

Payment Policy: Pulse Oximetry with Evaluation & Management Services

Reference Number: LA.PP.025

Product Types: ALL

Effective Date: 08/2020

Last Review Date: 08/202~~0~~²⁰

Coding Implications

Revision Log

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Policy Overview

The purpose of this policy is to define payment criteria for pulse oximetry testing when billed separately from an office visit.

Pulse oximetry testing involves application of an electronic oximetry device, typically attached to the finger or ear. The device monitors the amount of oxygen bound to hemoglobin in the bloodstream. The results are provided as a percentage of the maximum binding capacity of oxygen to hemoglobin. A normal oxygen saturation level is between 95-100 percent. The electronic oximetry device may also provide a readout of a patient's pulse rate.

Application

This policy applies to Professional Claims.

Policy Description

Reimbursement

Louisiana Healthcare Connections will deny pulse oximetry when billed with an evaluation and management service when billed on the same date by the same provider.

When pulse oximetry is billed with an office visit, pulse oximetry will be denied and bundled into the evaluation and management service. Pulse oximetry represents a fundamental component of the assessment services provided to a patient during a procedure and therefore is not separately reimbursable.

Utilization

Rationale for Edit

According to the Centers for Medicare and Medicaid Services (CMS) NCCI Policy Manual (20~~19~~²¹),

Many procedures require cardiopulmonary monitoring either by the physician performing the procedure or an anesthesia practitioner. Since these services are integral to the procedure, they are not separately reportable (p. I-14).

CMS assigns CPT codes 94760 and 94761 to a status indicator of "T." Status T procedures are only paid if there are no other services paid under the physician's fee schedule billed on the same date by the same provider. According to CMS National Physician Fee Schedule Relative Value File (20~~19~~²¹),

If any other services payable under the physician fee schedule are billed on the same date, by the same provider, these services are bundled into the physician services for which payment is made.

Coding and Modifier Information

This payment policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT® codes and descriptions are copyrighted 2019, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this payment policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT/HCPCS Code	Descriptor
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination
94761	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (e.g., during exercise)

References

1. *Current Procedural Terminology (CPT®)*, 20~~21~~¹⁹
2. *HCPCS Level II*, 20~~21~~¹⁹
3. *Centers for Medicare and Medicaid Services, Physician Fee Schedule, Relative Value File* 20~~21~~¹⁹
4. *Centers for Medicare and Medicaid Services, National Correct Coding Initiative Policy Manual, Chapter I, General Correct Coding Policies*, ~~2019~~²⁰²¹

Revision History	
08/15/2020	Converted corporate to local policy.
<u>08/29/2022</u>	<u>Annual Review;</u> <u>Updated dates in the reference section from 2018 to 2021</u> <u>Removed clinical and added payment policy in “Important Reminder” section</u>

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing

this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable LHCC administrative policies and procedures.

This ~~clinical-payment~~ policy is effective as of the date determined by LHCC. The date of posting may not be the effective date of this ~~clinical-payment~~ policy. This ~~clinical-payment~~ policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this ~~clinical-payment~~ policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. LHCC retains the right to change, amend or withdraw this ~~clinical-payment~~ policy, and additional ~~paymentclinical~~ policies may be developed and adopted as needed, at any time.

This ~~paymentclinical~~ policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This ~~paymentclinical~~ policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom LHCC has no control or right of control. Providers are not agents or employees of LHCC.

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POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, Centene's P&P management software, is considered equivalent to an actual signature on paper.

Senior Director of Network Accounts: _____Electronic Signature on File_____

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