

## **Part B Insider (Multispecialty) Coding Alert**

### **Reader Questions: Consider Documentation for Walking Oximetry Payment**

Question: Medicare never pays us for walking oximetry. For instance, if we have a visit and a PFT (94010 and pulse and walking oximetry), we don't get paid for any of our oximetry. How should I deal with this dilemma?

Answer: You should differentiate between standard oximetry and a six minute walk. Per CPT Assistant, a six minute walk is performed to evaluate distance, dyspnea, desaturation and heart rate, and is reported with 94620 (Pulmonology stress testing; simple [e.g., 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry]). You should have no problem getting reimbursed for 94620 and separately identifiable services, such as an office visit. On the other hand, if the patient is exercising (e.g., walking) and the physician only wants to perform pulse oximetry to measure desaturation or to determine oxygen flow to prevent desaturation, this is reported as 94761 (Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations [e.g., during exercise]). 94761 is assigned a "T" status which means that the code is not payable in addition to any other payable CPT code reported by the same provider on the same day.