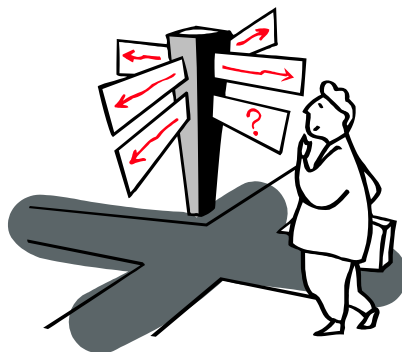


Coding Clues



Useful V codes

V codes for Well Exams

V70.5	Employment Exam
V70.3	Sports Exam
V20.2	Well Infant/Child
V70.0	Well Exam Young Adult 18+ years

V codes for Other Services

V40.3	Behavior Problems
V50.2	Circumcision
V65.1	Conference with Parent
V65.5	Feared Illness/None Found
V67.9	Follow up Exam
V40.0	Learning Problems
V72.84	Preoperative Exam
V58.3	Suture Removal

Removal impacted cerumen

ICD-9-CM	CPT
380.4	69210

If the insurance company has been denying reimbursement for an office visit and cerumen removal on the same date of service, the denial is in contrast to the explicit language of the CPT manual on this issue. Cerumen removal is a separate procedure and can be coded in addition to an office visit. Use a modifier **-25** with the E/M visit code in this case with the office visit code to alert the insurance company that a separate service was provided. In addition a diagnosis code of **380.4**, impacted cerumen, should be included to support (link) the CPT procedure code of **69210**.

Note: In general, the quick removal of a small amount of wax from an ear canal, to aid in the examination of the ear, would not ordinarily be coded as removal of impacted cerumen. Also if attempts were made for cerumen removal, without success, again it would not ordinarily be coded as removal of impacted cerumen.

Aerosol Treatment (94640) and Aerosol/inhaler instruction (94664) and other screening/testing codes

94060	Is used to report spirometric evaluation of bronchospasm, before or after bronchodilator therapy or exercise.
94010	Graphic record and measurement of vital capacity and expiratory flow rates.

- 94150 Vital capacity screening test
94014 Is used to report patient-initiated spirometry to include recording and physician review and interpretation. This code covers 30 days of recording and review.
94015/94016 Is used if the two components need to be separated to identify the elements of recording only and physician review and interpretation, respectively.

Peak expiratory flow rate is part of PFT and not separately reimbursable, it is considered part of the E/M service. Pulse oximetry (94760-94762) is now bundled in to the E/M service and is not paid separately. If doing a pulse ox (94760-94762) and nothing else it can be reported and paid for the procedure only.

- 94640 Is used to report a patient receiving a “neb” as treatment for wheezing or other obstructive respiratory conditions and bill the number of “units” if more than one treatment is needed for response.
94664 Is used to report the time needed for the teaching or “initial demonstration.”
94665 Is used if the same patient requires another treatment and additional teaching. If no further teaching is needed, but other nebs are needed prior to the patient being safe for returning home, the physician can use the 94664 for the first treatment when the teaching was done, and use the 94640 for the other treatments.

Repair (Closure) Skin

- 12001-13160 Are used to report wound closure utilizing sutures, staples, or tissue adhesives either singly or in combination with each other, or in combination with adhesive strips. Wound closure utilizing adhesive strips, as the sole repair material should be coded using the appropriate E/M code.