American Lung Association.

Billing Guide for Asthma and COPD Care

Diagnosis Coding Guide

Diagnosis Code	Clinic Description
Documentation should reflect the diagnosis code being submitted to the insurance carrier. Provider should be as specific as possible when documenting the type of COPD or asthma.	
J41.0	Simple chronic bronchitis
J44.0	COPD with (acute) lower respiratory infection
J44.1	COPD with (acute) exacerbation
J44.9	COPD, unspecified
J43.9	Emphysema, unspecified
J43.1	Panlobular emphysema
J43.2	Centrilobular emphysema
J43.8	Other emphysema
J45.20, .21 or .22	Mild intermittent asthma
J45.30, .31 or .32	Mild persistent asthma
J45.40, .41 or .42	Moderate persistent asthma
J45.50, .51 or .52	Severe persistent asthma
J45.901, .902 or .909	Unspecified asthma
J45.990	Exercise-induced bronchospasm
J45.991	Cough variant asthma
J45.998	Other asthma
J68.9	Unspecified respiratory condition due to chemicals, gases, fumes, and vapors

Z codes can identify any documented factors influencing a patient's health status.
Can be coded when documented by any clinician in the record.

	Environmental Factors
Z57.2	Occupational exposure to dust
Z57.31	Occupational exposure to environmental tobacco smoke
Z57.39	Occupational exposure to other air contaminants
Z77.22	Contact with and (suspected) exposures to environmental tobacco smoke

Diagnosis Code	Clinic Service	Description
Level of visit is chosen based on documentation of total time or level of MDM.		
99202-99215	Provider Clinic Visit	New and established E/M services

Level of visit is chosen **based on total amount of face-to-face time** if more than half the visit was spent in counseling and coordination of care:

New Patient	**Established Patient**	• Total face-to-face time • Summary of discussion • Any key elements (history, exam, MDM) performed
	99211 – 5 min. (nurse)	
99202 – 15-29 min.	99212 – 10-19 min.	
99203 – 30-44 min.	99213 – 20-29 min.	
99204 – 45-59 min.	99214 – 30-39 min.	
99205 – 60-74 min.	99215 – 40-54 min.	

- Report 99417 for the first hour of prolonged services
- The CPT code is per 15 minutes
- Report these codes in addition to the E/M code

Additional time spent with patient needs to be clearly documented. Ex: "I spent an additional 50 minutes discussing..."

Reference:

New patient is someone who has not received professional services from the physician or another physician in the same specialty and group practice within the last three years.

Established patient is someone who has received professional services from the physician or another physician in the same specialty and group practice within the last three years.

Therapeutic Procedures Guide

CPT Code	Description
Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device.	
This code should be used to report nebulizer treatments done in the office. For multiple treatments on the same day, use units or the -76 modifier (on the second line of 94640). If doing a pre- and post-spirometry with the nebulizer treatment, do not report 94640. Use Code 94060, which includes all of these elements.	
Nurse or provider must document the treatment provided including what inhalation drug was used.	
94640	Nebulizer treatment
94644	Continuous inhalation treatment with aerosol medication, first hour
94645	Continuous inhalation treatment each additional hour
This code should be used to report chest percussion by a respiratory therapist.	
Documentation should indicate the service rendered and whether it was initial or subsequent.	
94669	Mechanical chest wall oscillation, per session

CPT Code	Description	
Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler, or IPPB device.		
This code should be used to report services of the nurse or provider demonstrating how to use the nebulizer machine or inhaler. Code should be reported only 1X/day. If reported by nurse, must be under direct physician supervision.		
Nurse or provider must document what was discussed and the patient's response and ability to use the device.		
94664	Bronchodilator administration—evaluate patient's use of inhaler	
Self-care/home management training and compensatory training, meal prep, safety procedures, and instruct in use of assistive technical devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes.		
This code should be used to report services by the provider demonstrating how to use the nebulizer machine and overall asthma education. Code should be reported for each 15 minutes of demonstration and/or education.		
Provider must document what was discussed, patient's response, and ability to use the machine. Because this is a time-based code, time spent face-to-face must be documented.		
97535	Self-care/Home management training	
Education and training for patient self-management by a qualified, non-physician healthcare professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family), each 30 minutes: Individual patient, 2-4 patients, 5-8 patients. Self-management education and training services are not separately billable codes under Medicare and are not paid by Medicare when submitted for an outpatient bill type.		
These codes should be used to report the education provided by the non-physician provider to teach the patient how to effectively self-manage their asthma. Qualifications of the healthcare provider and content of the program should be consistent with payer guidelines. NOTE: To date there have been no guidelines published on the use of these codes and no RVUs have been assigned.		
Non-physician provider must document the amount of time spent and how many participants were involved in the education. Specific educational element should be documented.		
98960 98961 98962	Individual face-to-face 2-4 patients 5-8 patients	Patient self-management education
Physician or other qualified health care profession qualified by education, training, licensure/regulation educational service rendered to patients in a group setting (e.g., prenatal, obesity, or diabetic instructions).		
This code should be used to report services by the provider in a group setting for asthma education. Code should be reported once per session.		
Provider must document discussion, patient's response, and participation in the group.		
99078	Physician Group Education	

CPT Code	Description
Patient education, not otherwise classified, non-physician provider, group, per session. This code should be used to report group asthma educational services of the nurse including: basic facts, inhaler technique, home peak flow monitoring, environmental control measures, and follow- up plan. Code should be reported 1X/session. Currently only Medica's Minnesota Care and Choice Care plans allow reimbursement for S9446. Nurse must document the specific content of the education and patient's response and participation in the group.	
S9446	Group Education
94625	Pulmonary Rehabilitation without continuous oximetry monitoring
94626	Pulmonary Rehabilitation with continuous oximetry monitoring

Diagnostic Procedures Guide

CPT Code	Clinic Description
Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation. This code should be used to report a diagnostic spirometry service.	
94010	Spirometry
Patient initiated spirometric recording per 30 day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration, and physician review and interpretation.	
94014	Patient initiated spirometric recording
Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration This code should be used to report bronchodilation responsiveness services. Codes 94010 and 94640 are included and should not be reported in addition to 94060.	
94060	Bronchodilation responsiveness
Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (e.g., antigen(s), cold air, methacholine) This code should be used to report a bronchospasm provocation evaluation. Several units of 94010 are included and should not be reported in addition to 94070.	
94070	Bronchospasm provocation evaluation
Vital capacity, total This code should be used to report vital capacity.	
94150	Vital capacity
Maximum breathing capacity, maximal voluntary ventilation This code should be used to report maximum breathing capacity.	
94200	Maximum breathing capacity
Nitric oxide expired gas determination This code should be used to report nitric oxide expired gas determinations. If done by spectroscopy, use 94799. There may be coverage issues with this diagnostic service. This code does not have professional/technical components and should not be reported with -TC or -26 modifiers.	
95012	Exhaled nitric oxide (ENO)

CPT Code	Clinic Description
Inhalation bronchial challenge testing (not including necessary pulmonary function tests), with histamine, methacholine, or similar compounds	
95070	Inhalation bronchial challenge testing

Noninvasive ear or pulse oximetry for oxygen saturation:
- **single determination**
- **multiple determinations**
- **by continued overnight monitoring**

These codes can be used to report pulse oximetry testing. If multiple determinations are made, use Code 94761. Many carriers do not reimburse separately for 94760.

Documentation should indicate the measurements described in the code and an order for the diagnostic test.

94760-Single Determination	Pulse oximetry

Arterial puncture, withdrawal of blood for diagnosis
This code can be used to report the blood draw in addition to the code(s) for arterial blood gases.

Documentation should show the method of the blood draw.

36600	Arterial puncture

Holding chamber or spacer for use with an inhaler or nebulizer:
- **without mask**
- **with mask**

This code should be used when this item is given to the patient to take home. If supply was provided to the clinic free of charge, this code should not be reported. Use other HCPCS code if a comparable A code is available. S code not valid for Medicare.

Documentation should show the specific supply or supplies that were given to the patient.

S8100-without mask S8101-with mask	Spacer for inhaler

Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler
This code should be used when this item is given to the patient to take home. If supply was provided to the clinic free of charge, this code should not be reported.

Documentation should show the specific supply or supplies that were given to the patient.

A4627	Spacer for inhaler

CPT Code	Clinic Description
	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen These codes should be used when these items are given to the patient to take home. If supplies were provided to the clinic free of charge, these codes should not be reported. Patient/family should be encouraged to obtain durable medical equipment (DME) directly from supplier or have supplier bill for the equipment. For consignment arrangements, the supplier should bill for the equipment, not the clinic. Documentation should show the specific supply or supplies that were given to the patient.
A7017	Nebulizer (DME)
	Aerosol mask, used with DME nebulizer dome and mouthpiece used with small volume ultrasonic nebulizer These codes should be used when these items are given to the patient to take home. If supplies were provided to the clinic free of charge, these codes should not be reported. Patient/family should be encouraged to obtain durable medical equipment (DME) directly from supplier or have supplier bill for the equipment. Documentation should show the specific supply or supplies that were given to the patient.
A7015	Nebulizer mask (DME)
	A peak flow meter is covered as a supply when furnished in the physician office setting for home use by the patient.
A4614	Peak flow meter—peak expiratory flow rate meter, hand held
	Flutter device This code should be used when this item is given to the patient to take home. If supply was provided to the clinic free of charge, this code should not be reported. Patient/family should be encouraged to obtain durable medical equipment (DME) directly from supplier or have supplier bill for the equipment. S code not valid for Medicare. Documentation should show the specific supply or supplies that were given to the patient.
S8185	Flutter device

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