

Part B Insider (Multispecialty) Coding Alert

Reader Question: Know Who Can Perform Spirometry, Oximetry

Question: Is there a valid code (accepted and paid) for the interpretation of spirometries and overnight oximetries performed by a PA? If so, must the test be performed under physician supervision or not?

Answer: Yes. A spirometry or oximetry procedure can be **performed** either by a nurse, respiratory therapist, NPP (nurse practitioner, physician's assistant) or in some cases the physician. However, spirometry requires an interpretation of results by a qualified provider of services (i.e., physician or NPP). Oximetry are "technical only" codes and do not require a physician interpretation.

For the noninvasive ear or pulse oximetry, you will use 94760 (Noninvasive ear or pulse oximetry for oxygen saturation; single determination); 94761 (... multiple determinations [e.g., during exercise]); or 94762 for overnight oximetry. Oximetry services require the general supervision of the physician (i.e., available by phone or beeper).

For the spirometry, you can report 94010 (Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement[s], with or without maximal voluntary ventilation). 94010 only requires the general supervision of the physician (i.e., available by phone or beeper). Please note that other spirometry service may require a higher level of physician supervision.

What it is: Spirometry (94010) is the most common of pulmonary function tests, measuring lung function, volume, and speed of air inhaled or exhaled. The patient is asked to inhale and exhale air through the sensors of the device. The speed and volume of the air is measured and the result is displayed on a graph.

Payment: Do not report 94760 or 94761 when the physician performs any other payable service on the same day, as payers will bundle the pulse oximetry code without separate payment

94762 is not "performed" by the staff. It requires the patient to wear the oximeter overnight. It is an "active" code, and would be submitted under the physician's name. There is no need to report this service under the NPP. However, it must meet all the coverage criteria in order for the service to be reimbursed:

- The patient has a condition for which intermittent arterial blood gas sampling is likely to miss important variations.
- The patient has a condition resulting in hypoxemia and there is a need to assess supplemental oxygen requirements and/or a therapeutic regimen.

For spirometry, 94010 should only be reported by the "interpreting" provider. If an NPP performs and interprets the spirometry, and the NPP is enrolled with the payer, the NPP should appear on the claim. If not enrolled, the claim should be submitted per the contractual arrangement with the payer. If the service is performed "incident-to" the physician (see below), it will go out under the physician's name, as permitted by the payer.