

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 you this information in an educational capacity with the understanding that we are not engaged in rendering legal, accounting or other professional services.

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* and *Simplicity®* Spirometry Systems. The *Simplicity* Spirometer does not perform a respiratory flow volume loop (CPT code 94375).

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 2005 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)	\$55
94375 (may not be billed with 94010 or 94060 on same DOS)	Respiratory flow volume loop	\$36

** Most commonly used CPT codes for spirometry. Additional codes may be found in the 2005 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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Be Certain.

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	164.3	Malignant neoplasm of posterior mediastinum
011.10-011.16	Tuberculosis of lung, nodular	164.8	Other malignant neoplasm
011.20-011.26	Tuberculosis of lung with cavitation	164.9	Malignant neoplasm of mediastinum, part unspecified
011.30-011.36	Tuberculosis of bronchus	165.0	Malignant neoplasm of upper respiratory tract, part unspecified
011.40-011.46	Tuberculous fibrosis of lung	165.8	Malignant neoplasm of other and ill defined sites within the respiratory system and intrathoracic organs
011.50-011.56	Tuberculous bronchiectasis	197.0	Secondary malignant neoplasm of lung
011.60-011.66	Tuberculous pneumonia (any form)	212.3	Benign neoplasm of bronchus and lung
011.70-011.76	Tuberculous pneumothorax	212.4	Benign neoplasm of pleura
011.80-011.86	Other specified pulmonary tuberculosis	212.5	Benign neoplasm of mediastinum
011.90-011.96	Pulmonary tuberculosis, unspecified	228.1	Pulmonary lymphangioma, any site
012.00-012.06	Tuberculous pleurisy	231.2	Carcinoma in situ, bronchus and lung
012.10-012.16	Tuberculosis of intrathoracic lymph nodes	235.7	Neoplasm of uncertain behavior, trachea, bronchus and lung
012.20-012.26	Isolated tracheal or bronchial tuberculosis	239.1	Neoplasms of unspecified nature of the respiratory system
012.30-012.36	Tuberculous laryngitis	277.00	Cystic fibrosis; without mention of meconium ileus
012.80-012.86	Other specified respiratory tuberculosis	277.01	Cystic fibrosis; with meconium ileus
031.0	Diseases due to other mycobacteria, pulmonary	277.02	Cystic fibrosis; with pulmonary manifestations
039.1	Actinomycotic infections, pulmonary	277.03	Cystic fibrosis; with gastrointestinal manifestations
045.00-045.03	Acute paralytic poliomyelitis specified as bulbar	277.09	Cystic fibrosis; with other manifestations
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
117.0	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	335.20	Amyotrophic lateral sclerosis
162.0	Malignant neoplasm of trachea	344.89	Other specified paralytic syndrome
162.2	Malignant neoplasm of main bronchus	357.0	Acute infective polyneuritis
162.3	Malignant neoplasm of upper lobe, bronchus or lung	358.00	Myastheniagravis without (acute) exacerbation
162.4	Malignant neoplasm of middle lobe, bronchus or lung	358.01	Myastheniagravis with (acute) exacerbation
162.5	Malignant neoplasm of lower lobe, bronchus or lung	359.1	Hereditary progressive muscular dystrophy
162.8	Malignant neoplasm of other parts of bronchus or lung	415.11	Iatrogenic pulmonary embolism and infarction
162.9	Malignant neoplasm of bronchus or lung, unspecified	415.19	Other pulmonary embolism and infarction
163.0	Malignant neoplasm of parietal pleura	416.0	Primary pulmonary hypertension
163.1	Malignant neoplasm of visceral pleura	416.1	Kyphoscoliotic heart disease
163.8	Malignant neoplasm of other specified sites of pleura	416.8	Other chronic pulmonary heart diseases
163.9	Malignant neoplasm of the pleura, unspecified	416.9	Chronic pulmonary heart disease, unspecified
164.0	Malignant neoplasm of thymus	428.0	Congestive heart failure, unspecified
164.1	Malignant neoplasm of heart	428.1	Left heart failure
164.2	Malignant neoplasm of anterior mediastinum	428.20-428.23	Systolic heart failure

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

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.

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 2005. Professional Edition.
3. Physician fee schedule (2005 CY): payment policies and relative value units. Federal Register Vol. 69, No. 219, November 15, 2004.
4. Local Medical Review Policy. Pulmonary Function Testing. 2003. Upstate Medicare Division, New York.
5. American Medical Association. International Classification of Diseases, ICD-9-CM 2002. 2004.

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