aridol®

(mannitol inhalation powder)
Bronchial Challenge Test Kit

A Guide to Reimbursement: Mannitol Challenge Test

Please see important safety information on reverse.

methapharm
Specialty Pharmaceuticals

A Guide to Reimbursement

Mannitol Challenge Test

This resource was designed to ensure you are aware of the drug reimbursement code (J-code) and the Current Procedural Terminology (CPT codes) that you should be billing for with each mannitol challenge test.

CODE OVERVIEW

Product Reimbursement

Each Aridol® (mannitol inhalation powder) Bronchial Challenge Test Kit contains 635 mg of mannitol or 127 billable units

J-7665 – One unit for each 5 mg of mannitol delivered to the patient

JW-7665 – One unit for each 5 mg of mannitol discarded

Procedure Code

95070 – One unit for administering the mannitol

94070 – One unit which covers the multiple spirometric determinations included in the bronchospasm evaluation

J-Code Unit Reference Chart

Here is a chart to assist you with determining how many units to bill for under the J and JW codes. As outlined above each billed unit represents 5mg of mannitol.

		J-Code	JW-Code
	Unit Schedule	Delivered Units	Discarded Units
Step 1	0	0	127
Step 2	1	1	126
Step 3	2	3	124
Step 4	4	7	120
Step 5	8	15	112
Step 6	16	31	96
Step 7	32	63	64
Step 8	32	95	32
Step 9	32	127	0
Total	127		

PRODUCT EXAMPLE

The mannitol challenge test was stopped at "step 6" due to the patient meeting the end of test criteria. You would bill for 31 units delivered of the J-code and 96 units under the JW-code. You can find the billable units for each step in the J-Code Unit Reference Chart.

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Are you getting the reimbursement you are entitled to?

CPT CODE DETAILS

CPT Code	CMS Description	Additional References
95070	Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with histamine, methacholine, or similar compounds	A single encounter for this type of test is coded as 95070 when mannitol is the agent used for testing. Pulmonary function testing studies are not included in the bronchial challenge tests and are coded separately (see CPT code 94070 below).
94070	Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg: antigen(s), cold air, methacholine)	The multiple spirometric determinations performed during a mannitol challenge test are included in this code.

Place of Service:

Testing is billed differently in the hospital outpatient department compared to the physician office setting.

- In the hospital setting the professional and technical codes are usually bundled as an APC code.
- In a physician office setting the professional and technical codes are billed separately. Reimbursement for the CPT codes outlined above, vary based on region. To find out how much you should be reimbursed for each of the codes in your area visit CMS.gov and use the Physician Fee Schedule Search.

Additional Codes:

There are additional CPT codes that potentially may be used based on the completed procedures in addition to the mannitol challenge test. These codes were not included on this resource as they may not be accepted by all local carriers and in some cases are considered mutually exclusive.

Note:

It is very important to consult with your billing department or coders to improve understanding of the reimbursement rules in your local area.

For more information, please contact Methapharm at 1-833-887-7686

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Important Safety Information

WARNING: RISK OF SEVERE BRONCHOSPASM

Mannitol, the active ingredient in ARIDOL, acts as a bronchoconstrictor and may cause severe bronchospasm. Bronchial challenge testing with ARIDOL is for diagnostic purposes only. Bronchial challenge testing with ARIDOL should only be conducted by trained professionals under the supervision of a physician familiar with all aspects of the bronchial challenge test and the management of acute bronchospasm. Medications (such as short-acting inhaled beta-agonist) and equipment to treat severe bronchospasm must be present in the testing area. If severe bronchospasm occurs it should be treated immediately by administration of a short-acting inhaled beta-agonist. Because of the potential for severe bronchoconstriction, bronchial challenge testing with ARIDOL should not be performed in any patient with clinically apparent asthma or very low baseline pulmonary function tests (e.g., FEV_1 <1-1.5 liters or <70% of the predicted values). See full prescribing information for complete boxed warning.

Mannitol, the active ingredient in ARIDOL, is a sugar alcohol indicated for the assessment of bronchial hyperresponsiveness in patients 6 years of age or older who do not have clinically apparent asthma. ARIDOL is not a standalone test or a screening test for asthma. Bronchial challenge testing with ARIDOL should be used only as part of a physician's overall assessment of asthma.

ARIDOL is contraindicated in patients with known hypersensitivity to mannitol, the active ingredient in ARIDOL, or to the gelatin used to make the capsules. The product is also contraindicated for patients with medical conditions that may be compromised by induced bronchospasm or repeated spirometry maneuvers. Bronchial challenge testing with ARIDOL should not be performed in children less than 6 years of age due to their inability to provide reliable spirometric measurements. Use with caution in patients with conditions that may increase sensitivity to the bronchoconstricting or other potential effects of ARIDOL such as: severe cough, ventilatory impairment, unstable angina, or active upper or lower respiratory tract infection that may worsen with use of a bronchial irritant. The most common adverse reactions (rate ≥1%) were headache, pharyngolaryngeal pain, throat irritation, nausea, cough, rhinorrhea, dyspnea, chest discomfort, wheezing, retching and dizziness. No formal drug-drug interaction studies have been conducted with ARIDOL.

Please see complete prescribing information accompanying this piece or consult the Package Insert which is available for download at www.aridolchallenge.com or on request by calling Methapharm Medical Information at 1-800-287-7686 | 519-751-3602 ext. 7804 or faxing us at 519-751-9149. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit MedWatch or call 1-800-FDA(332)-1088. This information is provided as a professional courtesy, and it is intended to provide data available to us that may assist you in deriving your own conclusions and opinions. This information is not intended to advocate any indications, dosage, or other claim that is not described in the package insert.

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