



P R O V I D E R B U L L E T I N

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To: All Providers

Subject: Apnea Monitors, Noninvasive Pulse Oximetry for Oxygen Saturation, Pneumograms, and Trend Event Monitoring

Overview

The Office of Medicaid Policy and Planning (OMPP) has recently reviewed the policy for billing of apnea monitors, noninvasive pulse oximetry, pneumograms, and trend event monitoring. Because national codes are now available for the billing of these services, this bulletin clarifies the changes and appropriate billing of these services using national codes, and also includes a complete explanation of the program policy. These revisions will be implemented for services with dates of services on or after July 18, 2003.

Local codes *X3005 – Trend Event Monitoring* and *Z5020 – Oximetry for Oxygen Saturation Monthly Services (1 Unit = 1 Month)* were originally created to assist the Indiana Health Coverage Programs (IHCP) providers billing for these services. The American Medical Association (AMA) Current Procedural Terminology (CPT), and Healthcare Common Procedure Coding System (HCPCS) subsequently assigned national codes for these services that will comply with the Health Insurance Portability and Accountability Act (HIPAA). Effective July 18, 2003, the IHCP will no longer accept the local codes when billing for these services.

Trend Event Monitoring and Apnea Monitors

Trend event monitoring is performed with an apnea monitor that has recording features. Local code X3005 will be replaced with HCPCS code E0619, which is for the actual monitor. The appropriate CPT code for monitoring, recording, transmission, and interpretation must be used to bill for these services. Current coding options are illustrated in Table 1.

When an apnea monitor without a recording feature is required, HCPCS code E0618 must be used.

Table 1 – Coding and Current Reimbursement Rates for Trend Event Monitoring and Apnea Monitors

Procedure Code	Description	Reimbursement
E0618 RR (Rental)	Apnea monitor without recording feature	\$175.10
E0618 NU (Purchase)	Apnea monitor without recording feature	\$2,626.50
E0619 RR (Rental)	Apnea monitor with recording features	\$188.91
E0619 NU (Purchase)	Apnea monitor with recording features	\$2,833.65

Table 1 – Coding and Current Reimbursement Rates for Trend Event Monitoring and Apnea Monitors

Procedure Code	Description	Reimbursement
93268	Patient demand single or multiple event recording with pre-symptom memory loop, per 30 day period of time; includes transmission, physician review and interpretation	\$120.38
93270	Recording (includes hook-up, recording, and disconnection)	\$31.76
93271	Monitoring, receipt of transmissions and analysis	\$61.50
93272	Physician review and interpretation only	\$25.67

Pneumograms

During the review of the policy for code X3005, it was discovered that some providers were using this code for the billing of pneumograms. This section clarifies the appropriate billing procedures for this service. Pneumograms should be billed using CPT code 94772 – *Circadian respiratory pattern recording (pediatric pneumogram), 12 to 24 hour continuous recording, infant*. Prior authorization for pneumograms is not required. One pneumogram, with any number of channels, is considered one unit. Oximetry is not separately reimbursable during a pneumogram because it is included in the pneumogram reimbursement. CPT code 94772 includes both technical and professional components of service. Modifier TC is used when billing only the technical component. Modifier 26 is used when billing only the professional component. Table 2 lists the current procedure codes that should be used for this service.

Table 2 – Coding and Current Reimbursement Rates for Pneumograms

Procedure Code/Modifier	Reimbursement
94772 Circadian respiratory pattern recording (pediatric pneumogram), 12 to 24 hour continuous recording, infant	\$300
94772 TC (technical component only)	\$204
94772 26 (professional component only)	\$96

Noninvasive Pulse Oximetry

Oximetry for oxygen saturation is performed with an oximeter device that can be appropriately billed with HCPCS code E0445. Oximetry determination should be billed using the appropriate CPT code. Current coding options are illustrated in Table 3. Noninvasive pulse oximetry reimbursement is available using the CPT codes, 94760 – *Noninvasive ear or pulse oximetry for oxygen saturation; single determination*, 94761 – *Multiple determinations*, and 94762 – *By continuous overnight monitoring*. Prior authorization is not required for noninvasive pulse oximetry reimbursement. Reimbursement of codes 94760, 94761, and 94762 includes the physician interpretation of the oximetry results and any related equipment. Noninvasive pulse oximetry is not separately reimbursable during a pneumogram.

Effective July 18, 2003, durable medical equipment (DME) providers submitting claims for noninvasive pulse oximeters under local code Z5020 must use HCPCS code E0445 – *Oximeter device for measuring blood oxygen levels noninvasively*. A provider survey was used to determine the purchase price of \$2,399.99 for a noninvasive pulse oximeter. The rental of \$160 is based on the IHCP capped rental reimbursement methodology. Noninvasive pulse oximeters are capped rental items and

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are available for rental using the RR modifier or purchase using the NU modifier. Prior authorization for noninvasive pulse oximeters is not required. Rental of noninvasive pulse oximeters with HCPCS code E0445 includes all cords, batteries, alarms, sensors, probes, printers, and all supplies. Table 3 lists the current coding options and reimbursement amounts for these services.

Table 3 – Coding and Reimbursement Rates for Oximeters

Procedure Code	Description	Reimbursement
E0445 RR (Rental)	Oximeter device for measuring blood oxygen levels noninvasively	\$160
E0445 NU (Purchase)	Oximeter device for measuring blood oxygen levels noninvasively	\$2,399.99
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination	\$6.77
94761	Multiple determination (e.g., during exercise)	\$17.72
94762	By continuous overnight monitoring (separate procedure)	\$35.00

Additional Information

Direct questions about this bulletin to the Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

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