

Asthma-Related Billing and Reimbursement Recommendations

This table was created by the Vermont Asthma Program and the University of Vermont Medical Center by discussing current CPT coding practices. **It provides recommendations on what CPT coding may be utilized to support delivering asthma assessment education as it relates to clinical care guidelines.**

For questions please consult the American Academy of Pediatrics and the American Academy of Family Physicians. Reimbursement rates change on a periodic basis. The Medicaid fee schedule can be found online. <http://dvha.vermont.gov/for-providers/claims-processing-1>

CPT CODES | INSURER DESCRIPTION

Individual Preventive Medicine Counseling and/or Risk Factor Reduction Intervention(s)

99401	15 minute session
99402	30 minute session
99403	45 minute session
99404	60 minute session

Individual Preventive Medicine Counseling and/or Risk Factor Reduction Intervention(s) Provided in a Group Setting (Ladies First Providers ONLY)

99411	Approximately 30 minutes
99412	Approximately 60 minutes

Preventive Care: Health Risk Assessment

99420	Administer and score an asthma control screening questionnaire, such as ACT, C-ACT, ATAQ, or ACQ
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Tobacco Cessation

99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes, up to 10 minutes
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes

For more information about billing for tobacco cessation see this article:
https://www2.aap.org/richmondcenter/pdfs/CessationCounselingCoding_AAPNewsFeb2012.pdf

Spirometry

94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration
94620	Pulmonary stress test (simple)
94621	Pulmonary stress test (complex)

Inhaler Technique

94640	Breathing treatment
94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device

BILLING TIPS

- The documentation in the patient's medical record should provide rationale for providing the patient education related to bronchodilator administration, and should include comments about the patient's ability to correctly use the delivery device.
- Do not bill separately for the breathing treatment (94640) that is administered at the time the evaluation or demonstration of the device is provided.
- To bill both 94640 and 94664 on the same date of service, there must be documentation supporting that the procedures were separate and distinct from one another. The medical record should include a request for each procedure, and therapist documentation should support that procedures occurred at separate times.
- Please check each insurer's NCCI edits (Medicare/Medicaid/insurer specific edits).
- Please remember to code to the highest degree of specificity for the asthma diagnosis.

BREATHE DEEP.
LIVE BETTER.



Take on asthma
and take back your life.

VERMONT
DEPARTMENT OF HEALTH