

Welch Allyn Spirometry

REIMBURSEMENT INFORMATION



CPT® CODING OPTIONS FOR SPIROMETRY PROCEDURES

There are a variety of procedures that may be performed using Welch Allyn spirometry products. Coding options include the following:

| Code ¹ | Description | Medicare 2007 Fee Schedule (National Average) ² |
|-------------------|---|--|
| 94010 | Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation | \$32.97 |
| 94150 | Vital capacity, total (separate procedure) | Not covered under Medicare |
| 94200 | Maximum breathing capacity, maximal voluntary ventilation | \$21.98 |
| 94060 | Bronchodilation responsiveness, spirometry as in 94010, pre- and postbronchodilator administration (Report bronchodilator supply separately with 99070 or appropriate supply code) | \$56.09 |
| 94070 | Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (e.g., antigen(s), cold air, methacholine) (Report antigen(s) administration separately with 99070 or appropriate supply code) | \$57.98 |

- MEDICARE**
- Spirometry is covered by Medicare for the diagnosis or management of a patient in the presence of specific signs and symptoms of illness or injury, such as chronic cough, dyspnea, wheezing, orthopnea, over-inflation of lungs, cyanosis, hypoxemia, polycythemia, and abnormal chest x-ray.
 - Repeat spirometric testing may be covered by Medicare for:
 - Preoperative evaluation in patients with known lung disease
 - Tracking pulmonary expressions of diseases
 - Evaluating patient responses to therapy, including newly established bronchodilator therapy or steroids
 - Early diagnosis of lung injury after occupational exposures and drug or radiation therapy

WelchAllyn®

Advancing Frontline Care™

- Repeat spirometry (CPT® codes 94010, 94060, 94150, 94375) performed for patients on bronchodilator therapy presenting without new symptoms is considered by Medicare to be routine screening. Routine screening is not covered by Medicare.
- Providers should refer to their Medicare Carrier's Local Medical Review Policy for specific coverage and billing guidelines.

MEDICAID AND PRIVATE PAYERS

Spirometry procedures may be covered by Medicaid and private payers when medically necessary. Coverage guidelines and payment levels vary by payer and specific plan. Providers should contact each specific plan to determine coverage and payment for the use of Welch Allyn spirometry products.

OTHER CONSIDERATIONS

- Include documentation in the patient's records to indicate medical necessity for a separate service, including:
 - Reason for patient encounter
 - Patient symptoms
 - Who performs the service
 - Time and effort spent in performing procedure
 - Results of the ECG testing services provided
- Confirm that proper ICD-9-CM diagnosis codes are reported to justify medical necessity of spirometry procedure(s).
- When spirometry is billed with an E/M code, modifier -25 may be indicated to identify the E/M as a significant, separately identifiable service in medically appropriate cases.
- Some payers may have specific requirements for using certain codes, including prior authorization, restricted medical diagnoses, or specialty provider types.

Be sure to confirm the requirements and specific coding, coverage, medical necessity, and reimbursement guidelines of the payer you are billing before submitting claims by reviewing your managed care contracts, consulting the *Physicians' Current Procedural Terminology, Fourth Edition (CPT-4)* or *The Federal Register*, or contacting provider services.

Please visit our website at <http://welchallyn.com/support/customer/service-guarantee.htm> for additional reimbursement support, a list of frequently asked questions and brochures.

And for additional product information, please call the **Welch Allyn Customer Care Line at 1.800.535.6663 Monday through Friday, 9 AM to 5 PM EST.**

*CPT is a registered trademark of the American Medical Association

CPT Codes © 2006 American Medical Association. All rights reserved. CPT is a trademark of the AMA. No fee schedules, basic units, relative values or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to Government use.

¹ Current Procedural Terminology (CPT), Fourth Edition, 2007. American Medical Association, 2006. All rights reserved.

² 2007 National Average Medicare Physician Fee Schedule Amounts: 71 Fed. Reg. 69624-70251 (2006) (to be codified at 42 CFR § 405, 410, et al).

For reference only. Information does not constitute a guarantee of coverage or payment.

© 2007 Welch Allyn MC4591

WelchAllyn®

Advancing Frontline Care™