

Internal Medicine Coding Alert

Reader Questions: Append 76 for Multiple Nebulizer Treatments

Question: A patient with acute asthma requires three same-visit nebulizer treatments to control his asthma. Should I bill 94640 and J7613 multiple times, one time, or one time with a modifier for each additional treatment?

Washington Subscriber

Answer: When a patient receives multiple aerosol treatments on the same date, you should use 94640 (Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes [e.g., with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device]) for the first treatment.

Catch: Subsequent treatments will require modifier 76 (Repeat procedure by same physician), according to CPT.

Therefore, you would code the example of three nebulizer treatments as:

1. 94640 - first treatment
2. 94640-76 x 2 - two subsequent treatments.

For the inhalation solution, you should report three units of J7613 (Albuterol, inhalation solution, administered through DME, unit dose, 1 mg). Because J7613 represents one "unit dose," you should report per nebulizer treatment or, in your case, J7613 x 3. If the internist meets the criteria for reporting an E/M code, you should report the appropriate-level E/M code (such as 99214, Office or other outpatient visit for the evaluation and management of an established patient ...) as well.

If the physician performs and documents a significant, separate E/M from the treatment (94640), append the E/M code with modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service).