



# PULSE OXIMETRY

Per the [Texas Medicaid Provider Procedures Manual: Medical and Nursing Specialists, Physicians and Physician Assistants' Handbook, Section 9.2.4](#), **pulse oximetry** (CPT code 94760) and **evaluation of the client's use of an aerosol generator, nebulizer, or metered-dose inhaler** (CPT code 94664) are considered part of an evaluation and management (E/M) visit and will not be reimbursed separately. Effective for claims received on and after April 1, 2024.

E/M services include the following:

E/M Service	CPT/HPCPS Code
Office or Other Outpatient Services	99202-99215
Hospital Observation Services	99217-99226
Hospital Inpatient Services	99221-99239
Consultation Services	99241-99255
Emergency Department Services	99281-99288
Critical Care Services	99291-99292
Nursing Facility Services	99304-99318
Domiciliary, Rest Home (e.g., Boarding Home), or Custodial Care Services	99324-99337
Domiciliary, Rest Home (e.g., Assisted Living Facility), or Home Care Plan Oversight Services	99339-99340
Home Services	99341-99350
Prolonged Services	99354-99417
Case Management Services	99366-99368
Care Plan Oversight Services	99374-99380
Preventive Medicine Services	99381-99429
Non-Face-to-Face Evaluation and Management Services	99437-99458
Special Evaluation and Management Services	99450-99458
Newborn Care Services	99460-99463
Delivery/Birthing Room Attendance and Resuscitation Services	99464-99465
Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services	99466-99480
Cognitive Assessment and Care Plan Services	99483-99486
General Behavioral Health Integration Care Management	99484-99484
Care Management Evaluation and Management Services	99487-99491
Psychiatric Collaborative Care Management Services	99492-99494
Transitional Care Evaluation and Management Services	99495-99496
Advance Care Planning Evaluation and Management Services	99497-99498
Other Evaluation and Management Services	99499-99499