

## **CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA** **FOR HOME PULSE OXIMETRY**

This notification applies to the following networks: *Commercial HMO, POS, and PPO*  
A listing of all networks can be found on the provider website at <https://wa-provider.kaiserpermanente.org/communications/letters>

**Effective November 1, 2022**, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will no longer cover home pulse oximetry.

### **Explanation of the change:**

Kaiser Permanente is moving the Home Pulse Oximetry criteria to the DME policy, which states home pulse oximetry will no longer be reimbursable. The corresponding codes are A4606 and E0445.

Clinical review criteria can be found on the Kaiser Permanente provider website at: [https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/home\\_pulse\\_oximetry.pdf](https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/home_pulse_oximetry.pdf)

Questions: Contact Provider Assistance Unit at 1-888-767-4670, Monday through Friday, 8 a.m. to 5 p.m.

**Kaiser Foundation Health Plan of Washington**  
**Kaiser Foundation Health Plan of Washington Options, Inc.**

<CONTRACT MANAGER NAME>

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