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Pulse Oximetry

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*Values*

Accountability • Integrity • Service Excellence • Innovation • Collaboration

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**Abstract Purpose:**

This reimbursement policy outlines Network Health's process, 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.

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