

Internal Medicine Coding Alert

Reader Question: Diagnosis Codes for PFTs

Question: We purchased equipment to perform pulmonary function tests (PFTs) in our office but are having trouble getting reimbursed for the test. We report 94010 (spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement[s], with or without maximal voluntary ventilation) and are wondering if the denials are because these are being used for preoperative clearance examinations. How do I code this service?

Georgia Subscriber

Answer: Many payers will not reimburse for a test or procedure performed as part of a preoperative clearance examination in the absence of signs or symptoms. Some payers, such as Nationwide Medicare, the Part B carrier for Ohio and West Virginia, will allow internists to use V72.82 (preoperative respiratory examination) to report a PFT. In New York, however, Empire Medicare Services has stated that it will not reimburse for a PFT when V72.82 is used.

Coding for signs and symptoms when available, is probably safer, says **Cynthia DeVries, RN, CPC**, coding and reimbursement specialist with Lee Physicians, a 140-physician service with 27 internists in Ft. Myers, Fla. Don't code for a risk factor like family history of asthma (V17.5) or family history of other chronic respiratory conditions (V17.6).

Most Medicare carriers and commercial insurance companies will have specific coding instructions for these tests because they are so commonly performed, and those instructions should include a list of covered diagnosis codes that will be reimbursed. Georgia has some unusual exclusions from its list of covered diagnosis codes. The local medical review policy of Georgias Cahaba Government Benefits Administrator specifically excludes the commonly covered ICD-9 codes 491.0 (simple chronic bronchitis) and 491.1 (mucopurulent chronic bronchitis).