Values

Accountability ● **Integrity** ● **Service Excellence** ● **Innovation** ● **Collaboration**

Abstract Purpose:

This guideline outlines Network Health's reimbursement policy for all lines of business when claims are received for pulse oximetry testing services.

Procedure Detail:

I. Network Health reimburses providers for performing pulse oximetry testing when accompanied by an appropriate ICD-10 diagnosis code that is used to evaluate conditions which are commonly associated with oxygen desaturation.

  a. Routine pulse oximetry testing with absence of signs or symptoms suggestive of desaturation is not covered.

  b. Use of the appropriate ICD-10 diagnosis code(s) does not guarantee reimbursement.

  c. Documentation requirements must be met and available if requested.

  d. When a pulse oximetry service is not billed with one of the appropriate ICD-10 diagnosis code, the claim will deny with Claim Adjustment Reason Code (CARC) Code B22 "*This payment is adjusted based on the diagnosis*".

II. When pulse oximetry services are billed with an Evaluation and Management (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.

III. 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.

IV. Regular or routine testing will not be allowed for reimbursement.

Definitions:

Pulse Oximetry: Pulse oximetry is a noninvasive test used to measure the oxygen level or oxygen saturation of the blood.

Effective Date: 3/1/2012
Update Date: 3/16/2022
Next Review Date: 3/16/2023