observations. It is crucial to avoid hyperoxia, as it can lead to increased morbidity and mortality.

Additionally, pulse oximetry should be employed for hospitalized patients who are receiving medications that may affect respiratory function, such as opioids. All patients with acute respiratory issues should be monitored using pulse oximetry, regardless of the care environment.

C. Definitions

- **Pulse Oximeter Device-Non-Invasive (Continuous)** – Device for continuously measuring blood oxygen levels.
- **Pulse Oximeter Device-Non-Invasive (Intermittent)** – Device for intermittently measuring blood oxygen levels.

D. Policy

- I. CareSource uses MCG Health clinical criteria to determine medical necessity, when applicable, for Pulse Oximeter Device-Non-Invasive (E0445)
 - A. Pulse Oximeter Device-Non-Invasive Intermittent (E0445) should be billed without a modifier, indicating the device is a purchased item. No medical necessity review is required.

- B. Pulse Oximeter Device-Non-Invasive Continuous (E0445) should be billed with an RR modifier, indicating the device is a rent to purchase item. A medical necessity review is required.
 - 1. This item is a 10-month rent to purchase item.
 - 2. After 10 months of rental, the pulse oximeter becomes the property of the member.
 - 3. A continuous pulse oximeter frequency is 1 every 5 yrs. unless the item is not working or unrepairable.

E. Conditions of Coverage
 NA

F. Related Policies/Rules
 NA

G. Review/Revision History

DATE		ACTION
Date Issued	12/17/2025	New policy. Approved at Committee.
Date Revised		
Date Effective	04/01/2026	
Date Archived		

H. References

- 1. GA Medicaid DME Services Fee Schedule. Georgia Department of Community Health. Revised October 1, 2025. Access November 24, 2025. www.mmis.georgia.gov
- 2. Torp KD, Modi P, Pollard EJ, et al. Pulse oximetry. *StatPearls*. StatPearls Publishing; 2025. Accessed November 24, 2025. www.ncbi.nlm.nih.gov