

Internal Medicine Coding Alert

Reader Question: Update on Pulse Oximetry Payment

Question: In the reader question titled Using 94760 on page 15 of the February 2000 Internal Medicine Coding Alert, you reported that a recent Medicare memo announced that the pulse oximetry codes 94760 and 94761 would be reimbursed and would no longer be bundled with the related evaluation and management (E/M) service. We continue to be denied for those codes. Where can we find the memo that announced this new policy so we can include it in our appeals?

Florida Subscriber

Answer: A month after Medicare announced that the pulse oximetry codes 94760 (noninvasive ear or pulse oximetry for oxygen saturation; single determination) and 94761 (multiple determinations [e.g., during exercise]) were separately reimbursable, the agency reversed its decision. Codes 94760 and 94761 have been reclassified as status T on the Medicare Physician Fee Schedule Database (although status T services are usually injections). Payment for these two codes is included in the allowance for an E/M service or any other service performed on the same day. The codes are reimbursable when those are the only services provided to the patient that day.

Many commercial insurers continue to reimburse for these codes even when performed with other services. You may want to check with your private payers on their policies regarding pulse oximetry.

For more on Medicare's most recent announcement concerning codes 94760 and 94761, please refer to HCFA Clarifies Latest Changes to Process of Getting Pulse Oximetry Monitoring Payment on page 20 of the March 2000 Internal Medicine Coding Alert.