

Internal Medicine Coding Alert

CPT 2005 Update: Having Trouble Deciding Between 94060 and 94070?

Revealed: New descriptors clarify your internist's evaluations

When your internist administers bronchospasm evaluations and provocation evaluations next year, you'll be able to capture those services with more accurate procedure codes, now that CPT 2005 has revised 94060's and 94070's descriptors.

"Previous descriptions indicated that they were both 'bronchospasm evaluations,' " which may have confused coders who were not familiar with the services, says **Carol Pohlig, BSN, RN, CPC**, senior coding and education specialist at the University of Pennsylvania Department of Medicine in Philadelphia.

Here are the revised code definitions:

1. 94060 - Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration
2. 94070 - Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (e.g., antigen[s], cold air, methacholine).

The way you report the codes has remained the same, however. If, for instance, spirometry (94010, Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurements[s], with or without maximal voluntary ventilation) reveals that the patient has decreased lung function, which may indicate asthma (493.xx), the physician may administer a bronchodilator. The bronchodilator relaxes the patient's bronchial tubes and allows the physician to retest the patient's pulmonary function.

For this service you should assign 94060, but not 94010. Code 94060 includes the basic spirometry code, as the definition specifies, says **Beverly Roy, CPC, CCP**, a professional coder for internists at Summit Medical Associates in Hermitage, Tenn.

Occasionally, an internist performs a methacholine challenge test to determine the breathing disorder when the spirometry results are normal. Typically, the physician bills 94070 when he also uses a pulmonary function test (PFT) to measure a methacholine challenge's impact.

"The new descriptions make it more clear and precise as to what is actually being evaluated and by which method," Pohlig says.

CPT Deletes Jet Injections - Again

In other news, CPT also revised immunization administration codes 90471 and 90472 so they no longer cover jet injections. The move is part of CPT's continuing effort to delete jet injection from a number of immunization codes.

In 2005, look for these revised descriptors:

3. 90471 - Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)
4. +90472 - ... each additional vaccine (single or combination vaccine/toxoid) (list separately in addition to code for primary procedure).

"We usually report 90471 for tetanus shots," Roy says. Her office also uses the code to report flu, pneumonia, hepatitis and other vaccinations when the patient has private insurance. And for each additional injection, she bills 90472, she says.