

Part B Insider (Multispecialty) Coding Alert

Reader Question: Know When Modifiers Apply to Spirometry

Question: I am new to pulmonology coding. I see there are many different codes to report for pulmonary function tests. If our pulmonologist performs a spirometry, what all tests will get included in it? What is the documentation that I need to submit for the spirometry? If he performs only an interpretation of the test, should the code that I report specify that only an interpretation was done by appending the modifier 26?

Answer: Spirometry typically includes calculation of the FVC (Forced Vital Capacity), FEV1 (forced expired volume in one second), FEF (forced expiratory flow) and optionally flow rate measurements. During this test, the patient is asked to stand or sit up straight. The patient breathes in and then blows hard into the mouthpiece for five to six seconds until he feels his lungs completely empty of air. Your technician may repeat this test several times for the best result. Later, the result will be interpreted by your pulmonologist. You report spirometry using the CPT® code 94010 (Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement[s], with or without maximal voluntary ventilation).

If your pulmonologist does not own the equipment or performs this in a facility-based setting, and only provides the interpretation and report for a diagnostic test such as a pulmonary function test, you must report the spirometry code with the modifier 26 (Professional component) appended.

Since your pulmonologist only provided the interpretation of the spirometry, you'll in this case scenario report 94010-26. The hospital that owns the equipment will claim for the technical component of the code and will bill out 94010 with the modifier TC (Technical component) appended.

Support: Documentation that you will need to provide for 94010 will include the graphical record of the parameters that your pulmonologist measured during the spirometry. You should also send out the interpretation that your pulmonologist provided for the recording.