

Policy 1222

NHP/NHIC ~ Pulse Oximetry

Purpose: This policy is to provide guidelines for claims received for pulse oximetry testing services.

ANSI Code Denial: B22- This payment is adjusted based on the diagnosis.

Policy and Procedure: NHP/NHIC reimburses providers for performing pulse oximetry testing when accompanied by an appropriate ICD diagnosis code that is used to evaluate conditions which are commonly associated with oxygen desaturation. Routine pulse oximetry testing with absence of signs or symptoms suggestive of desaturation is not covered. Use of the appropriate ICD diagnosis code does not guarantee reimbursement. Documentation requirements must be met and available if requested.

The following procedure codes are used when billing for pulse oximetry services:

CPT 94760	Non-invasive ear or pulse oximetry for oxygen saturation; single determination.
CPT 94761	Non-invasive ear or pulse oximetry for oxygen saturation; multiple determinations (e.g. during exercise)
CPT 94762	Non-invasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)

Reasons for pulse oximetry (94760 and 94761) include:

1. Patient exhibits signs or symptoms of acute respiratory dysfunction such as: Tachypnea, Dyspnea, Cyanosis, Respiratory distress, Confusion and Hypoxia.
2. Patient has chronic lung disease, severe cardiopulmonary disease, or neuromuscular disease involving the muscles of respiration, and oximetry is needed for at least one of the following reasons:
 - a. Initial evaluation to determine the severity of respiratory impairment.
 - b. Evaluation of an acute change in condition.
 - c. Evaluation of exercise tolerance in a patient with respiratory disease.
 - d. Evaluation to establish medical necessity of oxygen therapeutic regimen.

3. Patient has sustained severe multiple trauma or complains of acute severe chest pain.
4. The patient is under treatment with a medication with known pulmonary toxicity, and it may be necessary to monitor for potential adverse effects of therapy.

When 94760 or 94761 are billed with an E/M code, the routine oximetry is incidental to a provider's service and therefore, like other vital sign measurements is considered part of the provider's service when billed with an E/M code.

When pulse oximetry for oxygen saturation is utilized to monitor a patient's respiratory status/oxygen saturation during a surgical procedure, the service is bundled into the surgical/anesthesia service and not separately reimbursable (i.e., anesthesia or provider surgical procedure).

Continuous overnight oximetry (94762) is considered allowable in the following circumstances:

1. The patient has a condition for which intermittent arterial blood gas sampling is likely to miss important variations.
2. The patient has a condition resulting in hypoxemia and there is a need to assess supplemental oxygen requirements and/or a therapeutic regimen.

Continuous overnight monitoring in outpatient or home management for patients with chronic cardiopulmonary problems, pulse oximetry determinations once or twice a year is considered reasonable. Regular or routine testing will not be allowed for reimbursement. More frequent follow-up testing may be allowed when there is documentation of an acute exacerbation of a chronic pulmonary disease or unstable conditions or acute illnesses with signs indicating or suggesting increased hypoxemia. In all instances, there must be a request documented in the medical records from a physician for these services.

This policy is not a guarantee of coverage or payment. The claim(s) will be denied if it does not meet with all the terms and provisions of the members Certificate of Coverage. Actual benefits will be determined when the claim(s) or bill(s) are submitted to NHP/NHIC. NHP/NHIC reserves the right to periodically review and update all claims policies and procedures.

Copyright © 2009 Affinity Health System. All Rights Reserved
HMO plans are underwritten by Network Health Plan, POS plans are underwritten by Network Health Insurance Corporation and Network Health Plan

Valid Diagnosis Codes

NHP/NHIC will allow separate payment for Pulse Ox when it is medically necessary to evaluate conditions which are commonly associated with oxygen desaturation. Below is a list of the valid diagnosis codes that the provider can charge for using Pulse Ox.

CPT Codes 94760 and 94761:

Diagnosis Code	Description
011.00-011.96	Pulmonary tuberculosis
012.80-012.86	Other specified respiratory tuberculosis
020.3-020.5	Pneumonic plague
021.2	Pulmonary tularemia
039.1	Pulmonary actinomycotic infection
052.1	Varicella (hemorrhagic) pneumonitis
073.0	Ornithosis with pneumonia
130.4	Pneumonitis due to toxoplasmosis
135	Sarcoidosis
136.3	Pneumocystosis
162.2-162.5 162.8, 162.9	Malignant neoplasm of trachea\bronchus\lung
197.0	Secondary malignant neoplasm of lung
277.00-277.02	Cystic fibrosis
277.6	Other deficiencies of circulating enzymes
289.0	Polycythemia, secondary
293.0	Acute delirium
298.9	Unspecified psychosis
335.20-335.21	Amyotrophic lateral sclerosis
357.0	Acute infective polyneuritis
358.00-358.01	Myasthenia gravis
391.8	Other acute rheumatic heart disease
398.91	Rheumatic heart disease (congestive)
402.01 402.11 402.91	Hypertensive heart disease
404.01, 404.03, 404.11, 404.13, 404.91, 404.93	Hypertensive heart and chronic kidney disease
413.9	Other unspecified angina pectoris
415.0	Acute cor pulmonale
415.11	Latrogenic pulmonary embolism and infarction

Diagnosis Code	Description
415.19	Other pulmonary embolism and infarction
416.0 – 416.9	Primary pulmonary hypertension
428.0, 428.1, 428.20-428.23, 428.30-428.33, 428.40-428.43	Heart failure
428.9	Unspecified heart failure
464.00	Acute laryngitis without obstruction
464.10-464.11	Acute tracheitis
464.20-464.21	Acute laryngotracheitis
464.30-464.31	Acute epiglottitis
464.4	Croup
464.50-464.51	Supraglottitis
466.0-466.19	Acute bronchitis and bronchiolitis
478.70	Unspecified disease of larynx
478.71	Cellulitis and perichondritis of larynx
478.74	Stenosis of larynx
478.75	Laryngeal spasm
478.79	Other diseases of larynx
478.8	Upper respiratory tract hypersensitivity reaction, site unspecified
478.9	Other and unspecified diseases of upper respiratory tract
480.0-480.9	Viral pneumonia
481	Pneumococcal pneumonia (streptococcus pneumoniae pneumonia)
482.30-482.39	Pneumonia due to Streptococcus
482.40-482.49	Pneumonia due to Staphylococcus, unspecified - other Staphylococcus pneumonia
482.81-482.89	Pneumonia due to other specified bacteria
483.0-483.8	Pneumonia due to specified organism
484.1-486	Pneumonia in cytomegalic inclusion disease-pneumonia organism unspecified
487.0	Influenza with pneumonia
487.1	Influenza with other respiratory manifestations
490	Bronchitis, not specified as acute or chronic
491.0-491.1	Simple chronic bronchitis-mucopurulent chronic bronchitis
491.20-491.21	Obstructive chronic bronchitis
492.0	Emphysematous bleb
492.8	Other emphysema
493.00-493.92	Asthma

Diagnosis Code	Description
494.0-494.1	Bronchiectasis
495.0-495.5	Extrinsic allergic alveolitis
496	Chronic airway obstruction, not elsewhere classified
500	Coal workers' pneumoconiosis
501	Asbestosis
502	Pneumoconiosis due to other silica or silicates
503	Pneumoconiosis due to other inorganic dust
504	Pneumonopathy due to inhalation of other dust
505	Pneumoconiosis, unspec.
506.0-506.9	Respiratory conditions due to chemical fumes and vapors
507.0-507.8	Pneumonitis due to solids and liquids
508.0-508.9	Respiratory conditions due to other and unspecified external agents
510.0-510.9	Empyema
511.0-511.9	Pleurisy
512.0-512.8	Pneumothorax
513.0-513.1	Abscess of lung and mediastinum
514	Pulmonary congestion and hypostasis
515	Post inflammatory pulmonary fibrosis
516.0-516.9	Pulmonary alveolar proteinosis
517.1-517.8	Rheumatic pneumonia
518.0-518.89	Other diseases of lung
519.11-519.4	Bronchospasm-other diseases of trachea and bronchus-disorders of diaphragm
780.2	Syncope and collapse-convulsions
780.31-780.39	Febrile convulsions (simple), unspecified other convulsions
780.79	Other malaise and fatigue
782.5	Cyanosis
785.0	Tachycardia, unspecified
785.50-785.59	Shock without mention of trauma
786.03-786.07, 786.09	Symptoms involving respiratory system and other chest symptoms
786.3	Hemoptysis
786.50-786.59	Chest pain
786.6	Swelling, mass, or lump in chest
793.1-793.2	Abnormal findings in lung field-abnormal findings other intrathoracic organs
799.01-799.02	Asphyxia/ respiratory arrest
805.00-805.08	Closed fracture of cervical vertebra-multiple cervical vertebrae

Diagnosis Code	Description
805.10	Open fracture of cervical vertebra
805.18	Open fracture of multiple cervical vertebrae
805.2-805.7	Closed fracture of dorsal (thoracic) vertebra w/out spinal cord injury-open fracture of sacrum and coccyx w/out spinal cord injury.
806.00-806.09	Closed fracture of C1-C4 level w/unspecified spinal cord injury-closed fracture of C5-C7 level w/other specified spinal cord injury
806.10-806.19	Open fracture of C1-C4 level w/unspecified spinal cord injury-open fracture of C5-C7 level w/other specified spinal cord injury
806.20-806.29	Closed fracture of T1-T6 level w/unspecified spinal cord injury-closed fracture of T7-T12 level w/other specified spinal cord injury
806.30-806.39	Open fracture of T1-T6 level w/unspecified spinal cord injury-open fracture of T7-T12 level w/other specified spinal cord injury
806.4	Closed fracture of lumbar spine with spinal cord injury
806.5	Open fracture of lumbar spine with spinal cord injury
806.60-806.69	Closed fracture of sacrum and coccyx w/unspecified spinal cord injury-closed fracture of sacrum and coccyx w/other spinal cord injury
806.70-806.79	Open fracture of sacrum and coccyx w/unspecified spinal cord injury-open fracture of sacrum and coccyx w/other spinal cord injury
807.00-807.09	Fracture of ribs, closed
807.10-807.19	Fracture of ribs, open
807.2-807.6	Fracture of sternum, closed-open fracture of larynx and trachea
854.00-854.09	Intracranial injury of other and unspecified nature
860.0-860.5	Traumatic pneumothorax without/with open wound into thorax
861.00 -861.03	Unspecified injury of heart without open wound into thorax-laceration of heart w/ penetration of heart chambers w/out open wound into thorax
861.10-861.13	Unspecified injury of heart with open wound into thorax-laceration of heart w/ penetration of heart chambers and open wound into thorax
861.20-861.22	Unspecified injury of lung w/out open wound into thorax-laceration of lung w/out open wound into thorax
861.30-861.32	Unspecified injury of lung with open wound into thorax-laceration of lung with open wound into thorax
862.0	Injury to diaphragm without open wound into cavity
862.1	Injury to diaphragm with open wound into cavity
862.21-862.29	Injury to Bronchus w/out open wound into cavity-injury to other specified intrathoracic organs w/out open wound into cavity
862.31-862.39	Injury to Bronchus with open wound into cavity-injury to other specified intrathoracic organs with open wound into cavity
863.0	Injury to stomach without open wound into cavity
863.1	Injury to stomach with open wound into cavity
863.20-863.29	Injury to small intestine unspecified site w/out open wound into cavity-other injury to small intestine w/out open wound into cavity

Diagnosis Code	Description
863.30-863.39	Injury to small intestine unspecified site with open wound into cavity-other injury to small intestine with open wound into cavity
863.40-863.49	Injury to colon unspecified site w/out open wound into cavity-other injury to colon and rectum w/out open wound into cavity
863.50-863.59	Injury to colon unspecified site with open wound into cavity-other injury to colon and rectum with open wound into cavity
863.80-863.89	Injury to gastrointestinal tract unspecified site w/out open wound into cavity-injury to other gastrointestinal sites w/out open wound into cavity
863.90-863.99	Injury to gastrointestinal tract unspecified site with open wound into cavity-injury to other gastrointestinal sites with open wound into cavity
864.00 -864.09	Unspecified injury to liver w/out open wound into cavity-other injury to liver w/out open wound into cavity
864.10-864.19	Unspecified injury to liver with open wound into cavity-other injury to liver with open wound into cavity
865.00 -865.09	Unspecified injury to spleen without open wound into cavity-other injury into spleen without open wound into cavity
865.10-865.19	Unspecified injury to spleen with open wound into cavity-other injury into spleen with open wound into cavity
866.00-866.03	Unspecified injury to kidney without open wound into cavity-complete disruption of kidney parenchyma without open wound into cavity
866.10-866.13	Unspecified injury to kidney with open wound into cavity-complete disruption of kidney parenchyma with open wound into cavity
867.0-867.9	Injury to bladder and urethra without open wound into cavity-injury to unspecified pelvic organ with open wound into cavity
868.00-868.09	Injury to unspecified intra-abdominal organ without open wound into cavity-injury to other and multiple intra-abdominal organs without open wound into cavity
868.10-868.19	Injury to unspecified intra-abdominal organ with open wound into cavity-injury to other and multiple intra-abdominal organs with open wound into cavity
869.0-869.1	Internal injury to unspecified or ill-defined organs without open wound into cavity-with open wound into cavity
933.1	Foreign body in larynx
934.0-934.9	Foreign body in trachea-foreign body in respiratory tree unspecified
941.20-941.29	Blisters with epidermal loss due to burn
941.30-941.39	Full-thickness skin loss due to burn
941.40-941.49	Deep necrosis of underlying tissues due to burn (deep third degree) of unspecified site of face and head without loss of body part
941.50-941.59	Deep necrosis of underlying tissues due to burn (deep third degree) of unspecified site of face and head with loss of body part
942.20-942.29	Blisters with epidermal loss due to burn (second degree) of unspecified site of trunk
942.30-942.39	Full-thickness skin loss due to burn (third degree NOS) of unspecified site

Diagnosis Code	Description
	of trunk
942.40-942.49	Deep necrosis of underlying tissues due to burn (deep third degree) of trunk. Unspecified site without loss of body part
942.50-942.59	Deep necrosis of underlying tissues due to burn (deep third degree) of trunk. Unspecified site with loss of body part
943.20-943.29	Blisters with epidermal loss due to burn (second degree) of unspecified site of upper limb
943.30-943.39	Full thickness skin loss due to burn (third degree NOS) of unspecified site of upper limb
943.40-943.49	Deep necrosis of underlying tissues due to burn (deep third degree) of unspecified site of upper limb without loss of body part
943.50-943.59	Deep necrosis of underlying tissues due to burn (deep third degree) of unspecified site of upper limb with loss of body part
944.20-944.28	Blisters with epidermal loss due to burn (second degree) of unspecified site of hand blisters
944.30-944.38	Full thickness skin loss due to burn (third degree NOS) of unspecified site of hand
944.40-944.48	Deep necrosis of underlying tissues due to burn
944.50-944.58	Deep necrosis of underlying tissues due to hand burn
945.20-945.29	Blisters with epidermal loss (second degree) lower limbs
945.30-945.39	Full-thickness skin loss due to burn (third degree nos) lower limb
945.40-945.59	Deep necrosis of underlying tissues due to hand burn (deep third degree) lower limb
946.2-946.5	Blisters with epidermal loss due to burn (second degree)
947.0-947.4	Burn of mouth and pharynx-Burn of vagina and uterus
948.00-948.11, 948.20-948.22, 948.30-948.33, 948.40-948.44, 948.50-948.55, 948.60-948.66, 948.70-948.77, 948.80-948.88, 948.90-948.99	Burns classified according to extent of body surface involved
959.8	Injury, other specified sites, including multiple
960.0-960.9 961.0-961.9 962.0-962.9 963.0-963.9 964.0-964.9 965.00 -965.09 965.1 965.4 965.5	Poisoning

Diagnosis Code	Description
965.61 965.69-965.9 966.0-966.4 967.0-967.9 968.0-968.9 969.0-969.9 970.0 970.1 970.81; 970.89 971.0-971.3 971.9 972.0-972.9 973.0-973.9 974.0-974.7 975.0-975.8 976.0-976.9 977.0-977.4 977.8 977.9 978.0-978.9 979.0-979.9	
980.0-980.3 980.8-981 982.0-982.4 982.8 983.0-983.2 983.9 984.0 984.1 984.8 984.9 985.0-986 987.0-987.9 988.0-988.2 988.9 989.0-989.7 989.81-989.84 989.89	Toxic effect
994.1	Drowning and nonfatal submersion
994.7	Asphyxiation and strangulation
997.31, 997.39	Respiratory complications
V42.6	Lung replaced by transplant
V58.69	Encounter for long-term (current) use of other medications
V67.2	Chemotherapy follow-up examination
V67.51	Follow up exam following completed treatment with high risk medication

CPT Code 94762:

Diagnosis Code	Description
162.2-162.9	Malignant neoplasm of trachea, bronchus, and lung
289.0	Polycythemia, secondary
327.21-327.27	Organic sleep disorders
391.8	Other acute rheumatic heart disease
398.91	Rheumatic heart failure (congestive)
402.01, 402.11, 402.91	Hypertensive heart disease
404.01, 404.02, 404.13, 404.93	Hypertensive heart and chronic kidney disease
416.0	Primary pulmonary hypertension
428.9	Heart failure, unspecified
492.0-492.8	Emphysema
493.00-493.92	Asthma
494.0-494.1	Bronchiectasis
515	Post inflammatory pulmonary fibrosis
518.5, 518.81	Other diseases of the lung
780.09	Alteration of consciousness other
780.51, 780.52 780.53, 780.57	Sleep disturbances
786.03-786.09	Symptoms involving respiratory system and other chest symptoms
	These codes are to be used only for patients, exhibiting signs and symptoms of oxygen deprivation, supported by their medical records
327.21	Primary central sleep apnea
416.0, 416.8	Other chronic pulmonary heart diseases
416.9	Chronic pulmonary heart disease unspecified
428.0, 428.1, 428.20-428.23, 428.30-428.33, 428.40-428.43, 428.9	Heart failure
492.8	Other emphysema
493.00-493.22, 493.81-493.92	Asthma
496	Chronic airway obstruction not elsewhere classified
780.91-780.97, 780.99, 780.51 780.53, 780.54 780.57	General symptoms
799.01	Asphyxia

Diagnosis Code	Description
799.02	Hypoxemia