

Spirometry and Reimbursement

Who to Test

Spirometry should be performed on all people 45 or older who currently smoke, are former smokers, or who are regularly exposed to environmental tobacco smoking or workplace irritants such as grain dust or cotton fibers. Testing should also be done in anyone with chronic cough, excess mucous, dyspnea on exertion or wheeze. In addition, anyone with a family history of emphysema or chronic bronchitis should have a spirometric test as a part of their database.¹

Spirometry is essential to the diagnosis and management of asthma. The Expert Panel recommends that a spirometry test be done at the initial assessment, after treatment has stabilized and at least every 1-2 years when asthma is stable, more often when asthma is unstable or at other times the clinician believes it is needed.²

CPT Codes	Description	Average Reimbursement
94010	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation	\$33.00
94375	Respiratory flow volume loop	\$37.00
94060	Bronchospasm evaluation: spirometry as in 94010, before and after bronchodilator (aerosol or parental)	\$57.00

Return on Investment³

Tests per Week	1 Year Revenue	5 Year Revenue
3	\$6,396.00	\$31,980.00
5	\$10,660.00	\$53,300.00
10	\$21,320.00	\$106,600.00
15	\$31,980.00	\$159,900.00

¹ National Lung Health Education Program

² National Asthma Education and Prevention Program

³ Based on Average Reimbursement of \$41.00