

## Medical Policy



An Independent Licensee of the  
Blue Cross and Blue Shield Association

### Title: Total Body Plethysmography

#### Professional

Original Effective Date: July 16, 2009  
Revision Date(s): December 8, 2010;  
March 25, 2011; January 1, 2012  
Current Effective Date: July 16, 2009

#### Institutional

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**State and Federal mandates and health plan member contract language, including specific provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. To verify a member's benefits, contact [Blue Cross and Blue Shield of Kansas Customer Service](#).**

The BCBSKS Medical Policies contained herein are for informational purposes and apply only to members who have health insurance through BCBSKS or who are covered by a self-insured group plan administered by BCBSKS. Medical Policy for FEP members is subject to FEP medical policy which may differ from BCBSKS Medical Policy.

The medical policies do not constitute medical advice or medical care. Treating health care providers are independent contractors and are neither employees nor agents of Blue Cross and Blue Shield of Kansas and are solely responsible for diagnosis, treatment and medical advice.

If your patient is covered under a different Blue Cross and Blue Shield plan, please refer to the Medical Policies of that plan.

#### **DESCRIPTION**

The use of body plethysmography, also known as air displacement plethysmography, is a technique that has been used for many years in the diagnosis and management of respiratory diseases. This technology has also been applied to the measurement of body composition. This method involves a patient entering a sealed container with a known volume of air. As the patient breathes through a tube connected to the air outside the device, the air displaced from the interior of the container is measured. This volume of air, in conjunction with body weight is used to calculate body composition.

**POLICY**

Total body plethysmography may be considered **medically necessary** as an adjunct to complete pulmonary function testing.

The determination of body composition by total body plethysmography is considered **experimental / investigational**.

**RATIONALE**

There are no controlled clinical trials published to date that demonstrate how the results of body composition studies by body plethysmography impact the ability to predict health risks, monitor medical therapies, or manage health conditions. This method has been proposed as a substitute for easier and less complex methods of clinical evaluation, such as a scale for evaluating obesity. While many methods have been demonstrated to be valid tools in the evaluation of body composition, the use of such tools has not been demonstrated to provide any benefit in terms of clinical outcomes compared to less complex methods.

**CODING**

**The following codes for treatment and procedures applicable to this policy are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.**

**CPT/HCPCS**

94726	Plethysmography for determination of lung volumes and, when performed, airway resistance
94728	Airway resistance by impulse oscillometry
94750	Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)

**DIAGNOSIS**

135	Sarcoidosis
277.00-277.09	Cystic Fibrosis
480.0-480.9	Viral pneumonia
481	Pneumococcal pneumonia ( <i>Streptococcus pneumoniae</i> pneumonia)
482.0-482.9	Other bacterial pneumonia
483.0-483.8	Pneumonia due to other specified organism
484.1-484.8	Pneumonia in infectious diseases classified elsewhere
485	Bronchopneumonia, organism unspecified
486	Pneumonia, organism unspecified
487.0-487.8	Influenza
488.01-488.09	Influenza due to identified avian influenza virus
490	Bronchitis, not specified as acute or chronic
491.0-491.9	Chronic bronchitis

492.0-492.8	Emphysema
493.00-493.92	Asthma
494.0-494.1	Bronchiectasis
495.0-495.9	Extrinsic allergic alveolitis
496	Chronic airway obstruction, not elsewhere classified
500	Coal workers' pneumoconiosis
501	Asbestosis
502	Pneumoconiosis due to other silica or silicates
503	Pneumoconiosis due to other inorganic dust
504	Pneumonopathy due to inhalation of other dust
505	Pneumoconiosis, unspecified
506.0-506.9	Respiratory conditions due to chemical fumes and vapors
507.0-507.8	Pneumonitis due to solids and liquids
508.0-508.9	Respiratory conditions due to other and unspecified external agents
510.0-510.9	Emphysema
511.0-511.9	Pleurisy
512.0-512.8	Pneumothorax
513.0-513.1	Abscess of lung and mediastinum
514	Pulmonary congestion and hypostasis
515	Postinflammatory pulmonary fibrosis
516.0-516.9	Other alveolar and parietoalveolar pneumonopathy
517.1-517.8	Lung involvement in conditions classified elsewhere
518.0-518.89	Other diseases of lung
519.0-519.9	Other diseases of respiratory system
786.05	Shortness of breath
786.09	Other dyspnea and respiratory abnormalities

## **REVISIONS**

12-08-2010	In Coding section: <ul style="list-style-type: none"> <li>▪ Revised Diagnosis codes as follows:               <ul style="list-style-type: none"> <li>▪ 488 to 488.01-488.09</li> <li>▪ 493.0-493.9 to 493.00-493.92</li> <li>▪ 512.1-512.8 to 512.0-512.8</li> <li>▪ 516.1-516.9 to 516.0-516.9</li> <li>▪ 518.1-518.89 to 518.0-518.89</li> </ul> </li> </ul>
03-25-2011	In Coding section: <ul style="list-style-type: none"> <li>▪ Added Diagnosis codes: 786.05 and 786.09</li> </ul>
01-01-2012	In Coding section: <ul style="list-style-type: none"> <li>▪ Removed CPT codes: 93720, 93721, 93722, 94360</li> <li>▪ Added CPT codes: 94726, 94728,</li> </ul>

## **REFERENCES**

1. Hayes Inc. Hayes Medical Technology Directory. *Air Displacement Plethysmography for the Measurement of Body Composition*. Lansdale, PA. Hayes, Inc. January 2006, Search updated January 4, 2008.