Pulmonary Function Testing (PFT) Procedures
This article is excerpted from the AMA CPT Assistant, August 2012 issue.

For CPT 2012, certain diagnostic pulmonary test procedures commonly performed together have now been combined as new codes with the addition of procedural guidelines reflecting these changes. During the Relative Value Scale Update Committee’s (RUC’s) Five-Year Review, the Joint CPT/RUC Workgroup’s screening of codes reported together frequently found that the codes representing the measurement of lung volumes, airway resistance, and diffusing capacity codes were reported together greater than 75% of the time. The committee requested the development of codes that would combine the reporting of these test procedures.

A new subheading, Pulmonary Diagnostic Testing and Therapies, better describes the procedures in this subsection. Plethysmography procedure codes (93720-93722) were deleted and replaced with code 94726 to identify all services related to plethysmography (“body box”) testing. To report only the interpretation of the results from pulmonary function tests (PFTs) measured in a body box, use code 94726 with modifier 26, Professional component, appended. This change includes all lung-volume determinations and airway-resistance determinations, when performed.

- **94726** Plethysmography for determination of lung volumes and, when performed, airway resistance
  ▶(Do not report 94726 in conjunction with 94727, 94728)

- **94727** Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes
  ▶(Do not report 94727 in conjunction with 94726)

- **94728** Airway resistance by impulse oscillometry
  ▶(Do not report 94728 in conjunction with 94010, 94060, 94070, 94375, 94726)

- **+94729** Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)
  ▶(Report 94729 in conjunction with 94010, 94060, 94070, 94375, 94726-94728)

Four new codes, subsection guidelines, and parenthetical instructions were added to identify the performance of spirometry and plethysmography procedures. The guidelines provide users with a definition of spirometry, noting that this service measures expiratory airflow and volumes, which form the basis of most pulmonary function testing. Clarifying language defines spirometry as represented by code 94010, *Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation,* and code 94060, *Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration,* as being the measurement of forced vital capacity and pulmonary flow rates. Additional pulmonary flows can be calculated from these procedures, which forms the basis of most spirometric testing. Code 94060 should be reported when performing base spirometry measurement prior to inhalation of a bronchodilator to determine the patient’s response to the bronchodilator.

Code 94150, *Vital capacity, total (separate procedure)*, measures vital capacity, a component of spirometry, without additional flow information or graphics, and is only reported when performed alone.
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The testing described by code 94200, *Maximal breathing capacity or maximal voluntary ventilation*, is considered inherent to spirometry codes 94010 and 94060, but not inclusive of the respiratory flow volume loop testing described by code 94375, *Respiratory flow volume loop*. In separate maneuvers, a flow-volume loop (94375) can be generated from the forced vital capacity measurement to provide information about effort, strength, and inspiratory flow. The flow volume loop is used to identify inspiratory and expiratory patterns of obstruction in the upper or lower airways. Because codes 94010 and 94060 include the testing described by codes 94200 and 94375, if performed, it would not be appropriate to report either code 94200 or 94375 in addition to either code 94010 or 94060.

Beyond spirometry, the measurement of lung volumes requires additional equipment and maneuvers. Methods for measuring residual volume within the chest include plethysmography or helium dilution or nitrogen washout. For plethysmography (94762), the subject breathes inside a closed chamber while changes in volume and pressure are measured at the mouthpiece within the box. The information can be used to determine lung volumes including total lung capacity, residual volume, and functional residual capacity. Using panting maneuvers, airway resistance can also be measured. During testing, pressure volume curves from plethysmography and pressure/flow results from the airway-resistance testing are reviewed. The results are checked for errors in the three to eight maneuvers as noted. The test results, interpretation, and findings are recorded in the patient’s record.

**Coding Tip**

With all PFT procedures, proper performance of the test and proper functioning of the equipment is verified by the physician or other qualified health care professional performing the testing.

Lung volumes can also be determined by techniques of nitrogen washout or dilution of expired gas following breathing of a helium mixture (94727). If performed, tests for the distribution of ventilation and closing volumes are included in code 94727. Gas dilution techniques cannot be used to determine airway resistance. During the procedure, the predicted values are verified for the patient tested and the nitrogen washout or helium wash-in curves are reviewed. Test results, interpretation, and findings are recorded in the patient’s record as noted by the physician or qualified health care professional performing the testing.

Another method that is used to assess airway resistance is impulse oscillometry (94728). The oscillation technique applies sound waves to the airway of a patient breathing normally and uses pressure and flow measurement to calculate resistance. Oscillometry can be reported in addition to gas dilution techniques used for lung volume measurement in pulmonary function laboratories without the ability to perform a plethysmography. During testing, the predicted values are verified for the patient tested. Resistance and reactance distribution over different phases of tidal breathing is reviewed. Three to eight maneuvers may be performed before and after the administration of a bronchodilator. The results are noted by the physician or qualified health care professional performing the testing. The test results are interpreted by the physician and the findings are recorded in the patient’s record. Spirometry is not reported with impulse oscillometry, as impulse oscillometry is most typically reported in children who are unable to perform spirometry. Adults also may be tested with impulse oscillometry.
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Lung volumes in codes 94726 and 94727 are lung volumes calculated using two different methods: plethysmography (body box) and gas dilution (nitrogen washout or helium dilution). Add-on code 94729 (lung diffusing capacity testing [DLCO]) may be reported in conjunction with codes 94010, 94060, 94070, 94375, 94726-94728 for reporting diffusing capacity (e.g., carbon monoxide, membrane), when performed. Two or three maneuvers are performed. The inspired vital capacity values are also checked against previously measured vital capacity for comparison. The patient’s breath hold times are also checked. The interpretation of the test results and findings are recorded in the patient's record.

As stated in the CPT guidelines, “If a separate identifiable Evaluation and Management service is performed, the appropriate E/M service code may be reported in addition to 94010-94799.” Based on payer requirements, it may or may not be necessary to append modifier 25, Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service. It is suggested to contact the local third-party payers for specific reporting policy guidelines related to the use of modifier 25.