

Spirometry Reimbursement Guide



2009 Medicare Reimbursement Amounts – National Average

CPT Code ¹	Description	Amount
94010	Forced Vital Capacity - <i>Spirometry Test</i>	\$32.82
94060	Pre vs. Post Bronchodilator - <i>Spirometry Test</i>	\$57.71
94375	Flow Volume Loop - <i>Spirometry Test</i>	\$36.79
94620	Pulmonary Stress Test, Simple (Pre vs. Post Exercise) – <i>Spirometry Test</i>	\$71.77
Other Applicable Codes		
94664	Aerosol Administration (MDI, DPI, or Nebulizer) - <i>Teaching</i>	\$14.79
94640	Aerosol Inhalation (MDI, DPI, or Nebulizer) - <i>Treatment</i>	\$13.34
99406	Smoking Cessation Counseling, 3-10 minutes	\$12.98

¹ All Current Procedural Terminology (CPT) five-digit number codes, descriptions, number modifiers, instructions, guidelines, and other material are Copyright© 2006 American Medical Association. All Rights Reserved.

The global fees above represent the sum of the technical and interpretive components based on Medicare Fee Schedule amounts for 2009. Commercial insurer payments may differ. Please note that these figures are intended as guidelines only, and may be subject to change.

Typical Spirometry Testing Scenario

Patient presents with wheezing and difficulty breathing. Physician performs a quick history and exam and orders a spirometry (FVC) test.

A) If spirometry results appear normal, bill for CPT code 94010.

B) If spirometry results are abnormal, consider administering breathing treatment (i.e., bronchodilator such as albuterol), wait 15 minutes for medication to take effect and perform post-bronchodilator spirometry (FVC) test; bill for CPT code 94060.

Indications & ICD-9-CM Codes² for Spirometry

Diagnosis	ICD-9-CM Code(s)	Diagnosis	ICD-9-CM Code(s)
Simple chronic bronchitis (including smokers cough)	491.0	Scoliosis	737, 737.0, 737.1, 737.10, 737.11, 737.12, 737.19
Shortness of breath	518.82	Pigeon chest	738.3, 754.82
Chronic cough (or Croup)	464.4, 493.9	Barrel chest	783.3
Frequent colds	460 or 465, 465.0, 465.8, 465.9	Diagnosis of asthma	493, 493.0, 493.1, 493.2, 493.9
Allergic Rhinitis	477, 477.0, 477.8, 477.9	Diagnosis of bronchitis	491, 491.0, 491.1, 491.2, 491.8, 491.9
Occupational exposure to dust or chemicals	506, 506.0, 506.1, 506.2, 506.3, 506.4, 506.9	Diagnosis of other COPD	496
Wheezing	786.09	Operative evaluation	518.5

² Hospital ICD-9-CM 2006 Volumes 1, 2, & 3 American Medical Association. Copyright© 2006 Ingenix, Inc.

Other signs and symptoms that may indicate the consideration of a spirometry procedure but do not appear to have a specific ICD-9-CM diagnosis code are: Extreme weight loss, Loss of vision, Moist rales, Friction rub, Sputum production, Chest tightness.

Tips That Help You Get Paid

1. Document what was done and why it was done in the patient's chart.
2. Make sure the written order for the test is also in the patient's chart.
3. Check with your local payer for coverage policy.
4. Check for mistakes in the patient information and coding before sending the claim to the payer.

Q & A

- Q.** Do all spirometers qualify for Medicare reimbursement?
A. No. The spirometer used must measure both the timed (i.e., FEV1) and total (i.e., FVC) vital capacity, as well as expiratory flow rates (i.e., PEF and FEF25-75). The FEV6 cannot be used in place of the FVC. A graphic record (i.e., volume vs. time and/or flow vs. volume) must also be included in the printout.
- Q.** Does testing with a Peak Flow Meter qualify for reimbursement?
A. There is no CPT code for peak flow meter testing by a health-care professional.
- Q.** When billing for a Pre vs. Post Spirometry test (94060), can the Aerosol Administration (94664) and/or the Aerosol Treatment (94640) be added?
A. No. 94664 and 94640 are already included (composed of) in 94060.
Note: When not used in conjunction with a spirometry test, 94664 and 94640 can be billed independently.
- Q.** Since the FVC test (94010) is actually part of the FVL test (94375), when billing for an FVL test can the FVC test be added?
A. No.
- Q.** How is a Simple-Pulmonary Stress Test (CPT code 94620) typically performed?
A. This test is performed in order to help identify exercise induced bronchospasm. First, perform pre-exercise spirometry and pulse oximetry. Next, exercise the subject until their heart rate is 80% of maximum or pulse ox drops to ≤ 89%. Now, perform post-exercise spirometry and compare to pre-exercise spirometry results.
- Q.** How frequently can I perform and bill for spirometry on the same patient?
A. Based on medical necessity. As long as the subject presents with relevant symptoms, spirometry may be justified.
- Q.** Can I bill for both an office visit and a spirometry test?
A. If the patient is scheduled specifically for a spirometry test, you cannot also bill for an office visit. If during a patient exam the physician decides to perform a spirometry test, you can bill for both. However, when billing for both an office visit and a spirometry test together, the office should document everything (history, exam, medical decision making, etc.) within the patient's medical record and append modifier-25 to the office visit CPT code. Modifier-25 states: Significantly separate identifiable E&M (Evaluation & Management) service above and beyond the service provided.
- Q.** Do current practice guidelines recommend the use of spirometry?
A. Yes. Both the NIH Guidelines for the Diagnosis and Management of Asthma, and the GOLD Guidelines for COPD both recommend the use of spirometry for the diagnosis and management of these diseases. Furthermore, the GOLD Guidelines recommend performing spirometry on all smokers over age 40.
- Q.** Can I bill for both 94664 and 94640 on the same visit?
A. No.
- Q.** How often can I utilize code 99406 on each patient?
A. Eight times in a 12 month period.



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Spirometry Projections

How many patients would you typically see with the following concerns/conditions over a period of one week?

Smokers over age 40 (w/ symptoms)	_____
Shortness of breath	_____
Shortness of breath during exercise	_____
Chronic cough	_____
Frequent colds	_____
Allergic Rhinitis	_____
Possible Asthma	_____
Possible Bronchitis	_____
Wheezing	_____
Exposure to environmental air pollution	_____
Subjects utilizing >2 canisters of Albuterol per year	_____
Total number of tests performed weekly:	_____

Projected Yearly Revenue & Return-On-Investment*

Number of Tests Performed Weekly	Yearly Revenue Forced Vital Capacity Test (Code # 94010)	Return-on-Investment of \$1995 (Weeks)
4	\$6,864.00	15
6	\$10,296.00	10
8	\$13,728.00	7
10	\$17,160.00	6
15	\$25,740.00	4
20	\$34,320.00	3
25	\$42,900.00	2

* Based on Medicare reimbursement amounts. Using commercial insurance reimbursement amounts may increase the yearly revenue and may accelerate the time to recoup investment.

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