



PULMONARY STRESS TESTING

To assist in billing, following is a reimbursement overview that details coding, Medicare coverage and Medicare payment for pulmonary function testing, specifically, CPT-4 code 94620, *pulmonary stress testing simple (e.g., prolonged exercise test for bronchospasm with pre- and post- spirometry)*¹. Although this information should make claims filing easier, it does not guarantee payment. For further information regarding specific reimbursement guidelines, please consult your local payer, the Federal Register or the Physician's Current Procedural Terminology, Fourth Edition (CPT-4). In addition, the Respironics Reimbursement Support Line is available to assist you with complex reimbursement issues.

CODING

Current Procedural Terminology, Fourth Edition (CPT-4) codes are used to report physician services, hospital outpatient and non-hospital services. According to the American Medical Association's (AMA) CPT-4 Information Services, the description of CPT-4 code 94620 is vague so that physicians will not be restricted to certain tests that must be performed. Spirometry is listed as an example in the code's description, as it can be an effective measurement of pulmonary function and is frequently used for this purpose. However, spirometry is not a required test when billing this code.

To bill CPT-4 code 94620, *pulmonary stress testing simple (e.g., prolonged exercise test for bronchospasm with pre- and post- spirometry)*, physicians must have reviewed patient's pulmonary condition with stress testing, but the manner in which this review is done is at their medical discretion. In addition, clearly documenting the medical necessity and justification for the test will support use of this code. For further illustration regarding the billing of CPT-4 code 94620, please review the attached clinical vignettes outlined in the Volume 9, Issue 1, January 1999, *cpt Assistant*.

COVERAGE

In the absence of a national coverage decision regarding pulmonary stress testing, Medicare carriers remain responsible for a local coverage decision specific to CPT-4 code 94620. However, based on HCFA guidelines, pulmonary stress testing must be performed under the general supervision of a physician to qualify for payment. The definition of general supervision is:

The procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure. Under general supervision, the training of the nonphysician personnel who actually perform the diagnostic procedure and the maintenance of the necessary equipment and supplies are the continuing responsibility of the physician.

¹ CPT™ five-digit codes, nomenclature and other data are copyright 2001 American Medical Association. All rights reserved.

PAYMENT

Medicare reimburses for pulmonary stress tests performed in the physician office based on the 2002 Medicare Physician Fee Schedule. As indicated in the November 1, 2001 Federal Register, the following table details current reimbursement for CPT-4 code 94620, not taking into consideration the geographic indicator.

CPT-4 code 94620, <i>pulmonary stress testing: simple (e.g., prolonged exercise test for bronchospasm with pre- and post- spirometry)</i>	2002 Average Medicare Allowable	Description of Services Performed
94620	\$86.88	Global <i>Indicates that the physician performed both the professional and technical components of the test</i>
94620-TC	\$55.38	Technical Component <i>Indicates that the physician performed the procedure (but did not interpret the results)</i>
94620-26	\$31.49	Professional Component <i>Indicates that the physician interpreted the results of the procedure (but did not perform the procedure)</i>

CASE STUDY

The following case demonstrates the complex issues faced in coding pulmonary function studies. The case is included with the permission of Phillip Port, Executive Director, National Association for Medical Director of Respiratory Care. It appeared in the article, “Coding Update: The Pulmonary Function Laboratory” by Alan L. Plummer, MD, Walter J. O’Donohue, Jr., MD, and Patricia Booth, RN published in the October 2000 NAMDRC Clinical & Management Quarterly.

Case Example

A 73 y/o male with COPD is being evaluated for increasing dyspnea on exertion. As part of his evaluation, partial spirometry with bronchodilator and a simple exercise test, the six minute walk, are performed. All tests are performed in your office.

Selection of Codes

94010 Simple Spirometry
94060 Bronchospasm evaluation
94620 Simple pulmonary exercise test
94621 Complex pulmonary exercise test

Which codes should be used to maximize reimbursement?

94010, 94621
94060, 94620
94060-59, 94620
94060, 94620-59

CASE THREE; TOTAL WORK RVUs²

0.36, 2.05 = 2.41 (\$88.24)

0.55, 1.15 = 1.70 (\$62.25)

0.55, 1.15 = 1.70 (\$62.25)

0.55, 1.15 = 1.70 (\$62.25)

Case Three typifies a work-up for a COPD patient with exertional dyspnea.

In answer A, only simple spirometry, 94010, is captured, rather than spirometry before and after bronchodilator, 94060. A six minute walk is a simple exercise test, not a complex one. Therefore, 94621 could not be used. 94621 is a new code added by CPT upon request by the pulmonary community to allow coding for a complex exercise test.

In answer B, 94060 would be appropriate to code for spirometry before and after bronchodilator. 94620 should be used to indicate a simple exercise test was performed. However, only the exercise test would be reimbursed if coded this way, since this pair is on the CCI list.

Because it is appropriate to charge for both tests, a -59 modifier is necessary to indicate that the spirometry is not a part of the simple exercise test, the six minute walk. Unfortunately, the CPT example for a simple exercise test is an exercise-induced bronchospasm study which does include spirometry. To indicate that the exercise test, the six minute walk, does not include spirometry in this example, the -59 modifier could be added to either code. Occasionally HCFA may reimburse the code with the -59 modifier at a reduced rate. It would be preferable to add the -59 modifier to the code with a lower RVU or payment, in this example, 94060. Therefore, answer C maximizes reimbursement and clarifies the pair.

Another common combination would be simple spirometry without bronchodilator, 94010, along with a six minute walk, 94620. Again, this pair is in the CCI. As in the above example, a 59 modifier should be added to the simple exercise code, 94620-59.

² 2002 RVU Update: Based on professional component (-26) only.

0.24, 1.94 = 2.18 (\$78.91)

0.42, 0.87 = 1.29 (\$46.70)

0.42, 0.87 = 1.29 (\$46.70)

0.42, 0.87 = 1.29 (\$46.70)