

# Oxygen and Pulse Oximetry

May 2025

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## Oxygen and Pulse Oximetry - May 2025

#### **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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HCPCS/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.

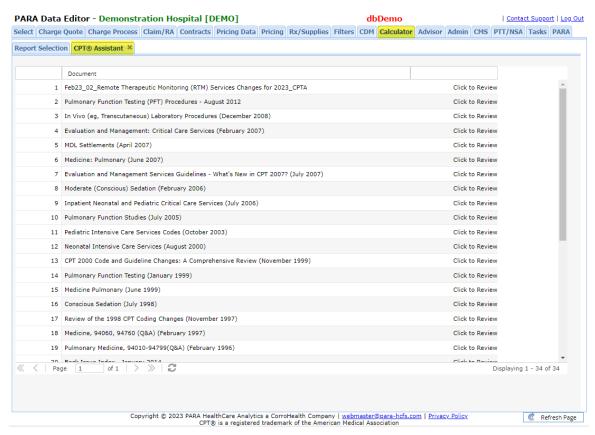
Several articles in the AMA publication CPT Assistant® discuss pulmonary function testing. To review these articles on the PARA Data Editor (PDE), enter the HCPCS code in the Calculator Report Selection:





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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.



Clicking the link at the right will open the document.

