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## **Medicine: Pulmonary**

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This section contains information to assist providers in billing for medicine procedures related to pulmonary services.

### **Pulmonary Function Tests (PFT): Reimbursement Guidelines**

Medi-Cal has developed guidelines for the appropriate use and reimbursement of pulmonary function tests (PFT). These are diagnostic tests ordered by physicians to assess a patient's lung function. Pulmonary function tests include spirometry, flow-volume loops, lung volumes by inert gas, bronchodilator evaluation, distribution of ventilation, diffusion tests, bronchoprovocational challenge testing, exercise testing and arterial blood gases.

#### **Medical Indications for PFT**

1. Initial evaluation of a patient with dyspnea, chronic cough, wheeze, recurrent lung infections or abnormal chest radiograph in order to differentiate:
  - Organic from functional disease
  - Pulmonary from cardiac disease
  - Restrictive from obstructive airways disease
2. Quantitation of severity of established disease (and quantitation of impairment for disability evaluation)
3. Following pulmonary disease activity:
  - Over a period of time, for prognosis
  - Correlate with subjective symptoms or physical findings
  - Assessment of response to drug therapy such as bronchodilators
4. Prediction of surgical risk

5. Screening for early, unsuspected, or asymptomatic disease, and documenting subject's baseline for later comparison:
  - Occupational lung disease
  - Prior to therapy (surgery, radiation, drug) known to affect lung function
6. Diseases followed with serial pulmonary function tests:
  - Asthma
  - Chronic bronchitis and emphysema
  - Interstitial lung disease
  - Neuromuscular weakness
  - Occupational lung disease

### **Modifiers Required**

Providers must bill the following CPT® codes with the appropriate split-billing modifier based on the components (professional, technical or both) performed.

## **Billing Restrictions**

Claims billed with CPT codes 94010, 94150, 94200, 94375 and 94664 will be denied if code 94060 has been reimbursed previously for the same recipient and date of service.

Reimbursement for code 94060 is reduced if any of these codes have previously been paid for the same recipient and date of service. When two or more of these codes are billed by the same provider for the same recipient and date of service, reimbursement is limited to the value of the highest paid code.

Code 94375 is the most current format for displaying the results of a forced expiratory maneuver. It provides the equivalent expiratory information as the screening pulmonary function test (94010) plus inspiratory information.

### **CPT Codes 94014 Through 94016**

Reimbursement for services billed with CPT codes 94014 through 94016 is limited to once in 30 days. These codes should not be split-billed. Code 94014 consists of both a professional and technical component. Code 94015 is the technical component only. Code 94016 is the professional component only.

### **CPT Codes 94726 Through 94729**

Authorization is required for CPT codes 94726 through 94729 to be reimbursed to respiratory therapists.

### **«Pulmonary Studies during Exercise Testing**

CPT 94617, 94618 and 94621 are split-billable and must be billed with modifier TC when billing only for the technical component, and modifier 26 when billing only for the professional component. When billing for both the technical and professional component, no modifier is required.»

**Note:** Modifier 99 must not be billed in conjunction with modifier 26 or modifier TC. The claim will be denied.

## **Aerosol, nebulizer, MDI, IPPB demonstration**

Reimbursement for CPT code 94664 (demonstration and/or evaluation of use of an aerosol generator, nebulizer, metered dose inhaler, or IPPB device) is limited to once a year when billed by the same provider.

## **Chest Physical Therapy**

CPT code 94667 (manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation) is reimbursable four times per rolling 12 months for the same recipient by the same provider. Code 94668 (manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent) is reimbursable once per day for the same recipient by the same provider, up to eight times in a six-month period. If billed more than eight times in six months for the same recipient by the same provider, medical justification must be entered in the *Remarks* field (Box 80)/*Additional Claim Information* field (Box 19) of the claim or submitted as an attachment.

CPT code 94669 (mechanical chest wall oscillation to facilitate lung function, per session) is reimbursable three times per year when billed by the same provider.

## **Arterial Blood Gas Analysis**

The following CPT codes should be used for billing arterial blood gas analyses:

### **«CPT Codes for Billing Arterial Blood Gas Analyses»**

<b>CPT-Code</b>	<b>Description</b>
82800	Gases, blood, pH only
82803	Gases, blood, any combination of pH, pCO <sub>2</sub> , pO <sub>2</sub> , CO <sub>2</sub> , HCO <sub>2</sub> (including calculated O <sub>2</sub> saturation)
82805	with O <sub>2</sub> saturation, by direct measurement, except pulse oximetry
82810	Gases, blood, O <sub>2</sub> saturation only, by direct measurement, except pulse oximetry
82820	Hemoglobin-oxygen affinity (pO <sub>2</sub> for 50% hemoglobin saturation with oxygen)

## **Physicians and Physician Groups**

Physicians and physician groups may not bill for the technical and/or professional component(s) of arterial blood gas analyses using their physician/physician group provider number. Physicians and physician groups may bill only for clinical laboratory tests or examinations classified as waived or Provider-Performed Microscopy Procedures (PPMP) using their physician or physician group provider number.

## **Physicians and Physician Groups with Pulmonary Specialty**

Physicians and physician groups specializing in pulmonary diseases may bill for the professional component (physician review with interpretation and report) of blood gas testing (using modifier -26), only under the auspices of a hospital's Clinical Laboratory Improvement Amendment (CLIA) certificate.

Physicians and physician groups specializing in pulmonary diseases and possessing a CLIA or a Compliance and State Clinical Laboratory License, may bill for both the technical and professional components of clinical laboratory tests, provided that the physician and physician group are enrolled in the Medi-Cal program as a Clinical Laboratory provider and are providing services to non-hospital patients.

For additional information, refer to the *Pathology: An Overview of Enrollment and Proficiency Testing Requirements* section in this manual.

## **Pulmonary Rehabilitation**

For information about pulmonary rehabilitation, refer to the "Pulmonary Rehabilitation" heading in the *Respiratory Care* section of this manual.

**<<Legend>>**

Symbols used in the document above are explained in the following table.

<b>Symbol</b>	<b>Description</b>
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.