Codify by AAPC

Internal Medicine Coding Alert

Reader Questions: Get Paid for 94760 Based on Its Physician Fee Schedule Status

Question: My practice has just started to bill pulmonary function tests (PFTs). In one case, I billed 94060, 94240, 94260, 94360, 94720, and 94760 to Medicare. I got a denial from Medicare for 94760, stating that it was bundled into the main procedure. I checked the CCI edits, which showed no such bundle. Could you explain how this happened?

Illinois Subscriber

Answer: If you looked closely in the Correct Coding Initiative (CCI) edits, you would see that 94760 (Noninvasive ear or pulse oximetry for oxygen saturation; single determination) is not associated with the codes 94060 (Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration), 94240 (Functional residual capacity or residual volume: helium method, nitrogen open circuit method, or other method), 94260 (Thoracic gas volume), 94360 (Determination of resistance to airflow, oscillatory or plethysmographic methods), and 94720 (Carbon monoxide diffusing capacity [e.g., single breath, steady state]).

Why: The reason is the status of 94760 in the **Physician fee schedule** is listed as "T." This means that payers will reimburse 94760 only when reported by itself on a given date. (See the article on Pulse Oximetry in this issue, pages 25-27.)

In short: If you received payment for any other service that you reported on that day (mentioned in the question), you should consider payment for 94760 already included.

CPT® 2025 American Medical Association. All rights reserved.