

## Internal Medicine Coding Alert

### You Be the Coder: Additional Aerosol Treatments Deserve Separate Pay? Find Out

**Question:** If our physician performed nebulizer treatment to help control wheezing symptoms in a patient and then repeated the treatment again on the same calendar date of service, should we report one unit of 94640 or report it for each time our clinician performed the service?

Ohio Subscriber

**Answer:** When your clinician performs inhalation treatment to help control the symptoms of airway obstruction as in a patient suffering from asthma, you will report the treatment with 94640 (Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device).

If your clinician happens to repeat the treatment again on the same calendar date of service, report additional units of 94640 each time your clinician repeats the therapy. So, for instance, if your clinician administers the inhalation treatment four times on one calendar date of service, report four units of the code. Some payers might want you to append modifier 76 (Repeat procedure by same physician or other qualified health care professional) to the additional units of the code that you are reporting to inform that your clinician is repeating the service.

Such a requirement would be consistent with the parenthetical instruction following code 94640 in CPT®; that instruction states, "For more than 1 inhalation treatment performed on the same date, append modifier 76."

**Don't forget:** Your reporting of the inhalation treatment is not complete if you forget reporting the supply of the medication itself. So, if your clinician is administering albuterol solution, you report an appropriate code such as J7613 (Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 1 mg) for the first administration. If more than one unit of the medication is used, as in the instance of subsequent treatments, you will have to report appropriate additional units of the code. So, if your clinician used four units of the medication, you will have to report J7613x4.