

What are general coverage guidelines for spirometry under the Medicare Program?

- Local Medical Review Policies have been written by many Part B carriers, and copies may be requested through the customer's local Medicare Part B carrier or through our Healthcare Economics Department at 1-800-645-2891.
- The appropriate combination of tests may be coded if proper clinical indication exists. Consult local medical necessity policy for Correct Coding guidelines and unbundling information.
- The Medicare Program specifically excludes coverage for screening tests, including:
 - Spirometric assessment of an asymptomatic patient, with or without high risk of lung disease;
 - Studies as part of a routine examination; and
 - Studies as part of an epidemiologic survey.

Does CPT code 94060, evaluation of wheezing, include administration of a bronchodilator?

Administration of the bronchodilator is not included in spirometry. The supply of the bronchodilator should be reported with CPT code 99070 (supplies and materials provided by the physician).⁶

References

1. American Thoracic Society (1995). Standardization of spirometry, 1994 update. *Am J Respir Crit Care Med.* 1995;152:1107-1136.
2. American Medical Association. Current Procedural Terminology (CPT), Professional Edition. 2007.
3. Physician fee schedule (2007 CY): payment policies and relative value units. Federal Register. December 1, 2006;71(231).
4. Local Medical Review Policy. Pulmonary Function Testing. Upstate Medicare Division, New York. 2006.
5. American Medical Association. International Classification of Diseases, ICD-9-CM 2007.
6. Code revisions regarding bronchodilator administration. CPT Assistant. July 2005;15(7).

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SPIROMETRY

Quick Guide to Coding, Coverage and Payment

The information in this quick guide is provided by Nellcor Puritan Bennett's Healthcare Economics Department, which supports Nellcor® and Puritan Bennett® products. If you have questions or would like additional information, please call our toll-free reimbursement hotline at 1-800-645-2891.

The material referenced and provided is based upon research current at the time of printing. The final decision of billing for any product or procedure must be made by the provider of care, considering the medical necessity of the services and supplies provided, the regulations of insurance carriers and any local, state or federal laws that apply to the supplies and services rendered. We are providing this information in an educational capacity with the understanding that we are not engaged in rendering legal, accounting or other professional services or advice.

Note that applicable laws, rules and regulations may change. While we will use reasonable efforts to update this guide regularly, this guide should not be relied upon as a current or comprehensive statement of all applicable laws, rules and regulations.

Who should have spirometry testing?

In 1994, the American Thoracic Society published an official statement of "Standardization of Spirometry."¹ This statement lists potential indications for spirometry, some of which may *not* be covered by Medicare or other payors:

- To assess therapeutic interventions (e.g., bronchodilator therapy, steroid treatment, management of CHF, etc.)
- To assess preoperative risk
- To screen individuals at risk of having pulmonary diseases (e.g., smokers, occupational exposure)*
- To assess health status before enrollment in strenuous physical activity programs*
- To assess patients as part of a rehabilitation program*
- To assess risks as part of an insurance evaluation*
- To assess individuals for legal reasons (e.g., Social Security, personal injury lawsuits)*

* These indications are generally *not* covered by Medicare.

What codes describe spirometry procedures? What are the associated payment rates?

The Current Procedural Terminology (CPT) codes defined below are the most common codes used to describe spirometry procedures performed with the Puritan Bennett *Renaissance® II* spirometry system.

Note: According to the Centers for Medicare and Medicaid Service (CMS) Correct Coding Initiative, none of the procedures described by the CPT codes listed below may be billed together on the same date of service. Please consult the latest version of the *National Correct Coding Policy Manual* to identify rebundling combinations.² Edits may be reviewed at www.cms.hhs.gov/physicians/cciedits/default.asp

CPT Code ^{3 **}	Description	Unadjusted 2007 Medicare Allowable ^{4 ***}
94010 (may not be billed with 94060 or 94375 on same DOS)	Breathing capacity test	\$33
94060 (may not be billed with 94010 or 94375 on same DOS)	Evaluation of wheezing (pre- and post-bronchodilator)	\$57
94375 (may not be billed with 94010 or 94060 on same DOS)	Respiratory flow volume loop	\$40

** Most commonly used CPT codes for spirometry. Additional codes may be found in the 2007 Current Procedural Terminology (CPT) Manual published by the American Medical Association. All spirometers may not perform all procedures identified by CPT codes. The existence of CPT codes does not guarantee coverage or payment for any device by any insurance carrier or Medicare. Medical necessity must be established by the patient's physician in accordance with specific coverage policy guidelines.

*** Medicare allowable amounts vary by geographic region.

What documentation is needed to support payment for spirometry procedures?

Many Medicare Part B carriers have published Local Medical Review Policies (LMRP) that describe specific coverage guidelines for spirometry procedures. For example Upstate Medicare⁵ in New York offers the following list of ICD-9 codes, which may help support the medical necessity for spirometry testing. These codes may not be applicable in other regions of the country. For definitive coverage and payment information, contact your local Part B carrier or call our Healthcare Economics Department at 1-800-645-2891 for a faxed copy of your LMRP, if available.

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ICD-9-CM CODES THAT SUPPORT MEDICAL NECESSITY⁵:

ICD-9 codes listed are from Upstate Medicare (New York) policy and should not be relied upon for other regions of the country. These codes may not apply in other regions of the country.

ICD-9 Code	Description	ICD-9 Code	Description
011.00-011.06	Tuberculosis of lung, infiltrative	164.8	Other malignant neoplasm
011.10-011.16	Tuberculosis of lung, nodular	164.9	Malignant neoplasm of mediastinum, part unspecified
011.20-011.26	Tuberculosis of lung with cavitation	165.0	Malignant neoplasm of upper respiratory tract, part unspecified
011.30-011.36	Tuberculosis of bronchus	165.8	Malignant neoplasm of other and ill defined sites within the respiratory system and intrathoracic organs
011.40-011.46	Tuberculous fibrosis of lung	197.0	Secondary malignant neoplasm of lung
011.50-011.56	Tuberculous bronchiectasis	212.3	Benign neoplasm of bronchus and lung
011.60-011.66	Tuberculous pneumonia (any form)	212.4	Benign neoplasm of pleura
011.70-011.76	Tuberculous pneumothorax	212.5	Benign neoplasm of mediastinum
011.80-011.86	Other specified pulmonary tuberculosis	228.1	Pulmonary lymphangioma, any site
011.90-011.96	Pulmonary tuberculosis, unspecified	231.2	Carcinoma in situ, bronchus and lung
012.00-012.06	Tuberculous pleurisy	235.7	Neoplasm of uncertain behavior, trachea, bronchus and lung
012.10-012.16	Tuberculosis of intrathoracic lymph nodes	239.1	Neoplasms of unspecified nature of the respiratory system
012.20-012.26	Isolated tracheal or bronchial tuberculosis	277.00	Cystic fibrosis; without mention of meconium ileus
012.30-012.36	Tuberculous laryngitis	277.01	Cystic fibrosis; with meconium ileus
012.80-012.86	Other specified respiratory tuberculosis	277.02	Cystic fibrosis; with pulmonary manifestations
031.0	Diseases due to other mycobacteria, pulmonary	277.03	Cystic fibrosis; with gastrointestinal manifestations
039.1	Actinomycotic infections, pulmonary	277.09	Cystic fibrosis; with other manifestations
045.00-045.03	Acute paralytic poliomyelitis specified as bulbar	277.8	Histiocytosis
079.82	SARS-associated coronavirus	277.81	Primary carnitine deficiency
114.0	Primary coccidioidomycosis (pulmonary)	277.82	Carnitine deficiency due to inborn errors of metabolism
116.0	Blastomycosis	277.83	Iatrogenic carnitine deficiency
117.1	Sporotrichosis	277.84	Other secondary carnitine deficiency
117.5	Cryptococcosis	277.89	Other specified disorders of metabolism
135	Sarcoidosis	289.0	Polycythemia, secondary
138	Late effects of acute poliomyelitis	327.20	Organic sleep apnea, unspecified
162.0	Malignant neoplasm of trachea	327.21	Primary central sleep apnea
162.2	Malignant neoplasm of main bronchus	327.22	High altitude periodic breathing
162.3	Malignant neoplasm of upper lobe, bronchus or lung	327.23	Obstructive sleep apnea (adult) (children)
162.4	Malignant neoplasm of middle lobe, bronchus or lung	327.24	Idiopathic sleep related hypoxia
162.5	Malignant neoplasm of lower lobe, bronchus or lung	327.25	Congenital hypoventilation syndrome
162.8	Malignant neoplasm of other parts of bronchus or lung	327.26	Sleep related hypoventilation/hypoxia, classified elsewhere
162.9	Malignant neoplasm of bronchus or lung, unspecified	327.27	Central sleep apnea, conditions classified elsewhere
163.0	Malignant neoplasm of parietal pleura	335.20	Amyotrophic lateral sclerosis
163.1	Malignant neoplasm of visceral pleura	357.0	Acute infective polyneuritis
163.8	Malignant neoplasm of other specified sites of pleura	358.00	Myastheniagravis without (acute) exacerbation
163.9	Malignant neoplasm of the pleura, unspecified	358.01	Myastheniagravis with (acute) exacerbation
164.0	Malignant neoplasm of thymus	359.1	Hereditary progressive muscular dystrophy
164.1	Malignant neoplasm of heart	415.11	Iatrogenic pulmonary embolism and infarction
164.2	Malignant neoplasm of anterior mediastinum	415.19	Other pulmonary embolism and infarction
164.3	Malignant neoplasm of posterior mediastinum	416.0	Primary pulmonary hypertension

ICD-9 Code	Description	ICD-9 Code	Description
416.1	Kyphoscoliotic heart disease	511.0	Pleurisy without mention of effusion or current tuberculosis
416.8	Other chronic pulmonary heart diseases	515	Post inflammatory pulmonary fibrosis
416.9	Chronic pulmonary heart disease, unspecified	516.3	Idiopathic pulmonary fibrosis
428.0	Congestive heart failure, unspecified	517.2	Lung involvement in systemic sclerosis
428.1	Left heart failure	517.8	Lung involvement in other diseases classified elsewhere
466.11	Acute bronchiolitis due to respiratory syncytial virus (RSV)	518.0	Pulmonary collapse
428.20-428.23	Systolic heart failure	518.81	Acute respiratory failure
428.30-428.33	Diastolic heart failure	518.89	Chronic pulmonary vascular occlusive disease
428.40-428.43	Combined systolic and diastolic heart failure	519.1	Other diseases of trachea and bronchus, not elsewhere classified
466.0	Acute bronchitis	428.9	Heart failure unspecified
466.19	Acute bronchiolitis due to other infectious organisms	519.4	Disorders of diaphragm
480.3	Pneumonia due to SARS-associated coronavirus	519.8	Other diseases of respiratory system, not elsewhere classified
490	Bronchitis, not specified as acute or chronic	710.0	Systemic lupus erythematosus
491.0	Simple chronic bronchitis	714.81	Rheumatoid lung
491.1	Mucopurulent chronic bronchitis	737.10	Kyphosis (acquired) (postural)
491.20-491.21	Obstructive chronic bronchitis	737.30	Scoliosis [and kyphoscoliosis], idiopathic
492.0	Emphysematous bleb	754.2	Certain congenital musculoskeletal deformities of spine
492.8	Other emphysema	754.81	Pectus excavatum
493.00-493.02	Extrinsic asthma	780.50-780.57	Sleep disturbances
493.10-493.12	Intrinsic asthma	782.5	Cyanosis
493.20-493.22	Chronic obstructive asthma	786.00-786.09	Dyspnea and respiratory abnormalities
493.81	Exercise induced bronchospasm	786.1	Stridor
493.82	Cough variant asthma	786.2	Cough
493.90-493.92	Asthma, unspecified	790.91	Abnormal arterial blood gases
494.0	Bronchiectasis without acute exacerbation (pneumoconiosis due to talc, silicotic fibrosis of lung, silicosis)	793.1	Nonspecific abnormal findings in lung field
494.1	Bronchiectasis with acute exacerbation	799.0	Asphyxia (hypoxemia, hypoxia, pulse oximetry showing desaturation)
495.0-495.9	Extrinsic allergic alveolitis	909.5	Late effect of adverse effect of drug, medicinal or biological substance
496	Chronic airway obstruction, not elsewhere classified (COPD)	987.0-987.9	Toxic effect of other gases, fumes or vapors
500	Coal workers' pneumoconiosis (anthracosilicosis, anthracosis, black lung disease, miners' asthma)	998.81	Emphysema (subcutaneous) (surgical) resulting from a procedure
501	Asbestosis	V01.82	Exposure to SARS-associated coronavirus
502	Pneumoconiosis due to other silica or silicates	V12.60	Unspecified disease of respiratory system
503	Pneumoconiosis due to other inorganic dust	V12.61	Pneumonia (recurrent)
	(aluminosis, bauxite, berylliosis, graphite fibrosis, siderosis, stannosis)	V12.69	Other diseases of respiratory system
504	Pneumonopathy due to inhalation of other dust (byssinosis, cannabinosis, flax-dressers disease)	V42.1	Heart transplant
505	Pneumoconiosis, unspecified	V42.6	Lung transplant
508.1	Chronic and other pulmonary manifestations due to radiation (fibrosis of lung)		