

Asthma Visit Billing Codes and Services

Type of Service	Asthma Clinic Service	Code(s)	Description	Detail on Use	Documentation Requirements	2006		
						Non-facility Code	MA Fee Schedule**	
Diagnosis Codes	Asthma and Related Diagnoses	493.0X 493.1X 493.2X 493.9X 493.81 493.82 786.07	Extrinsic (atopic or allergic) Intrinsic (late-onset) Chronic obstructive (w/COPD) Unspec (asthmatic bronchitis) Exercise induced bronchospasm Cough variant asthma Wheezing	5th Digit Required for 493.0-493.2 and 493.9 0 = Unspecified 1 = With status asthmaticus 2 = With (acute) exacerbation _____ Code symptoms if diagnosis of asthma cannot be made	Documentation should reflect the diagnosis code being submitted to the insurance carrier. Provider should be as specific as possible when documenting the type of asthma.			
		MD Clinic Visit	99201-99215	New and Established E/M Services	Level of visit is chosen based on documentation of the 3 key components: (1) the extent of history, (2) the extent of the exam, and (3) the complexity of medical decision making.	<ul style="list-style-type: none"> • 3 of 3 key components documented for new patient visits. • 2 of 3 key components documented for established patient visits. 	99201 99202 99203 99204 99205 99211 99212 99213 99214 99215	0.97 1.72 2.56 3.62 4.60 0.57 1.02 1.39 2.18 3.17
MD E/M Services	MD Clinic Visit	99201-99215	New and Established E/M Services Based on Time	Level of visit is chosen based on total amount of face-to-face time if more than 1/2 the visit was spent in counseling and coordination of care: <u>New Patient</u> <u>Established Patient</u> 99201 - 10 min. 99211 - 5 min. (nurse) 99202 - 20 min. 99212 - 10 min. 99203 - 30 min. 99213 - 15 min. 99204 - 45 min. 99214 - 25 min. 99205 - 60 min. 99215 - 40 min.	<ul style="list-style-type: none"> • Total face-to-face time • Counseling/Coordination time (provider may simply state "more than half this visit...") • Summary of discussion • Any key elements (history, exam, MDM) performed 	99201 99202 99203 99204 99205 99211 99212 99213 99214 99215	0.97 1.72 2.56 3.62 4.60 0.57 1.02 1.39 2.18 3.17	\$27.19 30.48 36.25 61.80 90.64 12.36 20.60 24.72 46.14 65.92
				Prolonged Care	99354-99355	Prolonged physician service with direct (face-to-face) patient contact in the office or outpatient setting	<ul style="list-style-type: none"> • Do not report prolonged services of less than 30 min • Report 99354 for the first hour of prolonged services • Report 99355 for each additional 30 minutes • Report the prolonged services codes in addition to the MD clinic visit code 	Additional time spent with patient needs to be clearly documented. Example: "I spent an additional 50 minutes discussing..."
Therapeutic Procedures	Neb Treatments	94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (e.g., 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 billing 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 neb 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	0.32	\$15.02

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Education Services	Neb/Inhaler Demo	94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, neb, metered dose inhaler, or IPPB device	This code should be used to report services <u>of the nurse or provider</u> demonstrating how to use the neb machine or inhaler. Code should be reported only one time/day. If reported by nurse, must be under direct physician supervision. Not all MN carriers reimburse for this code.	Nurse or provider must document what was discussed and the patient's response and ability to use the device.	94664	0.35	\$18.78
	Self-care Home Management Training	97535	Self-care/home management training (e.g., activities of daily living [ADL] and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes	This code should be used to report services <u>by the provider</u> demonstrating how to use the neb machine and overall asthma education. Code should be reported for each 15 minutes of demonstration and/or education. This code should only be reported if no E/M service was billed by the provider that day.	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	0.79	\$13.72
	Patient Self Management Education	98960 98961 98962	Education and training for patient self-management by a qualified, non-physician health care 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	These codes should be used to report the education provided <u>by the non-physician provider</u> 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 RVU's 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	Not available Not available Not available	Not available Not available Not available
	Physician Group Education	99078	Physician educational services rendered to patients in a group setting (e.g., prenatal, obesity, or diabetic instructions)	This code should be used to report services <u>by the provider</u> in a group setting for asthma education. Code should be reported once per session.	Provider must document what was discussed, patient's response, and participation in the group.	99078	Not available	\$17.96
	Asthma Education	S9441	Asthma education, non-physician provider, per session	This code should be used to report asthma education services <u>of the nurse</u> including: basic facts, inhaler technique, home peak flow monitoring, environmental control measures, and follow-up plan. Code should be reported 1 time/session. Currently only Medica's MinnesotaCare and ChoiceCare SM plans allow reimbursement for S9441.	Nurse must document the specific content of the education and patient's response.	S9441	Not available	Not available
	Group Education	S9446	Patient education, not otherwise classified, non-physician provider, group, per session	This code should be used to report asthma education services <u>of the nurse</u> including: basic facts, inhaler technique, home peak flow monitoring, environmental control measures, and follow-up plan. Code should be reported 1 time/session. Currently only Medica's MinnesotaCare and ChoiceCare SM plans allow reimbursement for S9446.	Nurse must document the specific content of the education and patient's response and participation in the group.	S9446	Not available	Not available

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Diagnostic Procedures	Spirometry	94010	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 diagnostic spirometry services.	Documentation should indicate the measurements described in the code and an order for the diagnostic test.	94010	0.87	\$23.36	
	Bronchodilation Responsiveness	94060	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.	Documentation should indicate the measurements described in the code and an order for the diagnostic test.	94060	1.45	\$42.48	
	Vital Capacity	94150	Vital capacity, total	This code should be used to report vital capacity.	Documentation should indicate the measurements described in the code and an order for the diagnostic test.	94150	0.56	\$15.25	
	Thoracic Gas Volume	94260	Thoracic gas volume	This code should be used to report thoracic gas volume.	Documentation should indicate the measurements described in the code and an order for the diagnostic test.	94260	0.76	\$64.11	
	Flow Volume Loop	94375	Respiratory flow volume loop	This code should be used to report respiratory flow volume loop.	Documentation should indicate the measurements described in the code and an order for the diagnostic test.	94375	0.94	\$40.94	
	Pulmonary Stress Testing	94620	Pulmonary stress testing; simple (e.g., prolonged exercise test for bronchospasm with pre- and post-spirometry)	This code should be used to report pulmonary stress testing. Code 94010 (spirometry) is included in pulmonary stress testing and should not be reported in addition to 94620.	Documentation should indicate the measurements described in the code and an order for the diagnostic test.	94620	3.27	\$10.03	
	Pulse Oximetry	94760 94761 94762	94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination	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	0.06	\$17.33
			94761	multiple determinations			94761	0.13	31.28
94762			by continuous overnight monitoring	94762			0.57	51.87	
Peak Flow	S8110	Peak expiratory flow rate (physician services)	This HCPCS code can be used to report this service done in a physician's office (S8110). However, most carriers consider this part of the E/M service and do not reimburse for this code. If giving out a peak flow meter, use HCPCS codes A4614.	Documentation should indicate the measurements described in the code and an order for the diagnostic test.	S8110	Not available	Not available		

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Drugs and Supplies	Peak Flow Meter	A4614	Peak expiratory flow rate meter, hand held	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.	A4614	Not available	\$23.78
		S8096	Portable peak flow meter	This code can 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. Comparable HCPCS code A4614 should be used rather than this S code.	Documentation should show the specific supply or supplies that were given to the patient.	S8096	Not available	Not available
	Asthma Kit	S8097	Asthma kit (including but not limited to portable peak expiratory flow meter, instructional video, brochure, and/or spacer)	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 alternate HCPCS code if a comparable A code is available.	Documentation should show the specific supply or supplies that were given to the patient.	S8097	Not available	Not available
	Spacer for Inhaler	S8100 S8101	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.	Documentation should show the specific supply or supplies that were given to the patient.	S8100 S8101	Not available Not available	Not available Not available
				A4627	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
	Nebulizer (DME)	A7017	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen	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 this 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	Not available	\$134.04
	Nebulizer Mask (DME)	A7015	Aerosol mask, used with DME nebulizer	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 this 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	Not available	\$1.72
	Albuterol	J7611	Albuterol, inhalation solution, administered through DME, concentrated form, 1mg	This code can be used to report the albuterol given during a nebulization in the clinic. If more than 1 mg is given, then multiple units should be billed. NOTE: reimbursement is very low (less than \$1.00).	Documentation should show the amount and specific type of inhalation solution given.	J7611	Not available	Not available
		J7613	Albuterol, inhalation solution, administered through DME, <u>unit dose</u> , 1mg	This code can be used to report the albuterol given during a nebulization in the clinic. If more than 1 mg is given, then multiple units should be billed. NOTE: reimbursement is very low (less than \$1.00).	Documentation should show the amount and specific type of inhalation solution given.	J7613	Not available	Not available
		J7612	Levalbuterol, inhalation solution, administered through DME, concentrated form, 0.5 mg	This code can be used to report the Xopenex given during a nebulization in the clinic. If more than 0.5 mg is given, then multiple units should be billed.	Documentation should show the amount and specific type of inhalation solution given.	J7612	Not available	Not available
Xopenex	J7614	Levalbuterol, inhalation solution, administered through DME, unit dose, 0.5 mg	This code can be used to report the Xopenex given during a nebulization in the clinic. If more than 0.5 mg is given, then multiple units should be billed.	Documentation should show the amount and specific type of inhalation solution given.	J7614	Not available	Not available	
Atrovent	J7644	Ipratropium bromide, inhalation solution administered through DME, unit dose form, per mg	This code can be used to report the vial of Atrovent given during a nebulization in the clinic. If more than 1 mg is given, then multiple units should be billed.	Documentation should show the amount and specific type of inhalation solution given.	J7644	Not available	Not available	

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