



Oxygen and Pulse Oximetry

May 2025

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OXYGEN

Delivery of oxygen to a patient in a bed (inpatient or outpatient) may be charged as a nonsterile supply using revenue code 0271, provided that the documentation supports the medical necessity and the record of the physician's order for oxygen therapy.

The charges may be applied as follows:

- Oxygen can be charged hourly, per shift, or per day;
- Oxygen is not charged if the patient is on a ventilator; oxygen is considered within the ventilator management charge.
- When a humidifier is added for higher-flow oxygen, the humidifier is not separately charged; it is considered incidental to the charge for oxygen.

HIGH FLOW OXYGEN

Some hospitals bill a higher charge for high-flow oxygen therapy, as it requires more oxygen gas and more expensive supplies. High-flow oxygen supplies should not be separately charged.

Oxygen Supplies, including inexpensive masks, nasal cannulas, and tubing, fall into the category of bulk supplies, which are not separately billable. CorroHealth does not recommend billing the high-flow nasal cannula system separately; charge auditors hired by insurance companies will deny any line item with the word "tubing" or "cannula."

For more information, refer to our [Billing for Supplies](#) paper.

PULSE OXIMETRY

Pulse oximetry may be separately charged only when specifically appropriate to an individual patient's care as indicated on the physician's order. For example, if all patients undergoing anesthesia for surgery are concurrently monitored for oxygen saturation via pulse oximetry, the pulse oximetry charge should not be separately charged as it is incidental to the surgical/anesthesia procedure charges.

Note that the Medicare APC status indicator for 94760 and 94761 is "N", not separately reimbursed.



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HCPSCS/CPT®	2023 OPPS Status	APC	OPPS Allowable (Nat'l Rate)
94760 - NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; SINGLE DETERMINATION	N	(Payment packaged)	
94761 - NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; MULTIPLE DETERMINATIONS (EG, DURING EXERCISE)	N	(Payment packaged)	
94762 - NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; BY CONTINUOUS OVERNIGHT MONITORING (SEPARATE PROCEDURE)	Q3	5721	\$145.43

When pulse oximetry is routinely performed in the ED as the “4th” vital sign, it is considered the customary standard of care and not a separately billable line. The nursing resource should be captured in the following charges for general nursing services:

- ED level charge
- ICU room charge
- Daily ventilator charge
- Oxygen charge

Disposable probe covers for pulse oximetry are not chargeable in addition to the charge for pulse oximetry. The cost of the supply is considered incidental to the charge for the monitoring service.

Several articles in the AMA publication CPT Assistant® discuss pulmonary function testing. To review these articles on the PARA Data Editor (PDE), enter the HCPCS code in the Calculator Report Selection:



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The Calculator tab query will return all CPT Assistant® documents referencing the codes. Each document is available for review by clicking the link at right.

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	Document	
1	Feb23_02_Remote Therapeutic Monitoring (RTM) Services Changes for 2023_CPTA	Click to Review
2	Pulmonary Function Testing (PFT) Procedures - August 2012	Click to Review
3	In Vivo (eg, Transcutaneous) Laboratory Procedures (December 2008)	Click to Review
4	Evaluation and Management: Critical Care Services (February 2007)	Click to Review
5	MDL Settlements (April 2007)	Click to Review
6	Medicine: Pulmonary (June 2007)	Click to Review
7	Evaluation and Management Services Guidelines - What's New in CPT 2007? (July 2007)	Click to Review
8	Moderate (Conscious) Sedation (February 2006)	Click to Review
9	Inpatient Neonatal and Pediatric Critical Care Services (July 2006)	Click to Review
10	Pulmonary Function Studies (July 2005)	Click to Review
11	Pediatric Intensive Care Services Codes (October 2003)	Click to Review
12	Neonatal Intensive Care Services (August 2000)	Click to Review
13	CPT 2000 Code and Guideline Changes: A Comprehensive Review (November 1999)	Click to Review
14	Pulmonary Function Testing (January 1999)	Click to Review
15	Medicine Pulmonary (June 1999)	Click to Review
16	Conscious Sedation (July 1998)	Click to Review
17	Review of the 1998 CPT Coding Changes (November 1997)	Click to Review
18	Medicine, 94060, 94760 (Q&A) (February 1997)	Click to Review
19	Pulmonary Medicine, 94010-94799(Q&A) (February 1996)	Click to Review
20	Back Issue Index, January 2014	Click to Review

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Pulmonary Diagnostic Testing and Therapies

Several changes have been made in the Medicine/Pulmonary Diagnostic Testing and Therapies subsection of the Current Procedural Terminology (CPT®) code set for 2018. Two new codes (94617, 94618) have been added, one code (94620) has been deleted, and another code (94621) has been revised to reflect changes made to identify exercise testing for bronchospasm, pulmonary stress testing, and cardiopulmonary testing procedures. In addition, new parenthetical guidelines have been added to clarify the reporting of these services. This article addresses these changes.

Pulmonary Diagnostic Testing and Therapies

- 94617** Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry
- 94618** Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed

c(94620 has been deleted. To report pulmonary stress testing, use 94618)b

- 94621** Cardiopulmonary exercise testing, including measurements of minute ventilation, CO₂ production, O₂ uptake, and electrocardiographic recordings

c(Do not report 94617, 94621 in conjunction with 93000, 93005, 93010, 93040, 93041, 93042 for ECG monitoring performed during the same session)b

c(Do not report 94617, 94621 in conjunction with 93015, 93016, 93017, 93018)b

c(Do not report 94621 in conjunction with 94250, 94680, 94681, 94690)b

c(Do not report 94617, 94618, 94621 in conjunction with 94760, 94761)b