

Quick Guide to Coding, Coverage and Payment

The information in this guide is meant to be just that, a guide. The final decision of billing for products and services must be made in your office. The decision must be based on both medical necessity and all local, state and federal guidelines. We are providing this information as a tool with the understanding that we are not providing you with legal, accounting or other professional services or advice.

Who should have spirometry testing?

In 2005, the American Thoracic Society published an official statement of "Standardization of Spirometry." This statement provides a list of indications in 4 groupings.

- 1) Diagnostic
- 2) Monitoring
- 3) Disability/Impairment evaluations
- 4) Public Health

Although the early detection of COPD is perhaps the most important indication for application of office spirometry, below is a list of some others that have proven to be helpful in the diagnosing of disease.

- Dyspnea (shortness of breath)
- Exercise-induced coughing
- Chest tightness
- Smokers over 45 years of age (NLHEP recommendation)
- Obesity
- Pre-operative testing
- Occupational exposure to dust and/or chemicals
- Ongoing assessment of patients receiving bronchodilator treatments
- Determination and/or documentation of pulmonary disability
- Asthma diagnosis
- Pre-existing pulmonary disease
- Frequent colds
- Assessment of congestive heart failure

What codes describe spirometry procedures?

94010 - Breathing Capacity Test - Unadjusted 2007 Medicare allowable \$33** (May not be billed with 94060 or 94375 on same DOS)

94060 - Evaluation of Wheezing - Unadjusted 2007 Medicare allowable \$57** (May not be billed with 94010 or 94375 on same DOS)

94375 - Respiratory flow volume loop - Unadjusted 2007 Medicare allowable \$40** (May not be billed with 94010 or 94060 on same DOS)

**Medicare allowable amounts vary by geographic region

What documentation is needed to support payment for spirometry procedures?

Medicare Part B carriers often publish Local Medical Review Policies (LMRP) that can assist you in determining the coverage guidelines for your region. Some codes are valid in one region yet not valid in another. We recommend contacting your local Part B carrier for specific information for Medicare Reimbursement.

Third Party Insurances would also need to be contacted directly for specific requirements for coverage.

Frequently, a printed report and a confirmed ICD9 code with the correct CPT code is all that is needed.

Does CPT code 94060, evaluation of wheezing, include administration of a bronchodilator?

Administration of the bronchodilator is not included in spirometry. The supply of the bronchodilator should be reported with CPT code 99070 (supplies and materials provided by the physician). This information found in the Code revisions regarding bronchodilator administration. CPT Assistant. July 2007;15(7).



DIAGNOSTICS

The Spirometry Source