

PULSE OXIMETRY

Policy # 19

Implementation Date: 10/1/04

Revision Dates: 2/1/07, 12/3/14

Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for SelectHealth Commercial, SelectHealth Advantage (Medicare), and SelectHealth Community Care (Medicaid) plans. Refer to the “Policy” section for more information.

Description

Pulse oximetry is a simple non-invasive method of monitoring the oxygen saturation of the arterial blood. Performing this service consists of placing a probe on the patient's finger or ear lobe to detect the percentage of Hb saturated with oxygen.

Commercial Plan Policy

SelectHealth **will not pay for pulse oximetry separately when provided with any other service.** SelectHealth uses the RBRVS system to calculate fee schedules and the payment for codes. By using this methodology, codes 94760 and 94761 are already included in the practice expense relative value units (RVUs) of other services and would therefore duplicate payment if paid separately. If these services are billed independently from any other service and are the only services performed, then separate payment will be made.

SelectHealth Advantage (Medicare/CMS)

SelectHealth Advantage **will follow the commercial plan policy**

SelectHealth Community Care (Medicaid)

SelectHealth Community Care **will follow the commercial plan policy**

Applicable Codes

Codes	Descriptions
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination
94761	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)

Sources

1. *Current Procedural Terminology (CPT®)*, (2014) – American Medical Association.
2. ICD-9-CM Coding Guidelines. (2013, January 1). Retrieved July 8, 2014, from https://www.encoderpro.com/epro/physicianDoc/pdf/i9v1/i9_guidelines.pdf

3. Physician Fee Schedule 2015. (n.d.). Retrieved December 3, 2014, from <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files-Items/RVU15A.html?DLPage=1&DLSort=0&DLSortDir=descending>

Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate healthcare providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

SelectHealth makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. SelectHealth updates its Coverage Policies regularly, and reserves the right to amend these policies without notice to healthcare providers or SelectHealth members. Claims will be reviewed based on current policy language at time of review.

Members may contact Customer Service at the phone number listed on their member ID Card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call SelectHealth Provider Relations at 801-442-3692.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from SelectHealth.

“Intermountain Healthcare” and its accompanying logo, the marks of “SelectHealth” and its accompanying marks are protected and registered trademarks of the provider of this Service and or Intermountain Health Care, Inc., IHC Health Services, Inc., and SelectHealth, Inc.

Also, the content of this Service is proprietary and is protected by copyright. You may access the copyrighted content of this Service only for purposes set forth in these Conditions of Use.

© CPT Only – American Medical Association