

2024 CODING & REIMBURSEMENT GUIDE

Provocholine[®]
Solution 
(methacholine chloride)

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(methacholine chloride)



THE METHACHOLINE CHALLENGE TEST

methapharm
Respiratory 

Reimbursement support is available at:
methapharm@thepinnaclehealthgroup.com or
866-369-9290

THE METHACHOLINE CHALLENGE TEST WITH PROVOCHOLINE

Provocholine (methacholine chloride) is used in the methacholine challenge test to measure airway hyperreactivity, a key clinical feature of respiratory conditions, including asthma. Provocholine is administered by oral inhalation as per a stepwise doubling or quadrupling dosage protocol. Provocholine is available as a 100 mg vial of methacholine powder that requires reconstitution with saline or saline with phenol and as Provocholine Inhalation Solution, a ready-to-use premix kit with a total of approximately 64 mg of methacholine.

Reimbursement for the methacholine challenge test, as well as the use of modifiers to report discarded amounts of methacholine, will vary in the hospital outpatient setting compared with the physician office setting. Regardless, each billed unit represents 1 mg of methacholine chloride.

1. HOSPITAL OUTPATIENT CODING AND REIMBURSEMENT

In the hospital outpatient prospective payment system, CMS assigns all CPT and HCPCS codes a status indicator (SI) which indicates if and how a service is considered for payment. The status indicators that apply to the CPT and HCPCS codes listed in this guide and their definitions are provided below:

- N** Payment packaged with the primary procedure
- N/A** Payment not applicable in this setting
- S** Significant procedure; separate payment made; multiple procedure discount does not apply

CPT/HCPCS	Descriptor	OPPS		Physician
		SI	Payment	Payment
Provocholine				
J7674	Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg	N	Packaged	N/A
Bronchial Tests				
94070	Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (e.g., antigen[s], cold air, methacholine)	S	\$299	\$27
95070	Inhalation bronchial challenge testing (not including necessary pulmonary function tests), with histamine, methacholine, or similar compounds	S	\$511	N/A

Billing Examples in Hospital Outpatient Setting:

For each methacholine challenge test, either 100 units or 64 units of J7674 are billed (dependent on the formulation of Provocholine used), regardless of test outcome.

Example 1: If you used a 100 mg vial of Provocholine powder and administered a total of 43 mg of Provocholine in the nebulizer over the course of the test, you would bill:

- 100 units of J7674

Example 2: If you used a Provocholine Inhalation Solution kit (64 mg of Provocholine) and administered a total of 16 mg of Provocholine in the nebulizer over the course of the test, you would bill:

- 64 units of J7674

Please note that payment for Provocholine (methacholine chloride) is packaged (i.e., not paid separately) in the hospital outpatient setting, and use of the -JW and -JZ modifiers is therefore not required.



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2. PHYSICIAN OFFICE CODING AND REIMBURSEMENT

CPT/HCPCS	Descriptor	Physician Payment
Provocholine		
J7674	Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg	\$0.860/mg*
Bronchial Tests		
94070	Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (e.g., antigen[s], cold air, methacholine)	\$62
95070	Inhalation bronchial challenge testing (not including necessary pulmonary function tests), with histamine, methacholine, or similar compounds	\$34

*Reflects Q1 2024 ASP; please note ASPs are updated quarterly.

Use of Modifiers -JW and -JZ

Modifier	Descriptor
JW	Amount discarded/not administered
JZ	Zero drug amount discarded/not administered to any patient

Providers and suppliers are required to report the -JW modifier on Part B drug claims for all separately payable discarded drugs and biologicals. The amount discarded is billed on a separate line with the JW modifier. The unit field (HCFA 1500: box 24, column G) should reflect the amount of drug discarded.

Providers and suppliers are required to report the JZ modifier on all claims that bill for drugs from single-dose containers that are separately payable under Medicare Part B when there are no discarded amounts. For additional information, please refer to the following resource: [Discarded Drugs and Biologicals – JW Modifier and JZ Modifier Policy Frequently Asked Questions](#).

Billing Examples for Physician Office Setting:

Example 1A: Use of Modifier -JW for Provocholine powder (100 mg)

If you used a 100 mg vial of Provocholine powder and administered a total of 43 mg of Provocholine in the nebulizer over the course of the test, you would bill a total of 100 units as follows:

- 43 units of J7674; and
- 57 units of J7674-JW

Example 1B: Use of Modifier -JW for Provocholine Inhalation Solution (64 mg)

If you used a kit of Provocholine Inhalation Solution and administered a total of 16 mg of Provocholine in the nebulizer over the course of the test, you would bill a total of 64 units as follows:

- 16 units of J7674; and
- 48 units of J7674-JW

Example 2A: Use of Modifier -JZ for Provocholine powder (100 mg)

If you used a 100 mg vial of Provocholine and placed a total 100 mg of Provocholine in the nebulizer over the course of the test, you would bill a total 100 units as follows:

- 100 units of J7674-JZ

Example 2B: Use of Modifier -JZ for Provocholine Inhalation Solution (64 mg)

If you used a kit of Provocholine Inhalation Solution and administered a total of 64 mg of Provocholine in the nebulizer over the course of the test, you would bill a total of 64 units as follows:

- 64 units of J7674-JZ



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IMPORTANT SAFETY INFORMATION

WARNING: SEVERE BRONCHOCONSTRICTION

Severe bronchoconstriction can result from Provocholine administration (including the lowest dose). The use of Provocholine is contraindicated in pediatric and adult patients with baseline FEV₁ < 60% predicted or adults with FEV₁ < 1.5 L. Because of the potential for severe bronchoconstriction, the use of Provocholine in patients with clinically apparent asthma or wheezing is not recommended [see Warnings and Precautions – Section 5.1 of the Prescribing Information].

Emergency equipment and medication should be immediately available to treat acute respiratory distress. If severe bronchoconstriction occurs, reverse immediately with a rapid-acting inhaled bronchodilator agent (β-agonist) [see Warnings and Precautions – Section 5.1 of the Prescribing Information].

If baseline spirometry is not performed or is measured inaccurately, the initial FEV₁ may be underestimated. In this situation, decreases in FEV₁ may not be detected after administration of escalating Provocholine doses, which may result in administration of unnecessary higher doses and an increased risk for excessive bronchoconstriction [see Warnings and Precautions – Section 5.1 of the Prescribing Information].

Please consult the package insert for full prescribing information available for download at www.provocholine.com or on request by calling Methapharm Medical Information at 1-866-701-4636. You are encouraged to report adverse reactions 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 described in the package insert. For all other inquiries, please call 1-833-887-7686 for Customer Service.

DISCLAIMER

The coding and reimbursement information provided is for educational purposes and does not assure coverage of the specific item or service in any given case. Information provided as part of this document is not intended to provide legal, patient specific coding or claims submission information and based upon the current landscape utilizing the information that is currently available.

Procedure coding should be based upon medical necessity. Methapharm and The Pinnacle Health Group make no guarantee of coverage or reimbursement of fees. All payment rates provided are the Medicare national average and subject to change. Contact your local Medicare Administrator Contractor (MAC) or CMS geographic adjusted rates. To the extent that you submit cost information to Medicare, Medicaid or any other reimbursement program to support claims for services or items, you are obligated to accurately report the actual price paid for such items, including any subsequent adjustments. Current Procedural Terminology numeric codes, descriptions, and modifiers are trademarks and copyrights of the AMA.

REFERENCES

- CY 2024 Hospital Outpatient Prospective Payment and Ambulatory Payment Systems – Final Rule (CMS-1786-FC); Addendum B and ASC Addenda.
- CY 2024 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; (CMS-1784-F); Addendum B. All MPFS Fee Schedules calculated using CF of \$32.7442 effective January 1, 2024. Please note, payments rates may be subject to change pending legislation ([H.R.6683 - Preserving Seniors' Access to Physicians Act of 2023](#)).
- 2024 CPT Professional, ©American Medical Association
- The ASP provided above reflects the rate for Q1 2024; the most current ASP can be downloaded from the following link: 2024 CMS ASP Drug Pricing Files



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