

## **PULSE OXIMETRY**

Policy # 19

Implementation Date: 10/1/04

Review Date:

Revision Date: 2/1/07, 12/3/14, 1/3/25

**Disclaimer:**

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial, Select Health Medicare (CMS), and Select Health 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 Hemoglobin (Hb) saturated with oxygen.

**COMMERCIAL PLAN POLICY AND CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)**

**Select Health will not pay for pulse oximetry separately when provided with any other service.** Select Health 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.

Select Health will not pay for overnight pulse oximetry (CPT code 94762) separately when provided with critical care services.

**SELECT HEALTH MEDICARE (CMS)**

Select Health Advantage **will follow the commercial plan policy.**

**SELECT HEALTH COMMUNITY CARE (MEDICAID)**

Select Health Community Care **will follow the commercial plan policy.**

**Applicable Codes**

<b>Codes</b>	<b>Descriptions</b>
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)
94762	Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)

**Sources**

1. *Current Procedural Terminology (2024)* – American Medical Association.

2. CPT Coding Guidelines 2024, January 1), from Optum EncoderPro.com Professional - CPT® Code Detail - 94762.
3. Physician Fee Schedule 2024, RVU24A | CMS.

**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.

Select Health® makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. Select Health updates its Coverage Policies regularly and reserves the right to amend these policies without notice to healthcare providers or Select Health members.

Members may contact Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call Select Health 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 Select Health.

"Intermountain Healthcare" and its accompanying logo, the marks of "Select Health" 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 Select Health, 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