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## Documentation Dissection

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Indication for Study: Bronchitis <sup>[1]</sup>.

### Spirometry <sup>[2]</sup>

(BTPS)

	Ref	Pre Meas	Pre % Ref	Post Meas	Post % Ref	Post % Chg
FVC	Liters	2.76	2.92	106		
FEV.5	Liters	1.84	1.74	94		
FEV1	Liters	2.02	2.16	107		
FEV1/FVC	%	74	74			
FEF25-76%	L/sec	2.44	1.58	65		
PEF	L/sec	5.38	6.68	124		
FET100%	Sec	10.68				

### Comments:

PULSE OXIMETRY 99%, ON ROOM AIR AT REST <sup>[3]</sup>.

### Interpretation <sup>[4]</sup>:

NORMAL SPIROMETRY, NORMAL LUNG VOLUMES <sup>[4]</sup>,

MODERATELY REDUCED DLCO WHICH CAN BE SEEN <sup>[4]</sup>

WITH EMPHYSEMA, INTERSTITIAL LUNG DISEASE OR <sup>[4]</sup>

PULMONARY VASCULAR DISEASE <sup>[4]</sup>.

### Lung Volumes <sup>[5]</sup>

(BTPS)

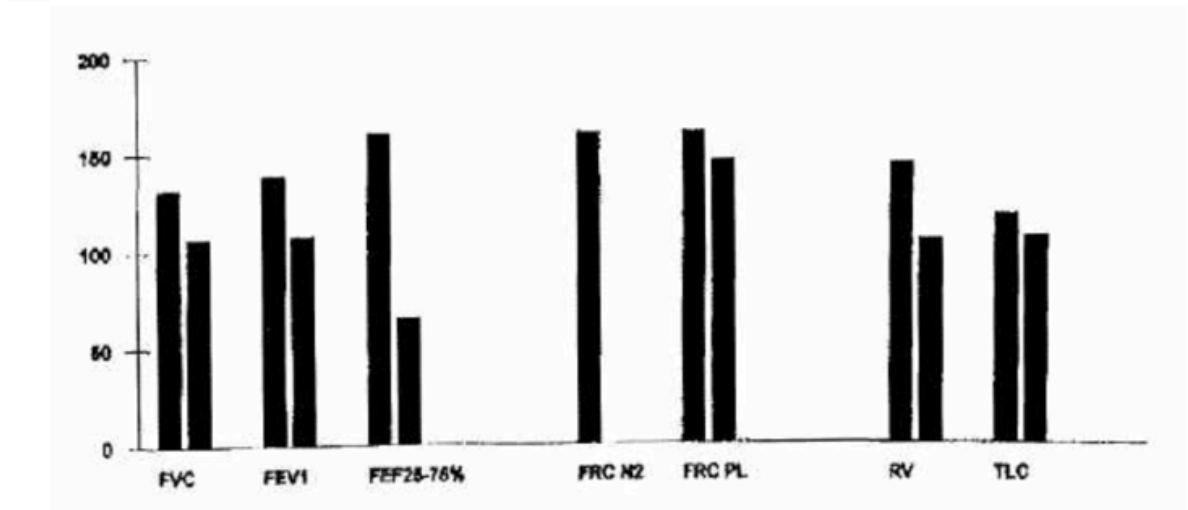
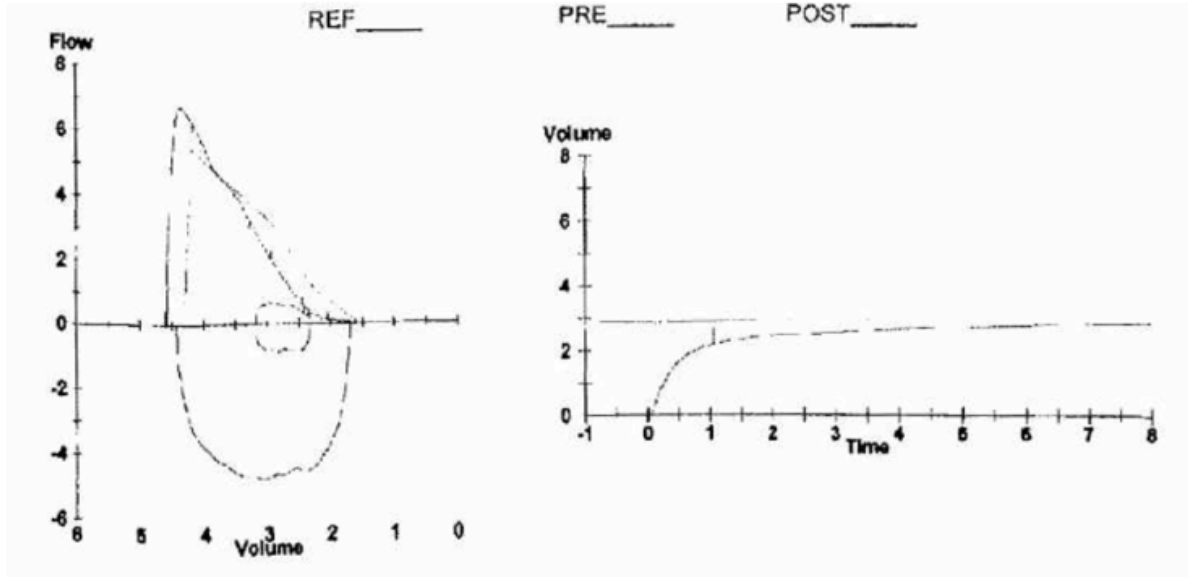
	Ref	Pre Meas	Pre % Ref	Post Meas	Post % Ref	Post % Chg
VC Liters	2.75	2.92	106			
TLC	Liters	4.30	4.59	107		
RV Liters	1.59	1.67	105			
RV/TLC %		37	36			
FRC N2	Liters	1.59				
FRC PL	Liters	1.59	2.31	145		

### Diffusion <sup>[6]</sup>

DLCO	mL/mmHg/min 25.6	**15.1 **59	
DL Adj	mL/mmHg/min 25.6	**15.1 **59	
DLCO/VA	mL/mmHg/min 3.87	3.78	98

**Resistance** <sup>[7]</sup>

	Ref	Pre Meas	Pre % Ref	Post Meas	Post % Ref	Post % Chg
Raw		cmH20/L/sec	2.81	2.02		
sRaw		cmH20/L/s/L	4.15	6.92		



<sup>[1]</sup> Diagnosis and Medical necessity for procedure.

<sup>[2]</sup> Spirometry was performed.

<sup>[3]</sup> Pulse oximetry was performed.

<sup>[4]</sup> Interpretation of the report was performed.

<sup>[5]</sup> Plethysmography was performed.

[6] Diffusion was performed.

[7] Airway resistance is included with the Plethysmography study.

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What are the CPT® and ICD-10-CM codes reported?

**CPT® Codes:** 94010-26, 94726-26, 94729-26, 94760

**ICD-10-CM Code:** J40

**Rationales:**

**CPT®:** The report documents multiple studies including Spirometry, Plethysmography, Diffusing capacity, and Pulse oximetry.

In the CPT® Index look for Pulmonology/Diagnostic/Spirometry/Evaluation which leads the coder to 94010–94015, 94060, 94070. The note does not document the patient is an infant or child; therefore, 94011–94013 are ruled out. Additionally, the note does not document the study included bronchodilation responsiveness pre- and post- administration eliminating 94060. CPT 94070 *Bronchospasm provocation evaluation* was not documented. The appropriate code selection based on the documentation is CPT code 94010 *Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation*. Verify selection in the numeric section.

Next in the CPT® Index look for Pulmonology/Diagnostic/Plethysmography which directs the coder to 94726 *Plethysmography for determination of lung volumes and, when performed, airway resistance*. The tabular notes indicate the coder should not report CPT 94728 *Airway resistance by impulse oscillometry*, in conjunction with 94726 as the service is included in the code description. Verify selection in the numeric section.

Next in the CPT® Index look for Pulmonology/Diagnostic/Membrane Diffusion Capacity which leads the coder to 94729 *Diffusing capacity (eg, carbon monoxide, membrane)*. CPT code 94729 is an add-on code and should be reported separately in addition to the code for the primary procedure. Verify selection in the numeric section.

Lastly, in the CPT® Index look for Pulmonology/Diagnostic/Oximetry/Ear or Pulse which directs the coder to 94760–94762. Code 94760 indicates noninvasive ear or pulse oximetry for oxygen saturation; single determination. 94761 is used to report multiple determinations, such as during exercise. Code 94762 is reported when continuous overnight monitoring occurs. The appropriate code selection based on the documentation is CPT code 94760 *Noninvasive ear or pulse oximetry for oxygen saturation; single determination*. Verify selection in the numeric section. Medicare bundles 94760 into any same day service. This case does not identify this as a Medicare patient and it is reported.

In this case, the provider performed a procedure that contained both a professional and technical component. Per Appendix A in the CPT book, when the physician or other qualified health care professional component is reported separately, the service may be identified by adding modifier 26 to the usual procedure number. The facility incurs the cost of the equipment and will bill for the technical component of the service. Additional examples of modifier 26 can be found in the Introduction section of the CPT codebook.

**ICD-10-CM:** The reason for the study is bronchitis. In the ICD-10-CM Alphabetic Index look for Bronchitis leading to J40 *Bronchitis, not specified as acute or chronic*. Verify selection in the Tabular List.