

Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: Knock The Air Out Of Denials With A New Attack On Spirometry Coding

Hint: You can't report 94060 if the physician only performs one spirometry test

You may be constricting your reimbursement if you don't know when to report 94010, 94060 and 94070 for your physician's spirometry and bronchospasm evaluation services. Breathe easy by improving your coding prowess with this expert advice.

94060 Includes More Than [CPT 94010](#)

The first step to correct spirometry coding is to know what services the codes describe and what services each code includes. While the code descriptors may look similar, the codes are in fact very distinct:

1. 94010 (Spirometry, including graphic record, total and timed vital capacity, expiratory flow measurement[s], with or without maximal voluntary ventilation). This test measures several things, including the volume of air a patient exhales from his lungs and the speed with which he exhales.
2. 94060 (Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration). This code reports three separate services: the initial spirometry, the application of the bronchodilator, and then a second spirometry.

Breakdown: 94060 reports the same test as 94010, explains **Jill M. Young, CPC**, owner of **Young Medical Consulting, LLC**, in East Lansing Michigan. In order to obtain a good measurement, the tester may need to perform multiple spirometry tests on the patient. The tester then gives the patient a bronchodilator - such as an inhaler or a nebulizer treatment - and performs the spirometry test again. So 94060 is the appropriate code for when the physician renders all these services during the same visit.

The bronchodilator responsiveness test serves to determine the effect the bronchodilator has, as well as to help the physician determine if the patient has an airway disease, says **Carol Pohlig, BSN, RN, CPC**, senior coding and education specialist at the **University of Pennsylvania's** hospital in Philadelphia.

Watch Out: The similarity of 94060 to 94640 (Pressurized or nonpressurized inhalation treatment for acute airways obstruction for sputum induction for diagnostic purposes [e.g., with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device]) has a habit of tripping coders up.

Many coders want to report 94060 as 94640 because both codes include administration of a bronchodilator, or inhalation treatment. "People mix up the codes because they think that the bronchospasm evaluation is the same thing as 94640 [nebulizer treatment], because of the bronchodilator administration" says Pohlig.

Example: A patient who may have asthma (493.xx) comes in for a bronchospasm evaluation. The patient blows into the spirometer, and the machine records the flow output. The physician then administers one unit dose of the bronchodilator Albuterol and has the patient perform a second spirometry.

You code: 94060 because the office administers all three components of 94060 - the bronchodilator and the spirometry before and after.

Another example: A patient complains she has a cough (786.2 - Symptoms involving respiratory system and other

chest symptoms; cough) and difficulty breathing (786.05 - ...dyspnea and respiratory abnormalities; shortness of breath). The physician orders a bronchospasm evaluation. However, the initial spirometry comes back completely normal, so there is no need for the bronchodilator and subsequent spirogram.

You code: 94010 for the one spirometry. Don't be tempted to report the service with 94060 and a modifier -52 (Reduced services), because 94010 adequately describes the service.

Use 94070 for a Provoked Response

Sometimes a patient's spirometry results come back completely normal, yet the patient is suffering from some type of respiratory problem. To figure out the cause of the problem, the physician may order a bronchospasm provocation evaluation (94070 - Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents [e.g., antigen[s], cold air, methacholine]).

This test attempts to trigger a bronchospasm response in a controlled environment, says Young. 94070 includes an initial baseline spirometry (94010) as well as a nebulizer treatment (94640) to relieve the patient's symptoms that the test triggers.

Don't Confuse Challenge Testing

Paying attention to what section a respiratory test code falls under is very important. A code may look appropriate, but may be out of scope for your specialty. For example, allergists primarily use 95070 (Inhalation bronchial challenge testing, not including necessary pulmonary function tests; with histamine, methacholine, or similar compounds) and coders should not confuse this code with 94070, caution Young and Pohlig.

Be Aware of Spirometry CCI Bundling

You should consult the National Correct Coding Initiative (NCCI) edits to make sure you're not unbundling codes incorrectly. For example, 94060 and 94070 include 94010, so you cannot report these codes together, comments Young.

And you cannot use modifier -59 (Distinct procedural service) to break the bundle even if the physician performs both a spirometry and a bronchospasm provocation evaluation on the same day.

No edits here: However, you can bill either 94060 with an E/M code, or a spirometry and a nebulizer treatment on the same day and receive reimbursement for both, note Young and Pohlig.

Don't forget drugs: Both 94060 and 94070 state you may bill for the bronchodilator or antigen using code 99070 or the appropriate supply code, such as J7674 (Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg). But don't try reporting a J code for Albuterol alongside 94010 or 94060 - these codes include reimbursement for that bronchodilator.

Remember: Medicare will not pay for self-administered drugs, and many pulmonologists use the free samples provided by companies to run the tests.

Avoid 2 Common Coding Errors

Confusing spirometry code descriptors often trick coders into making the following two mistakes:

Error #1: Physician offices commonly report 94060 when the physician performs only the first spirometry (94010), Young says. Coders need to make sure the physician performs all three parts of the service before billing 94060.

Error #2: Coders are frequently tempted to report 94010 and 94060 multiple times when the patient requires multiple attempts to blow into the spirometer to produce a good reading.

No matter how many trials you have to run to get the one good reading, you can only report one code, Young points out.

You don't bill for four veinpunctures if the nurse requires four sticks to draw blood, so likewise you don't report four spirometry tests even if the patient requires that many tries to produce a good reading, she notes.

You also may not append a modifier such as -22 (Unusual procedural services) to get paid for the extra trials. Modifier -22 is only for use with surgical procedures.