

# Advanced Coding – Allergy & Pulmonary Procedural Coding

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July 22, 2018

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## Pulmonary Codes for the Allergist

- 94010 – Spirometry
- 94011 – Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age
- 94012 – Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age
- 94013 – Measurement of lung volumes (FRC, FVC, ERV) in an infant or child through 2 years of age
- 95012 – Nitric oxide expired gas determination

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## Pulmonary Codes for the Allergist

- 94060 – Bronchodilation responsiveness, spirometry as in 94010 pre and post bronchodilator administration
  - Included in this code are the following CPT codes:
    - 94150 – Vital capacity
    - 94200 – Maximum breathing capacity
    - 94375 – Respiratory flow volume loop
    - 94640 – Nebulizer treatment
    - 94728 – Airway resistance by impulse oscillometry
  - Bronchodilator may be billed if purchased with the appropriate J code

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## Pulmonary Codes for the Allergist

- 94070 – Bronchospasm provocation evaluation, multiple spirometric determinations, with administered agents
- 94150 – Vital capacity, total (separate procedure)
- 94200 – Maximum breathing capacity, maximal voluntary ventilation
- 94250 – Expired gas collection, quantitative, single procedure (separate procedure)
- 93475 – Respiratory flow volume loop

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## Pulmonary Codes for the Allergist

- 94617 – Exercise test for bronchospasm, including pre and post spirometry, electrocardiographic recording(s), and pulse oximetry
- 94618 – Pulmonary stress testing (eg 6 minute walk), including measurement of heart rate, oximetry, and oxygen titration, when performed
- 94621 – Cardio-pulmonary exercise testing
- 94640 – Pressurized or non-pressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, etc.

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## Pulmonary Codes for the Allergist

- 94664 – Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPE device
- 94726 – Plethysmography for determination of lung volumes and, when performed, airway resistance
- +94729 – Diffusing capacity
- 94760 – Pulse oximetry
- 94761 – multiple determinations (during exercise)
- 94762 – overnight pulse oximetry

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# Allergy Services

- Drug Testing (95018)
  - Per the NCCI MUE portion there is a limit of 19 for this code on a calendar date.
  - Penicillin Testing
    - Charge for the percutaneous and the intradermal tests (95018)
    - Charge for the oral challenge (95076) – only if you meet the definition of the code
    - Clinically:
      - If penicillin skin testing is performed with only penicilloypolylysine and penicillin G, initial administration of penicillin, depending on the pretest probability of the patient being allergic, may need to be done via **graded** challenge (ie, **1/100 of the dose, followed by the full dose**, assuming no reaction occurs during a brief observation period).
- Documentation to support this service????
- 95199 – Unlisted procedure for allergy services

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## Allergy Testing

Puncture/Prick allergenic extract # _____	95004
Intradermals allergenic extract # _____	95024
Allergy test Prick and ID - venoms #	95017
Allergy test Prick & ID biologicals & drugs # _____	95018
Intradermal Sequential & incremental for airborne allergens # _____	95027
Delayed ID testing # _____	95028
Patch Test # _____	95044
Inhalation bronchial challenge	95070
with antigens	95071
Ingestion challenge test initial 120 minutes	95076
Ingestion challenge test: ea additional 60 min	95079

## Allergy Immunotherapy

- 95115 – Single injection allergy immunotherapy
- 95117 – 2 or more injections for allergy immunotherapy
- 95120 – Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract, single injection
- 95125 – 2 or more injections
- 95130-95135 – stinging insect injections single through 5

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### Allergen Immunotherapy

Allergen-Mult. Dose # _____ Doses	95165
Allergen - Single Dose # _____	95144
Venom Antigen - 1 single stinging	95145
Venom Antigen - 2 single stinging	95146
Venom Antigen - 3 single stinging	95147
Venom Antigen - 4 single stinging	95148
Venom Antigen - 5 single stinging	95149
Whole Body - biting insect	95170
Rapid Desensitization #Hr _____	95180

## Allergy Immunotherapy

- 95180 Rapid desensitization
  - Charge by time – time must be documented
  - Only time of desensitization test, not time in office
  - Doses given for desensitization may also be charged
  - Check your payers coverage guidelines for diagnoses which are payable with the 95180
  - CMS does not cover foods or regular antigen rapid desensitization (95180)

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## Frequently Asked Questions

- What is the appropriate code to use for an outpatient office visit for oral desensitization?
- We are performing our first "in office" aspirin desensitization. Please provide the proper billable codes. This will be done orally every 15 minutes.
- I performed a lidocaine challenge in clinic on Monday and was not sure what to charge for the challenge since it technically is not an ingestion challenge.
- We sometimes need to test patients to determine if they develop hives due to a cold sensitivity with an ice cube. How do we code for the test?

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## Frequently asked questions

- Can you tell me if we are allowed to bill Medicare for administration (96372) of Fasentra that we received as samples from a rep? We would not be billing for the medication, just the administration. Would we need to include anything else on claim?
- A question regarding billing code for Xolair and wanted to know what the general consensus is among other allergists. Is CPT 96401 or CPT 90772 the correct code for administration? What if more than one injection is given (ie 150mg in each arm for total of 300mg) - do any modifiers apply? There seems to be some confusion regarding this and so wanted to clarify.

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## Frequently asked questions

- Patients who have systemic reactions after immunotherapy. The practice of this office has been not to charge for these occurrences. However, we are re-thinking this as it does involve significant time, decision making. Is it appropriate to code for these encounters?
- What are the Medicaid and Medicare limits on units for the year?
- I have a question regarding billing for antigen/serum (CPT code 95165). We use 10 CC vials when mixing the serum. We take the concentrate of the antigens and then dilute it down with saline. Can we bill commercial insurance for the saline or do we just bill for the concentrate only? "Billing for the CPT code 95165 is very dependent on each payer's guidelines. For most commercial payers you are allowed to bill for the number of anticipated doses the patient will be receiving." I understand that Medicare needs to be billed at the same rate as any other payer.

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## Frequently Asked Questions

- Is there a CPT or HCPCS code for food oral immunotherapy (not challenge and not just the generic immunotherapy one but specific to ORAL immunotherapy to food)?
- Can we bill an office visit with an allergy prick testing on the same day? I know we have to use a modifier 25 but do we use the same diagnosis for both codes? I was told that the insurance companies will deny if we bill both codes the same day and use the same diagnosis.
- 1. Doctor #1 in a 3 physician group practice orders Xolair for a patient. Doctor #1 goes on vacation. While Dr. #1 is on vacation the patient comes in for the administration of the Xolair and Dr. #2 supervises the administration. Which doctor should the claim billed under? 2. Would this also be the way to bill for allergy injections when the patient's physician is on vacation and another physician in the group supervises the administration of the allergy?

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## Frequently Asked Questions

- Biologics (Nucala, Xolair, Fasenna, Dupixent & CinqAir). There is a lot of “front end” work on the part of our staff to get these medications covered in order to begin the administration. Is there a CPT Code that can be applied to administrative burden?
- If a new patient presents with a clear history of food induced anaphylaxis, is that considered (in the billing world) a "condition threatening to life or physiologic function" and thus meets criteria for high risk? Could you then, if you planned additional work-up for this new problem and did sufficient data review, code a level 5 new patient/consult visit? Or - does the "condition threatening to life or physiologic function i.e. high risk" need to happen IN THE OFFICE while you're seeing them (e.g. your patient actively has anaphylaxis from an allergy shot).

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## Frequently Asked Questions

- I evaluated a patient for peanut allergy due to history of peanut allergy in an older sibling. What is the correct ICD code to use for E&M visit and for skin testing to peanut?
- Is it appropriate to use the Z51.6 ICD-10 code in association with 95117 or 95115 for an immunotherapy injection visit, instead of, or in addition to, the specific allergic rhinitis ICD-10 code or venom allergy ICD-10 code?
- Should/can we bill for teaching nurses at a first shot appointment. They go over signs and symptoms of reactions and how to use epi device. If so, would you code a level 1 or 2?

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## Frequently Asked Questions

- We really need to know what the differences are with billing for allergen immunotherapy if you are in a hospital based clinic vs a private practice. We are ordering our vials prepared (from a prescription that we formulate) from Greer.
- Recently our practice began to bill for a level 3 or 4 f/u visit (99213 or 99214 depending on duration and other conditions addressed at visit) for oral penicillin challenges. We only bill for the visit NOT for the challenge. We do this because it consumes office resources to get prior authorizations for the many oral penicillin oral challenges that we do. During our internal coding audit, we were recently told that we may not bill for a visit when we do the oral challenge even though we are not also billing for an oral challenge. We were informed that we need to bill for a challenge not a visit and that we may not bill based on time unless the time of the visit was based on counseling.

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## Frequently Asked Questions

- What are the requirements for reading the skin test results for CPT code 95004? Can I have a trained Medical Assistant and/or midlevel provider read the skin tests?
- We are using NIOX in our office and Aetna and Cigna will deny coverage saying it is experimental. Do you have any suggestions to remedy this issue?
- In terms of the allergy shot administration billing, sometimes allergy shots are given while the allergist is out of the office but a pediatrician in the clinic is still present in the event of a reaction. The pediatrician is not otherwise involved in allergy except being present in the event of a reaction. Does the billing for the shot HAVE to go under the pediatrician's name instead of the Allergist even if the pediatrician agrees the allergist should be the person receiving the billing?

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- Thank you for attending

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