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Coding & Billing Quarterly



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Editor's Letter

Welcome to the February issue of the ATS Coding and Billing Quarterly! There is a significant amount of important payment and policy changes that the Centers for Medicare and Medicaid Services packed into the final Medicare Physician Fee Schedule rule as well as last minute Congressional intervention to modify many of the changes driven by CMS. The bottom line is the final rule, with Congressional changes, will have a big impact on our members. This issue will walk you through many of the key policy and payment changes occurring in calendar year 2021.

Pediatric pulmonologists should be aware of the recent deletion of CPT 94770 (carbon dioxide, expired gas determination by infrared analyzer). Page 1 has an article explaining the deletion and recommending what codes to use in its place.

We also answer member questions on coding and billing topics. As always, we welcome any questions you might have. Questions can be sent to (codingquestions@thoracic.org).

Sincerely,

Alan L. Plummer MD
Editor, ATS Coding and Billing Quarterly

Pediatric Pulmonologists – CPT 94770 Deletion and Next Steps

Effective January 1, 2021 CPT code 94770 (carbon dioxide, expired gas determination by infrared analyzer) has been deleted and should no longer be reported on claims in calendar year 2021. There currently is not a specific code that crosswalks directly to the deleted code. Absent a specific CPT code for your service the ATS-CHEST and AAP recommend that practices report CPT 94799 (unlisted pulmonary service or procedure).

The American Medical Association CPT panel along with the AMA RUC deleted this CPT code because it was a low volume code, it was being used in the non-facility setting likely inappropriately, there were no practice expense inputs for equipment and had not been updated, reviewed or surveyed in recent years.

However, the joint societies, ATS-CHEST-AAP is aware that despite its low volume, the code was used by pediatric providers – specifically pediatric pulmonologists managing young patients on ventilators or those requiring supplemental oxygen.

The ATS and colleague medical societies are considering next steps to replace the deleted code however any new code would be at least two years to develop. Stay tuned for more information in future publications.

Congress Intervenes to Prevent 2021 Medicare Cuts – Makes Other Big Changes to Final Rule

While there was much political drama involved, Congress finally passed, and the President signed into law, the COVID relief package – a package that included significant Medicare payment relief for 2021. The final legislative package also included significant changes in the CMS Medicare Physician Fee Schedule. Below are the key policy items that are of interest to ATS members.

Conversion Factor – The 2021 Conversion Factor (CF) is \$34.89 (\$36.09 in 2020) a 3.33% reduction. This is a dramatic improvement over the -10.2% cut that was projected in the CMS final rule release in early December. To help pay for the increased conversion factor, Congress provided an additional \$3 billion from general revenue and delayed **G2211** (visit complexity for E/M) implementation until CY 2024, which added another \$3 billion both of which helped to improve the 2021 CF.

Sequestration – The Medicare Sequestration is a cut to Medicare payments of 2% required by the Budget Control Act of 2011. The sequestration had been temporarily suspended May 1 to December 31 2020 by the CARES Act. This suspension has been extended until March 31, 2021, which will provide additional relief to physicians.

G2211 Implementation Delayed – Congress mandated a 3-year delay in implementation of the new **G2211** code (Visit complexity inherent to evaluation and

management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient’s single, serious condition or a complex condition. (Add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established). As noted above, the 3-year delay in **G2211** implementation freed up additional Medicare funds to pay for the 2021 conversion factor changes.

E/M Outpatient Payment Increases – Congress did not take any action to delay or amend the CMS finalized increases in Medicare payments for outpatient visits. Below is a table with the new physician work values CMS has assigned to outpatient E/M visits.

The E/M outpatient visit increases will result in payment increases for cognitive services and depending on your service mix, may result in increased Medicare reimbursement in 2021 and beyond.

Projected Impacts - For all physicians, the Congressional intervention on the conversion factor bring much needed payment relief. For both pulmonary and critical care providers, Congressional intervention in the final rule also provides payment relief. CMS estimates that outpatient Medicare physician payments for pulmonologists will swing from +1% under the final rule to +3% under the Congressional package. Similarly, 2021 Medicare payments to critical care physicians will increase from a projected -10% under the final rule to -1% under the Congressional package. CMS did not provide separate payment projections for sleep medicine impacts.

Patient Type	CPT Code	2020 Work Value	2021 Work Value	2021 Payment
New Patient	99202	0.93	0.93	\$73.97
	99203	1.42	1.60	\$113.75
	99204	2.43	2.60	\$169.93
	99205	3.17	3.50	\$224.36
Established Patient	99211	0.18	0.18	\$23.03
	99212	0.48	0.70	\$56.88
	99213	0.97	1.30	\$92.47
	99214	1.50	1.92	\$131.20
	99215	2.11	2.80	\$183.19

New Prolonged Service Codes: For Medicare Use G2212 (not CPT 99417!!!)

Amy Ahasic, MD

The AMA developed a new 2021 CPT add on code **99417** for prolonged care, done on the same day as office/outpatient codes **99205** and **99215**. The full descriptor is: “Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each additional 15 minutes (List separately in addition to CPT codes **99205**, **99215** for office or other outpatient evaluation and management services).”

However, CMS did not agree with the time threshold for **99417** which would allow **99417** to be reported with **99205** once 89 minutes of time spent in the encounter, and with **99215** once 75 minutes of time spent in the encounter. Thus, CMS finalized a G code for prolonged office/outpatient E/M visits (**G2212**) to be used instead of **99417**. The full descriptor for **G2212** is: “Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare

professional, with or without direct patient contact (List separately in addition to CPT codes **99205**, **99215** for office or other outpatient evaluation and management services).”

It is not yet clear if other insurers will reimburse for **99417**.

Key points for appropriate use of **G2212** include:

- **G2212** can only be used in conjunction with **99205** or **99215**, and NOT outpatient consultation codes, i.e. 99245
- **G2212** should only be used when time is used to select the visit level
- All time contributing to use of **G2212** must occur on the same calendar day as the E/M to which it is attached, although this can include non-face-to-face time such as in review of medical records
- **G2212** can be selected when the time of the reporting physician (or NPP) exceeds the maximum time for the level 5 office/outpatient E/M visit by at least 15 minutes on that date of service, and thus cannot be reported for any time unit less than 15 minutes (see table below)
- Only the time of the physician or qualified billing healthcare professional is counted

Patient Type	CPT/G Code(s)	Total Time Required for Reporting*
New	99205	60-74 minutes
	99205 x 1 and G2212 x 1	89-103 minutes
	99205 x 1 and G2212 x 2	104-118 minutes
	99205 x 1 and G2212 x 3 or more for each additional 15 minutes	119 or more
Established	99215	40-54 minutes
	99215 x 1 and G2212 x 1	69-83 minutes
	99215 x 1 and G2212 x 2	84-98 minutes
	99215 x 1 and G2212 x 3 or more for each additional 15 minutes	99 or more

*Total time is the sum of all time, including prolonged time, spent by the reporting practitioner on the date of the service of the visit.

New E/M Documentation Guidelines

Mike Nelson, MD

There are some changes in documentation for evaluation and management (E/M) services effective January 1st, 2021. These changes were recommended by CPT in 2019 and accepted by CMS in the final Medicare Physician Fee Schedule. They are meant to decrease the administrative burden on healthcare providers and simplify code selection. Additionally, it is expected that the revisions will decrease the “note bloat” that has become increasingly more common in documentation.

Summary of revisions

CPT code **99201** has been eliminated.

Documentation is based on Medical Decision Making (MDM) or Total Time.

MDM will continue to follow the current CMS Table of Risk with 3 MDM sub-components although these have been extensively revised. Terms such as “mild” that were difficult to define have been removed. Concepts like “acute or chronic illness” have also been better defined as have terms that were previously considered vague. Importantly, the data element is now chosen based upon on the tasks that affect patient management. These are:

The number and complexity of the diagnoses that are addressed during the encounter on the date of service.

The amount or complexity of data that is reviewed and analyzed during the date of service.

The risk of complications or morbidity related to the management of the patient. These risks may be modified by the patient’s social determinants of health or other factors that affect management decisions.

Time is determined using the total physician or qualified health care professional (QHP) time **on the date of service**. It does not include staff time nor does it include time in preparation on the days prior or following the day of the visit. The time may include:

- Reviewing data in preparation for a patient’s visit
- Counseling or educating a patient, family or caregiver
- Telephone contact with a patient to report information
- Ordering medications, tests or procedures
- Documentation work performed at home

One can see that the history and physical are no longer used as an element of code selection. Rather the physician’s work in obtaining a patient’s pertinent history and performing a focused physical exam may help determine the code level for MDM or time. The code descriptors now direct providers to perform a “medically appropriate history and/or examination”. The times for each code is listed in the following table.

E/M level	Time
99201	Deleted
99202	15-29 minutes
99203	30-44 minutes
99204	45-59 minutes
99205	60-74 minutes
99211	0-9 minutes (nurse visit)
99212	10-19 minutes
99213	20-29 minutes
99214	30-39 minutes
99215	40-54 minutes

Three Important Changes Addressing Supervision for 2021

- 1) Teaching Physician and Resident Moonlighting Policies- CMS finalized its policy for all inpatient teaching settings. CMS made permanent that services of residents unrelated to their approved GME program and that are performed in the outpatient department, emergency department, or inpatient setting of a hospital where their training program is based are able to separately bill for physicians' services and receive payment under the PFS. The caveat, they must meet the code requirements and the resident must be fully licensed to practice medicine, osteopathy, dentistry, or podiatry by the State in which the services are performed, and finally, the services are not performed as part of the approved GME program. So what this means, is they can moonlight outside of their GME program at the same facility.
- 2) Supervision of Residents in Teaching Setting through the Audio/Video Real-Time Communications Technology- CMS finalized a permanent policy to permit teaching physicians to meet the requirements to bill for their services involving residents through virtual presence, but only for services furnished in residency training sites that are located in rural areas. For all other settings, CMS is allowing supervision of residents in teaching settings through audio/

visual real-time communications technology to remain in place for the duration of the PHE to provide flexibility for communities that may experience resurgences in COVID-19 infections. Therefore, outside of rural areas, this is a temporary extension during the PHE and will expire.

- 3) Supervision of Diagnostic Tests by Certain NPPs CMS finalized, a significant amendment to permanently allow NPs, CNSs, PAs, CRNAs, and CNMs to supervise diagnostic tests on a permanent basis as allowed by state scope of practice laws.

Questions and Answers

Q: EBUS – Node Station Reporting

My coding department and I are having a discussion around what is considered a lymph node station. In the past, I have considered 4R and 4L (and 2R, 2L, 11L and 11R) as separate lymph node stations. So if I sample 4R, 4L and 7, I would bill a **31653**. My coding department is telling me I cannot do that and the correct code would be **31652**. Is it correct from a coding perspective to consider 4R/4L as one station?

A: Our EBUS experts agree with you and disagree with your billing department. Each unique combination of a number and letter describes a different and specific lymph node station. Laterality (e.g. Left and Right) describes a different station and should be counted as a separate location. The total count of each location sampled is used to determine the appropriate code to use, **31652** for 2 or fewer lymph nodes or structures and **31653** for 3 or more lymph nodes or structures. We would further note that interventional pulmonologist across the US have used this interpretation of EBUS stations and have been able to successfully bill Medicare for EBUS services.

Q: E/M Documentation Requirements

I saw a new patient in the office for evaluation of a new lung nodule. This patient was self-referred after an incidental nodule was found in the LLL on a CT Urogram. The patient sent records in advance including a disc with the recent CT scan and other scans he had in the past. How do I use the new E/M

CPT codes for 2021 using time to bill for the visit? I saw him in the office for 30 minutes, however reviewed the records and scans prior to his arrival for approximately 10 minutes and then completed my documentation after the visit in another 5 minutes.

A: The new 2021 E/M CPT codes for new and established office/outpatient visits **99202-99215** may be billed utilizing either Medical decision making (MDM) or total time on the date of service. Total time documentation requirements will include:

- Provider time spent preparing for the visit reviewing prior records
- Provider and patient time spent face to face during the visit
- Provider documented activities after the visit reviewing historical records, labs, consulting with specialists and discussing with the patient’s family or care team, all on the date of service.

In this situation you spent 45 minutes total and would bill CPT **99204**. Please note the table below from the 2021 CPT book with the AMA/RUC time ranges for code selection. CMS times reported in the MPFS were used to calculate rate of reimbursement and are not to be used for code selection.



**October 2020 Compared to Final 2021 Rates
Medicare Hospital Outpatient Prospective Payment System (OPPS)
Endoscopy/Bronchoscopy, Pulmonary Diagnostic Testing & Therapies, Sleep Medicine Testing, Pulmonary
Rehabilitation/Respiratory Therapy and Thoracentesis/Chest Tubes**

[Click here for Link to References: CMS Website HOPPS CY 2021 Final Addendum B](#)

[Click here for Link to Corrected October 2020 HOPPS File](#)

CPT/ HCPCS	CMS Short Description Description	Status		APC		October CY 2020	Final CY 2021	Dollar	Percent
		CY 2020	CY 2021	CY 2020	CY 2021	Payment Rate	Payment Rate	Change	Change
31615	Visualization of windpipe	T	T	5162	5162	\$441.72	\$452.36	\$10.64	2%
31620	Endobronchial us add-on	NA	NA	NA	NA	NA	NA	NA	NA
31622	Dx bronchoscope/wash	J1	J1	5153	5153	\$1,430.61	\$1,496.39	\$65.78	5%
31623	Dx bronchoscope/brush	J1	J1	5153	5153	\$1,430.61	\$1,496.39	\$65.78	5%
31624	Dx bronchoscope/lavage	J1	J1	5153	5153	\$1,430.61	\$1,496.39	\$65.78	5%
31625	Bronchoscopy w/biopsy(s)	J1	J1	5153	5153	\$1,430.61	\$1,496.39	\$65.78	5%
31626	Bronchoscopy w/markers	J1	J1	5155	5155	\$5,440.36	\$5,822.76	\$382.40	7%
31627	Navigational bronchoscopy	N	N					NA	NA
31628	Bronchoscopy/lung bx each	J1	J1	5154	5154	\$2,936.91	\$3,098.02	\$161.11	5%
31629	Bronchoscopy/needle bx each	J1	J1	5154	5154	\$2,936.91	\$3,098.02	\$161.11	5%
31630	Bronchoscopy dilate/fx repr	J1	J1	5154	5154	\$2,936.91	\$3,098.02	\$161.11	5%
31631	Bronchoscopy dilate w/stent	J1	J1	5155	5155	\$5,440.36	\$5,822.76	\$382.40	7%
31632	Bronchoscopy/lung bx addl	N	N					NA	NA
31633	Bronchoscopy/needle bx addl	N	N					NA	NA
31634	Bronch w/balloon occlusion	J1	J1	5155	5155	\$5,440.36	\$5,822.76	\$382.40	7%
31635	Bronchoscopy w/fb removal	J1	J1	5153	5153	\$1,430.61	\$1,496.39	\$65.78	5%
31636	Bronchoscopy bronch stents	J1	J1	5155	5155	\$5,440.36	\$5,822.76	\$382.40	7%
31637	Bronchoscopy stent add-on	N	N					NA	NA
31638	Bronchoscopy revise stent	J1	J1	5155	5155	\$5,440.36	\$5,822.76	\$382.40	7%
31640	Bronchoscopy w/tumor excise	J1	J1	5154	5154	\$2,936.91	\$3,098.02	\$161.11	5%
31641	Bronchoscopy treat blockage	J1	J1	5154	5154	\$2,936.91	\$3,098.02	\$161.11	5%
31643	Diag bronchoscope/catheter	J1	J1	5153	5153	\$1,430.61	\$1,496.39	\$65.78	5%
31645	Bronchoscopy clear airways	J1	J1	5153	5153	\$1,430.61	\$1,496.39	\$65.78	5%
31646	Bronchoscopy reclear airway	T	T	5152	5152	\$377.89	\$376.51	(\$1.38)	0%
31647	Bronchial valve init insert	J1	J1	5155	5155	\$5,440.36	\$5,822.76	\$382.40	7%
31648	Bronchial valve remov init	J1	J1	5154	5154	\$2,936.91	\$3,098.02	\$161.11	5%
31649	Bronchial valve remov addl	Q2	Q2	5153	5153	\$1,430.61	\$1,496.39	\$65.78	5%
31651	Bronchial valve addl insert	N	N					NA	NA
31652	Bronch ebus sampling 1/2 node	J1	J1	5154	5154	\$2,936.91	\$3,098.02	\$161.11	5%
31653	Bronch ebus sampling 3/> node	J1	J1	5154	5154	\$2,936.91	\$3,098.02	\$161.11	5%
31654	Bronch ebus ivntj perph les	N	N					NA	NA
31660	Bronch thermoplasty 1 lobe	J1	J1	5155	5155	\$5,440.36	\$5,822.76	\$382.40	7%
31661	Bronch thermoplasty 2/> lobes	J1	J1	5155	5155	\$5,440.36	\$5,822.76	\$382.40	7%
32554	Aspirate pleura w/o imaging	T	T	5181	5181	\$630.51	\$541.62	(\$88.89)	-14%
32555	Aspirate pleura w/ imaging	T	T	5181	5181	\$630.51	\$541.62	(\$88.89)	-14%
32556	Insert cath pleura w/o image	J1	J1	5302	5302	\$1,557.40	\$1,625.02	\$67.62	4%
32557	Insert cath pleura w/ image	J1	J1	5182	5182	\$1,631.13	\$1,406.14	(\$224.99)	-14%
94002 Single Code	Vent mgmt inpat init day (Single Code APC Assignment & Rate)	Q3	Q3	5801	5801	\$464.53	\$485.26	\$20.73	4%
94002 Composite	Vent mgmt inpat init day (Composite APC Assignment & Rate)	S	S	5041	5041	\$666.66	\$692.68	\$26.02	4%
94002 Composite	Vent mgmt inpat init day (Composite APC Assignment & Rate)	S	S	5045	5045	\$891.15	\$942.66	\$51.51	6%
94003 Single Code	Vent mgmt inpat subq day (Single Code APC Assignment & Rate)	Q3	Q3	5801	5801	\$464.53	\$485.26	\$20.73	4%

CPT/ HCPCS	CMS Short Description Description	Status		APC		October CY 2020	Final CY 2021	Dollar	Percent
		CY 2020	CY 2021	CY 2020	CY 2021	Payment Rate	Payment Rate	Change	Change
94003 Composite	Vent mgmt inpat subq day (Composite APC Assignment & Rate)	S	S	5041	5041	\$666.66	\$692.68	\$26.02	4%
94003 Composite	Vent mgmt inpat subq day (Composite APC Assignment & Rate)	S	S	5045	5045	\$891.15	\$942.66	\$51.51	6%
94010	Breathing capacity test	Q1	Q1	5721	5721	\$138.35	\$139.55	\$1.20	1%
94011	Spirometry up to 2 yrs old	Q1	Q1	5721	5721	\$138.35	\$139.55	\$1.20	1%
94012	Spirmttry w/bmchdil inf-2 yr	Q1	Q1	5722	5722	\$253.10	\$264.45	\$11.35	4%
94013	Meas lung vol thru 2 yrs	S	S	5723	5723	\$485.61	\$487.78	\$2.17	0%
94014	Patient recorded spirometry	Q1	Q1	5735	5735	\$363.59	\$270.22	(\$93.37)	-26%
94015	Patient recorded spirometry	Q1	Q1	5722	5722	\$253.10	\$264.45	\$11.35	4%
94016	Review patient spirometry	A	A					NA	NA
94060	Evaluation of wheezing	S	S	5722	5722	\$253.10	\$264.45	\$11.35	4%
94070	Evaluation of wheezing	S	S	5722	5722	\$253.10	\$264.45	\$11.35	4%
94150	Vital capacity test	Q1	Q1	5721	5721	\$138.35	\$139.55	\$1.20	1%
94200	Lung function test (MBC/MVV)	Q1	Q1	5733	5733	\$55.01	\$55.66	\$0.65	1%
94250	Expired gas collection	Q1	D	5733		\$55.01		NA	NA
94375	Respiratory flow volume loop	Q1	Q1	5722	5722	\$253.10	\$264.45	\$11.35	4%
94400	CO2 breathing response curve	Q1	D	5721		\$138.35		NA	NA
94450	Hypoxia response curve	Q1	Q1	5721	5722	\$138.35	\$264.45	\$126.10	91%
94452	Hast w/report	Q1	Q1	5734	5734	\$109.03	\$111.95	\$2.92	3%
94453	Hast w/oxygen titrate	Q1	Q1	5734	5734	\$109.03	\$111.95	\$2.92	3%
94610	Surfactant admin thru tube	Q1	Q1	5791	5791	\$183.96	\$187.88	\$3.92	2%
94621	Pulm stress test/complex	S	S	5722	5722	\$253.10	\$264.45	\$11.35	4%
94617	Exercise tst bmcpspm	Q1	Q1	5734	5734	\$109.03	\$111.95	\$2.92	3%
#94619	Exercise tst bmcpspm wo ecg		Q1		5733	\$55.66			
94618	Pulmonary stress testing	Q1	Q1	5734	5734	\$109.03	\$111.95	\$2.92	3%
94621									
94640	Airway inhalation treatment	Q1	Q1	5791	5791	\$183.96	\$187.88	\$3.92	2%
94642	Aerosol inhalation treatment	Q1	Q1	5791	5791	\$183.96	\$187.88	\$3.92	2%
94644	Cbt 1st hour	Q1	Q1	5734	5734	\$109.03	\$111.95	\$2.92	3%
94645	Cbt each addl hour	N	N					NA	NA
94660 Single Code	Pos airway pressure cpap (Single Code APC Assignment & Rate)	Q1	Q1	5791	5791	\$183.96	\$187.88	\$3.92	2%
94662 Single Code	Neg press ventilation cnp (Single Code APC Assignment & Rate)	Q3	Q3	5801	5801	\$464.53	\$485.26	\$20.73	4%
94662 Composite	Neg press ventilation cnp (Composite APC Assignment & Rate)	S	S	5041	5041	\$666.66	\$692.68	\$26.02	4%
94662 Composite	Neg press ventilation cnp (Composite APC Assignment & Rate)	S	S	5045	5045	\$891.15	\$942.66	\$51.51	6%
94664	Evaluate pt use of inhaler	Q1	Q1	5791	5791	\$183.96	\$187.88	\$3.92	2%
94667	Chest wall manipulation	Q1	Q1	5734	5734	\$109.03	\$111.95	\$2.92	3%
94668	Chest wall manipulation	Q1	Q1	5734	5734	\$109.03	\$111.95	\$2.92	3%
94680	Exhaled air analysis o2	Q1	Q1	5721	5721	\$138.35	\$139.55	\$1.20	1%
94681	Exhaled air analysis o2/co2	Q1	Q1	5722	5722	\$253.10	\$264.45	\$11.35	4%
94690	Exhaled air analysis	Q1	Q1	5732	5733	\$33.43	\$55.66	\$22.23	66%
94726	Pulm funct tst plethysmograp	Q1	Q1	5722	5722	\$253.10	\$264.45	\$11.35	4%
94727	Pulm function test by gas	Q1	Q1	5721	5721	\$138.35	\$139.55	\$1.20	1%
94728	Pulm funct test oscillometry	Q1	Q1	5722	5722	\$253.10	\$264.45	\$11.35	4%
94729	Co/membrane diffuse capacity	N	N					NA	NA
94750	Pulmonary compliance study	Q1	D	5721		\$138.35		NA	NA
94760	Measure blood oxygen level	N	N					NA	NA
94761	Measure blood oxygen level	N	N					NA	NA
94762 Single Code	Measure blood oxygen level (Single Code APC Assignment & Rate)	Q3	Q3	5721	5721	\$138.35	\$139.55	\$1.20	1%
94762 Composite	Measure blood oxygen level (Composite APC Assignment & Rate)	S	S	5041	5041	\$666.66	\$692.68	\$26.02	4%

CPT/ HCPCS	CMS Short Description Description	Status		APC		October CY 2020	Final CY 2021	Dollar	Percent
		CY 2020	CY 2021	CY 2020	CY 2021	Payment Rate	Payment Rate	Change	Change
94762 Composite	Measure blood oxygen level (Composite APC Assignment & Rate)	S	S	5045	5045	\$891.15	\$942.66	\$51.51	6%
94770 Deleted 2021	Exhaled carbon dioxide test	S	D	5721		\$138.35		NA	NA
94772	Breath recording infant	S	S	5723	5723	\$485.61	\$487.78	\$2.17	0%
94774	Ped home apnea rec compl	B	B					NA	NA
94775	Ped home apnea rec hk-up	S	S	5721	5721	\$138.35	\$139.55	\$1.20	1%
94776	Ped home apnea rec downld	S	S	5721	5721	\$138.35	\$139.55	\$1.20	1%
94777	Ped home apnea rec report	B	B					NA	NA
94780	Car seat/bed test 60 min	Q1	Q1	5732	5732	\$33.43	\$33.84	\$0.41	1%
+ 94781	Car seat/bed test + 30 min	N	N					NA	NA
94799	Pulmonary service/procedure Unlisted	Q1	Q1	5721	5721	\$138.35	\$139.55	\$1.20	1%
# 95782	Polysom <6 yrs 4/> paramtrs	S	S	5724	5724	\$908.95	\$919.82	\$10.87	1%
# 95783	Polysom <6 yrs cpap/blvl	S	S	5724	5724	\$908.95	\$919.82	\$10.87	1%
# 95800	Slp stdy unattended	S	S	5721	5721	\$138.35	\$139.55	\$1.20	1%
# 95801	Slp stdy unatnd w/anal	Q1	Q1	5734	5734	\$109.03	\$111.95	\$2.92	3%
95803	Actigraphy testing	Q1	Q1	5733	5733	\$55.01	\$55.66	\$0.65	1%
95805	Multiple sleep latency test	S	S	5723	5723	\$485.61	\$487.78	\$2.17	0%
95806	Sleep study unatt&resp efft	S	S	5721	5721	\$138.35	\$139.55	\$1.20	1%
95807	Sleep study attended	S	S	5723	5723	\$485.61	\$487.78	\$2.17	0%
95808	Polysom any age 1-3> param	S	S	5724	5724	\$908.95	\$919.82	\$10.87	1%
95810	Polysom 6/> yrs 4/> param	S	S	5724	5724	\$908.95	\$919.82	\$10.87	1%
95811	Polysom 6/>yrs cpap 4/> parm	S	S	5724	5724	\$908.95	\$919.82	\$10.87	1%
99291 Single Code	Critical care first hour (Single Code APC Assignment & Rate)	J2	J2	5041	5041	\$666.66	\$692.68	\$26.02	4%
99291 Comprehensive	Critical care first hour (Comprehensive APC Assignment & Rate)	J2	J2	8011	8011	\$2,203.60	\$2,283.16	\$79.56	4%
99292	Critical care each addl 30 min	N	N					NA	NA
99358	Prolong service w/o contact	N	N					NA	NA
99359	Prolong serv w/o contact add	N	N					NA	NA
99406	Behav chng smoking 3-10 min	S	S	5821	5821	\$27.32	\$26.23	(\$1.09)	-4%
99407	Behav chng smoking > 10 min	S	S	5821	5821	\$27.32	\$26.23	(\$1.09)	-4%
99422	MDa mang high risk dx 30	B	B					NA	NA
99423	Nonclin mang h risk dx 30	B	B					NA	NA
99441	Phone e/m phys/ghp 5-10 min	B	B					NA	NA
99446	Ntrprof ph1/ntmet/ehr 5-10	M	M					NA	NA
99447	Ntrprof ph1/ntmet/ehr 11-20	M	M					NA	NA
99448	Ntrprof ph1/ntmet/ehr 21-30	M	M					NA	NA
99449	Ntrprof ph1/ntmet/ehr 31/>	M	M					NA	NA
99451	Ntrprof ph1/ntmet/ehr 5/>	M	M					NA	NA
99452	Ntrprof ph1/ntmet/ehr rfrl	M	M					NA	NA
99457	Rem physiol mntr 1st 20 min	B	B					NA	NA
99458	Rem physiol mntr ea addl 20	B	B					NA	NA
99487	Cmplx chron care w/o pt vsit	S	S	5822	5823	\$78.54	\$133.63	\$55.09	70%
99489	Cmplx chron care addl30 min	N	N					NA	NA
99490	Chron care mgmt svcs 20 min	S	S	5822	5822	\$78.54	\$74.87	(\$3.67)	-5%
99439 prev G2058	Chnrc care mgmt svc ea addl		N						
99491	Chnrc care mgmt svc 30 min	M	M					NA	NA
99495	Trans care mgmt 14 day disch	V	V	5012	5012	\$115.93	\$118.74	\$2.81	2%
99496	Trans care mgmt 7 day disch	V	V	5012	5012	\$115.93	\$118.74	\$2.81	2%
99497	Advncd care plan 30 min	Q1	Q1	5822	5822	\$78.54	\$74.87	(\$3.67)	-5%
99498	Advncd care plan addl 30 min	N	N					NA	NA
G0237	Therapeutic procd strg endure	S	S	5731	5731	\$22.99	\$24.67	\$1.68	7%
G0238	Oth resp proc, indiv	S	S	5731	5731	\$22.99	\$24.67	\$1.68	7%
G0239	Oth resp proc, group	S	S	5732	5732	\$33.43	\$33.84	\$0.41	1%
G0296	Visit to determ LDCT elig	S	S	5822	5822	\$78.54	\$74.87	(\$3.67)	-5%

CPT/ HCPCS	CMS Short Description Description	Status		APC		October CY 2020	Final CY 2021	Dollar	Percent
		CY 2020	CY 2021	CY 2020	CY 2021	Payment Rate	Payment Rate	Change	Change
G0297 Deleted 2021 see 71250	LDCT for Lung CA screen	S	D	5521		\$79.81		NA	NA
71250	Ct thorax w/o dye	S	Q3	5521	5522	\$79.81	\$108.97	\$29.16	37%
G0379 Single Code	Direct refer hospital observ (Single Code APC Assignment & Rate)	J2	J2	5025	5025	\$504.51	\$522.12	\$17.61	3%
G0379 Comprehensive	Direct refer hospital observ (Comprehensive APC Assignment & Rate)	J2	J2	8011	8011	\$2,203.60	\$2,283.16	\$79.56	4%
G0384 Single Code	Lev 5 hosp type bed visit (Single Code APC Assignment & Rate)	J2	J2	5035	5035	\$308.98	\$318.39	\$9.41	3%
G0384 Comprehensive	Lev 5 hosp type bed visit (Composite/Comprehensive APC Assignment & Rate)	J2	J2	8011	8011	\$2,203.60	\$2,283.16	\$79.56	4%
G0390	Trauma respons w/hosp criti	S	S	5045	5045	\$891.15	\$942.66	\$51.51	6%
G0398	Home sleep test/type 2 porta	S	S	5721	5721	\$138.35	\$139.55	\$1.20	1%
G0399	Home sleep test/type 3 porta	S	S	5721	5721	\$138.35	\$139.55	\$1.20	1%
G0400	Home sleep test/type 4 porta	S	S	5721	5722	\$138.35	\$264.45	\$126.10	91%
G0424	Pulmonary rehab w exer	S	S	5733	5733	\$55.01	\$55.66	\$0.65	1%
G0463 Single Code	Hospital outpt clinic visit (Single Code APC Assignment & Rate)	J2	J2	5012	5012	\$115.93	\$118.74	\$2.81	2%
G0463 Comprehensive	Hospital outpt clinic visit (Composite/Comprehensive APC Assignment & Rate)	J2	J2	8011	8011	\$2,203.60	\$2,283.16	\$79.56	4%
G0508	Crit care telehea consult 60	B	B					NA	NA
G0509	Crit care telehea consult 50	B	B					NA	NA
G0513	Prolong prev svcs, first 30m	N	N					NA	NA
G0514	Prolong prev svcs, addl 30m	N	N					NA	NA
G2010	Remot image submit by pt	A	A					NA	NA
G2012	Brief check in by MD/QHP	A	A					NA	NA
G2251	Brief chkin, 5-10, non-e/m		A						
G2252	Brief chkin by md/ghp, 11-20		A						
C-APC	Comprehensive Observation Services	J2	J2	8011	8011	\$2,203.60	\$2,283.16	\$79.56	4%
G2058	CCM add 20min	N	D					NA	NA
G2086	Off base opioid tx 70 min	S	S	5823	5823	\$131.36	\$133.63	\$2.27	2%
G2087	Off base opioid tx, 60 m	S	S	5823	5823	\$131.36	\$133.63	\$2.27	2%
G2088	Off base opioid tx, add 30	N	N					NA	NA
99417	Prolng off/op e/m ea 15 min		E1					NA	NA
G2212	Prolong outpt/office vis		N					NA	NA
G2214	Init/sub psych care m 1st 30		S		5822		\$74.87	NA	NA

Definitions: Composite APCs provide a single payment for a comprehensive diagnostic and/or treatment service that is typically reported with multiple HCPCS codes. When HCPCS codes that meet the criteria for payment of the composite APC are billed on the same date of service, a single payment is made for all of the codes as a whole, rather than paying each code individually. The grouping process is described in the CMS Internet-Only Manual (IOM) Pub. 100-04, Chapter 4, Section 10.2.1 Use of the comment indicator "CH" in association with a new or composite/comprehensive APC indicates that the APC assignment or configuration of the composite APC has been changed for CY 2016.

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**October 2020 Compared to Final 2021 Rates Medicare Physician Fee Schedule (MPFS)
Endoscopy/Bronchoscopy, Pulmonary Diagnostic Testing & Therapies, Sleep Medicine Testing, Pulmonary Rehabilitation/Respiratory Therapy
and Thoracentesis/Chest Tubes**

[Click here for Link to References: CMS Website MPFS CY 2020 October Release \(Web Version RVU20D\)](#)

[Click here for Link to References: CMS Website MPFS CY 2021 Final Rule](#)

October 21, 2020 MPFS File for October 2020 & January 07, 2021 for Final 2021 MPFS Files

CPT/ HCPCS	Modifier	Short Description	CY 2020 CF	CY 2021 CF	% Change	Dollar Change	CY 2020 CF	CY 2021 CF	% Change	Dollar Change
			\$36.0896	\$34.8931			\$36.0896	\$34.8931		
			2020 NF Allowable	2021 NF Allowable	NF Allowable	NF Allowable	2020 FAC Allowable	2021 FAC Allowable	FAC Allowable	FAC Allowable
31615		Visualization of windpipe	\$176.12	\$178.30	1%	\$2.19	\$118.37	\$116.19	-2%	(\$2.18)
31622		Dx bronchoscope/wash	\$248.66	\$255.07	3%	\$6.41	\$136.78	\$133.64	-2%	(\$3.14)
31623		Dx bronchoscope/brush	\$276.45	\$286.12	4%	\$9.68	\$137.86	\$134.34	-3%	(\$3.52)
31624		Dx bronchoscope/lavage	\$258.40	\$264.84	2%	\$6.44	\$139.67	\$135.73	-3%	(\$3.93)
31625		Bronchoscopy w/biopsy(s)	\$353.68	\$367.42	4%	\$13.75	\$162.40	\$158.41	-2%	(\$3.99)
31626		Bronchoscopy w/markers	\$859.65	\$884.54	3%	\$24.89	\$205.71	\$200.98	-2%	(\$4.73)
31627		Navigational bronchoscopy	\$1,310.41	\$1,308.14	0%	(\$2.27)	\$100.33	\$98.40	-2%	(\$1.93)
31628		Bronchoscopy/lung bx each	\$375.33	\$390.10	4%	\$14.77	\$182.61	\$178.30	-2%	(\$4.31)
31629		Bronchoscopy/needle bx each	\$464.11	\$482.92	4%	\$18.81	\$193.80	\$189.12	-2%	(\$4.68)
31630		Bronchoscopy dilate/fx repr	\$206.43	NA	NA	NA	\$206.43	\$201.68	-2%	(\$4.75)
31631		Bronchoscopy dilate w/stent	\$236.75	NA	NA	NA	\$236.75	\$230.99	-2%	(\$5.76)
31632		Bronchoscopy/lung bx addl	\$65.68	\$65.95	0%	\$0.26	\$51.61	\$50.25	-3%	(\$1.36)
31633		Bronchoscopy/needle bx addl	\$81.56	\$82.35	1%	\$0.79	\$65.68	\$64.55	-2%	(\$1.13)
31634		Bronch w/balloon occlusion	\$1,766.59	\$1,788.97	1%	\$22.38	\$199.21	\$193.31	-3%	(\$5.91)
31635		Bronchoscopy w/fb removal	\$291.96	\$300.08	3%	\$8.12	\$182.61	\$177.95	-3%	(\$4.66)
31636		Bronchoscopy bronch stents	\$228.45	NA	NA	NA	\$228.45	\$222.27	-3%	(\$6.18)
31637		Bronchoscopy stent add-on	\$80.12	NA	NA	NA	\$80.12	\$78.51	-2%	(\$1.61)
31638		Bronchoscopy revise stent	\$258.76	NA	NA	NA	\$258.76	\$252.28	-3%	(\$6.49)
31640		Bronchoscopy w/tumor excise	\$260.21	NA	NA	NA	\$260.21	\$252.63	-3%	(\$7.58)
31641		Bronchoscopy treat blockage	\$265.98	NA	NA	NA	\$265.98	\$259.26	-3%	(\$6.72)
31643		Diag bronchoscope/catheter	\$181.89	NA	NA	NA	\$181.89	\$176.56	-3%	(\$5.33)
31645		Bronchoscopy clear airways	\$271.39	\$280.54	3%	\$9.15	\$152.66	\$148.99	-2%	(\$3.67)
31646		Bronchoscopy reclear airway	\$147.25	NA	NA	NA	\$147.25	\$143.76	-2%	(\$3.49)
31647		Bronchial valve init insert	\$219.06	NA	NA	NA	\$219.06	\$211.10	-4%	(\$7.96)
31648		Bronchial valve remov init	\$208.24	NA	NA	NA	\$208.24	\$202.03	-3%	(\$6.21)
31649		Bronchial valve remov addl	\$70.37	\$68.39	-3%	(\$1.98)	\$70.37	\$68.39	-3%	(\$1.98)
31651		Bronchial valve addl insert	\$76.87	\$77.46	1%	\$0.59	\$76.87	\$77.46	1%	\$0.59
31652		Bronch ebus sampling 1/2 node	\$1,128.16	\$1,302.56	15%	\$174.40	\$230.25	\$225.76	-2%	(\$4.49)
31653		Bronch ebus sampling 3/> node	\$1,176.88	\$1,351.76	15%	\$174.88	\$255.51	\$249.49	-2%	(\$6.03)
31654		Bronch ebus ivntj perph les	\$125.59	\$126.66	1%	\$1.07	\$70.01	\$68.04	-3%	(\$1.97)
31660		Bronch thermoplasty 1 lobe	\$202.46	NA	NA	NA	\$202.46	\$198.89	-2%	(\$3.57)
31661		Bronch thermoplasty 2/> lobes	\$214.73	NA	NA	NA	\$214.73	\$210.06	-2%	(\$4.68)
32554		Aspirate pleura w/o imaging	\$228.45	\$247.04	8%	\$18.60	\$93.47	\$91.07	-3%	(\$2.40)
32555		Aspirate pleura w/ imaging	\$319.39	\$335.32	5%	\$15.93	\$116.21	\$112.36	-3%	(\$3.85)
32556		Insert cath pleura w/o image	\$687.51	\$771.49	12%	\$83.98	\$128.48	\$125.62	-2%	(\$2.86)
32557		Insert cath pleura w/ image	\$633.37	\$691.58	9%	\$58.21	\$158.79	\$152.13	-4%	(\$6.66)
94002		Vent mgmt inpat init day	\$94.92	NA	NA	NA	\$94.92	\$92.82	-2%	(\$2.10)
94003		Vent mgmt inpat subq day	\$68.57	NA	NA	NA	\$68.57	\$66.30	-3%	(\$2.27)
94010			\$36.09	\$30.01	-17%	(\$6.08)	\$36.09	NA	NA	NA
94010	26	Breathing capacity test	\$8.66	\$8.37	-3%	(\$0.29)	\$8.66	\$8.37	-3%	(\$0.29)
94010	TC		\$27.43	\$21.63	-21%	(\$5.79)	\$27.43	NA	NA	NA
94011		Spirometry up to 2 yrs old	\$88.78	NA	NA	NA	\$88.78	\$87.23	-2%	(\$1.55)
94012		Spirmtry w/bmchdil inf-2 yr	\$144.72	NA	NA	NA	\$144.72	\$141.67	-2%	(\$3.05)
94013		Meas lung vol thru 2 yrs	\$19.85	NA	NA	NA	\$19.85	\$19.89	0%	\$0.04
94014		Patient recorded spirometry	\$57.02	\$56.53	-1%	(\$0.49)	\$57.02	NA	NA	NA

CPT/ HCPCS	Modifier	Short Description	2020 NF Allowable	2021 NF Allowable	NF Allowable	NF Allowable	2020 FAC Allowable	2021 FAC Allowable	FAC Allowable	FAC Allowable
94015		Patient recorded spirometry	\$31.04	\$31.40	1%	\$0.37	\$31.04	NA	NA	NA
94016		Review patient spirometry	\$25.98	\$25.12	-3%	(\$0.86)	\$25.98	\$25.12	-3%	(\$0.86)
94060		Evaluation of wheezing	\$60.27	\$47.11	-22%	(\$13.16)	\$60.27	NA	NA	NA
94060	26		\$13.35	\$10.47	-22%	(\$2.89)	\$13.35	\$10.47	-22%	(\$2.89)
94060	TC		\$46.92	\$36.64	-22%	(\$10.28)	\$46.92	NA	NA	NA
94070		Evaluation of wheezing	\$60.27	\$63.16	5%	\$2.89	\$60.27	NA	NA	NA
94070	26		\$29.23	\$28.61	-2%	(\$0.62)	\$29.23	\$28.61	-2%	(\$0.62)
94070	TC		\$31.04	\$34.54	11%	\$3.51	\$31.04	NA	NA	NA
94150		Vital capacity test	\$25.62	\$25.47	-1%	(\$0.15)	\$25.62	NA	NA	NA
94150	26		\$3.97	\$3.84	-3%	(\$0.13)	\$3.97	\$3.84	-3%	(\$0.13)
94150	TC		\$21.65	\$21.63	0%	(\$0.02)	\$21.65	NA	NA	NA
94200		Lung function test (MBC/MVV)	\$22.74	\$18.14	-20%	(\$4.59)	\$22.74	NA	NA	NA
94200	26		\$4.69	\$3.84	-18%	(\$0.85)	\$4.69	\$3.84	-18%	(\$0.85)
94200	TC		\$18.04	\$14.31	-21%	(\$3.74)	\$18.04	NA	NA	NA
94250 Deleted 2021		Expired gas collection	\$27.79	NA	NA	NA	\$27.79	NA	NA	NA
	26		\$5.77	NA	NA	NA	\$5.77	NA	NA	NA
	TC		\$22.01	NA	NA	NA	\$22.01	NA	NA	NA
94375		Respiratory flow volume loop	\$39.70	\$39.43	-1%	(\$0.27)	\$39.70	NA	NA	NA
94375	26		\$15.16	\$14.66	-3%	(\$0.50)	\$15.16	\$14.66	-3%	(\$0.50)
94375	TC		\$24.54	\$24.77	1%	\$0.23	\$24.54	NA	NA	NA
94400 Deleted 2021		CO2 breathing response curve	\$57.38	NA	NA	NA	\$57.38	NA	NA	NA
	26		\$19.85	NA	NA	NA	\$19.85	NA	NA	NA
	TC		\$37.53	NA	NA	NA	\$37.53	NA	NA	NA
94450		Hypoxia response curve	\$67.85	\$62.46	-8%	(\$5.39)	\$67.85	NA	NA	NA
94450	26		\$19.49	\$18.49	-5%	(\$1.00)	\$19.49	\$18.49	-5%	(\$1.00)
94450	TC		\$48.36	\$43.97	-9%	(\$4.39)	\$48.36	NA	NA	NA
94452		Hast w/report	\$53.41	\$51.99	-3%	(\$1.42)	\$53.41	NA	NA	NA
94452	26		\$14.80	\$14.31	-3%	(\$0.49)	\$14.80	\$14.31	-3%	(\$0.49)
94452	TC		\$38.62	\$37.68	-2%	(\$0.93)	\$38.62	NA	NA	NA
94453		Hast w/oxygen titrate	\$73.26	\$71.53	-2%	(\$1.73)	\$73.26	NA	NA	NA
94453	26		\$19.49	\$18.84	-3%	(\$0.65)	\$19.49	\$18.84	-3%	(\$0.65)
94453	TC		\$53.77	\$52.69	-2%	(\$1.08)	\$53.77	NA	NA	NA
94610		Surfactant admin thru tube	\$57.38	NA	NA	NA	\$57.38	\$55.83	-3%	(\$1.55)
●94617		Exercise tst brncspsm	\$93.11	\$95.61	3%	\$2.50	\$93.11	NA	NA	NA
●94617-26	26		\$34.29	\$33.85	-1%	(\$0.44)	\$34.29	\$33.85	-1%	(\$0.44)
●94617-TC	TC		\$58.83	\$61.76	5%	\$2.93	\$58.83	NA	NA	NA
●94618		Pulmonary stress testing	\$34.29	\$33.85	-1%	(\$0.44)	\$34.29	NA	NA	NA
●94618-26	26		\$23.46	\$22.68	-3%	(\$0.78)	\$23.46	\$22.68	-3%	(\$0.78)
●94618-TC	TC		\$10.83	\$11.17	3%	\$0.34	\$10.83	NA	NA	NA
●94619		Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)	NA	\$74.32	NA	NA	NA	NA	NA	NA
●94619-26	26		NA	\$50.59	NA	NA	NA	NA	NA	NA
●94619-TC	TC		NA	\$23.73	NA	NA	NA	\$23.73	NA	NA
▲94621		Pulm stress test/complex	\$162.40	\$160.16	-1%	(\$2.24)	\$162.40	NA	NA	NA
▲94621	26		\$71.82	\$69.09	-4%	(\$2.73)	\$71.82	\$69.09	-4%	(\$2.73)
▲94621	TC		\$90.58	\$91.07	1%	\$0.49	\$90.58	NA	NA	NA
94640		Airway inhalation treatment	\$18.04	\$14.31	-21%	(\$3.74)	\$18.04	NA	NA	NA
94642		Aerosol inhalation treatment	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
94644		Cbt 1st hour	\$54.50	\$61.41	13%	\$6.92	\$54.50	NA	NA	NA
94645		Cbt each addl hour	\$16.96	\$16.75	-1%	(\$0.21)	\$16.96	NA	NA	NA
94660		Pos airway pressure cpap	\$65.32	\$63.85	-2%	(\$1.47)	\$39.34	\$38.03	-3%	(\$1.30)
94662		Neg press ventilation cnp	\$37.17	NA	NA	NA	\$37.17	\$35.94	-3%	(\$1.23)
94664		Evaluate pt use of inhaler	\$16.96	\$17.10	1%	\$0.14	\$16.96	NA	NA	NA
94667		Chest wall manipulation	\$25.26	\$21.63	-14%	(\$3.63)	\$25.26	NA	NA	NA
94668		Chest wall manipulation	\$29.23	\$33.50	15%	\$4.26	\$29.23	NA	NA	NA
94680		Exhaled air analysis o2	\$54.50	\$54.08	-1%	(\$0.41)	\$54.50	NA	NA	NA
94680	26		\$12.99	\$12.56	-3%	(\$0.43)	\$12.99	\$12.56	-3%	(\$0.43)
94680	TC		\$41.50	\$41.52	0%	\$0.02	\$41.50	NA	NA	NA
94681		Exhaled air analysis o2/co2	\$53.77	\$51.99	-3%	(\$1.78)	\$53.77	NA	NA	NA
94681	26		\$10.47	\$10.12	-3%	(\$0.35)	\$10.47	\$10.12	-3%	(\$0.35)
94681	TC		\$43.31	\$41.87	-3%	(\$1.44)	\$43.31	NA	NA	NA

CPT/ HCPCS	Modifier	Short Description	2020 NF Allowable	2021 NF Allowable	NF Allowable	NF Allowable	2020 FAC Allowable	2021 FAC Allowable	FAC Allowable	FAC Allowable
94690		Exhaled air analysis	\$51.61	\$44.66	-13%	(\$6.94)	\$51.61	NA	NA	NA
94690	26		\$3.97	\$3.84	-3%	(\$0.13)	\$3.97	\$3.84	-3%	(\$0.13)
94690	TC		\$47.64	\$40.82	-14%	(\$6.81)	\$47.64	NA	NA	NA
94726		Pulm funct tst plethysmograp	\$54.50	\$55.48	2%	\$0.98	\$54.50	NA	NA	NA
94726	26		\$12.63	\$12.21	-3%	(\$0.42)	\$12.63	\$12.21	-3%	(\$0.42)
94726	TC		\$41.86	\$43.27	3%	\$1.40	\$41.86	NA	NA	NA
94727		Pulm function test by gas	\$44.39	\$44.66	1%	\$0.27	\$44.39	NA	NA	NA
94727	26		\$12.63	\$12.21	-3%	(\$0.42)	\$12.63	\$12.21	-3%	(\$0.42)
94727	TC		\$31.76	\$32.45	2%	\$0.69	\$31.76	NA	NA	NA
94728		Pulm funct test oscillometry	\$41.50	\$41.52	0%	\$0.02	\$41.50	NA	NA	NA
94728	26		\$12.99	\$12.56	-3%	(\$0.43)	\$12.99	\$12.56	-3%	(\$0.43)
94728	TC		\$28.51	\$28.96	2%	\$0.45	\$28.51	NA	NA	NA
94729		Co/membrane diffuse capacity	\$57.38	\$60.37	5%	\$2.98	\$57.38	NA	NA	NA
94729	26		\$9.38	\$9.07	-3%	(\$0.31)	\$9.38	\$9.07	-3%	(\$0.31)
94729	TC		\$48.00	\$51.29	7%	\$3.29	\$48.00	NA	NA	NA
94750 Deleted 2021		Pulmonary compliance study	\$89.50	NA	NA	NA	\$89.50	NA	NA	NA
	26		\$11.19	NA	NA	NA	\$11.19	NA	NA	NA
	TC		\$78.31	NA	NA	NA	\$78.31	NA	NA	NA
94760		Measure blood oxygen level	\$2.53	\$2.44	-3%	(\$0.08)	\$2.53	NA	NA	NA
94761		Measure blood oxygen level exercise	\$3.97	\$3.84	-3%	(\$0.13)	\$3.97	NA	NA	NA
94762		Measure blood oxygen level	\$26.71	\$27.57	3%	\$0.86	\$26.71	NA	NA	NA
94770 Deleted 2021		Exhaled carbon dioxide test	\$7.58	NA	NA	NA	\$7.58	NA	NA	NA
94772		Breath recording infant	\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA
94772	26		\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
94772	TC		\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA
94774		Ped home apnea rec compl	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
94775		Ped home apnea rec hk-up	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
94776		Ped home apnea rec downld	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
94777		Ped home apnea rec report	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
94780		Car seat/bed test 60 min	\$51.61	\$51.64	0%	\$0.03	\$24.54	\$24.08	-2%	(\$0.46)
94781		Car seat/bed test + 30 min	\$20.21	\$20.24	0%	\$0.03	\$8.66	\$8.37	-3%	(\$0.29)
94799		Pulmonary service/procedure Unlisted	\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA
94799	26		\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
94799	TC		\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA
#95782		Polysom <6 yrs 4/> paramtrs	\$919.92	\$947.00	3%	\$27.07	\$919.92	NA	NA	NA
#95782	26		\$129.56	\$126.31	-3%	(\$3.25)	\$129.56	\$126.31	-3%	(\$3.25)
#95782	TC		\$790.36	\$820.69	4%	\$30.32	\$790.36	NA	NA	NA
#95783		Polysom <6 yrs cpap/bilvl	\$978.03	\$1,003.87	3%	\$25.85	\$978.03	NA	NA	NA
#95783	26		\$140.75	\$137.13	-3%	(\$3.62)	\$140.75	\$137.13	-3%	(\$3.62)
#95783	TC		\$837.28	\$866.74	4%	\$29.47	\$837.28	NA	NA	NA
#95800		Slp stdy unattended	\$168.90	\$170.28	1%	\$1.38	\$168.90	NA	NA	NA
#95800	26		\$42.59	\$41.87	-2%	(\$0.71)	\$42.59	\$41.87	-2%	(\$0.71)
#95800	TC		\$126.31	\$128.41	2%	\$2.09	\$126.31	NA	NA	NA
#95801		Slp stdy unatnd w/anal	\$90.95	\$91.42	1%	\$0.47	\$90.95	NA	NA	NA
#95801	26		\$42.59	\$41.87	-2%	(\$0.71)	\$42.59	\$41.87	-2%	(\$0.71)
#95801	TC		\$48.36	\$49.55	2%	\$1.19	\$48.36	NA	NA	NA
#95803		Actigraphy testing	\$152.30	\$157.02	3%	\$4.72	\$152.30	NA	NA	NA
#95803	26		\$45.83	\$45.01	-2%	(\$0.82)	\$45.83	\$45.01	-2%	(\$0.82)
#95803	TC		\$106.46	\$112.01	5%	\$5.54	\$106.46	NA	NA	NA
95805		Multiple sleep latency test	\$422.61	\$429.19	2%	\$6.58	\$422.61	NA	NA	NA
95805	26		\$60.63	\$58.62	-3%	(\$2.01)	\$60.63	\$58.62	-3%	(\$2.01)
95805	TC		\$361.98	\$370.56	2%	\$8.59	\$361.98	NA	NA	NA
95806		Sleep study unatt & resp efft	\$119.10	\$102.59	-14%	(\$16.51)	\$119.10	NA	NA	NA
95806	26		\$46.19	\$45.36	-2%	(\$0.83)	\$46.19	\$45.36	-2%	(\$0.83)
95806	TC		\$72.90	\$57.22	-22%	(\$15.68)	\$72.90	NA	NA	NA
95807		Sleep study attended	\$414.67	\$406.85	-2%	(\$7.82)	\$414.67	NA	NA	NA
95807	26		\$63.16	\$61.41	-3%	(\$1.74)	\$63.16	\$61.41	-3%	(\$1.74)
95807	TC		\$351.51	\$345.44	-2%	(\$6.07)	\$351.51	NA	NA	NA
95808			\$664.77	\$674.83	2%	\$10.06	\$664.77	NA	NA	NA

CPT/ HCPCS	Modifier	Short Description	2020 NF Allowable	2021 NF Allowable	NF Allowable	NF Allowable	2020 FAC Allowable	2021 FAC Allowable	FAC Allowable	FAC Allowable
95808	26	Polysom any age 1-3> param	\$89.86	\$87.58	-3%	(\$2.28)	\$89.86	\$87.58	-3%	(\$2.28)
95808	TC		\$574.91	\$587.25	2%	\$12.34	\$574.91	NA	NA	NA
95810		Polysom 6/> yrs 4/> param	\$621.10	\$628.77	1%	\$7.67	\$621.10	NA	NA	NA
95810	26		\$124.51	\$121.43	-2%	(\$3.08)	\$124.51	\$121.43	-2%	(\$3.08)
95810	TC		\$496.59	\$507.35	2%	\$10.75	\$496.59	NA	NA	NA
95811		Polysom 6/>yrs cpap 4/> parm	\$648.89	\$656.34	1%	\$7.45	\$648.89	NA	NA	NA
95811	26		\$129.20	\$125.96	-3%	(\$3.24)	\$129.20	\$125.96	-3%	(\$3.24)
95811	TC		\$519.69	\$530.38	2%	\$10.68	\$519.69	NA	NA	NA
▲99201		Deleted in 2021	\$46.56	NA	NA	NA	\$27.07	NA	NA	NA
▲99202		Office/outpatient visit new	\$77.23	\$73.97	-4%	(\$3.26)	\$51.61	\$49.90	-3%	(\$1.71)
▲99203		Office o/p new sf 15-29 min	\$109.35	\$113.75	4%	\$4.40	\$77.23	\$84.44	9%	\$7.21
▲99204		Office o/p new low 30-44 min	\$167.09	\$169.93	2%	\$2.83	\$132.09	\$137.48	4%	\$5.39
▲99205		Office o/p new mod 45-59 min	\$211.12	\$224.36	6%	\$13.24	\$172.51	\$186.68	8%	\$14.17
▲99211		Office o/p new hi 60-74 min	\$23.46	\$23.03	-2%	(\$0.43)	\$9.38	\$9.07	-3%	(\$0.31)
▲99212		Office o/p est minimal prob	\$46.19	\$56.88	23%	\$10.68	\$26.35	\$36.29	38%	\$9.94
▲99213		Office o/p est sf 10-19 min	\$76.15	\$92.47	21%	\$16.32	\$52.33	\$68.04	30%	\$15.71
▲99214		Office o/p est low 20-29 min	\$110.43	\$131.20	19%	\$20.76	\$80.48	\$100.49	25%	\$20.01
▲99215		Office o/p est mod 30-39 min	\$148.33	\$183.19	24%	\$34.86	\$113.68	\$147.95	30%	\$34.26
●G2211		Complex e/m visit add on	NA	Delayed 2023	NA	NA	NA	NA	NA	NA
99151		Mod sed same phys/ghp <5 yrs	\$75.79	\$88.63	17%	\$12.84	\$24.18	\$25.47	5%	\$1.29
99152		Mod sed same phys/ghp 5/>yrs	\$51.61	\$52.69	2%	\$1.08	\$12.63	\$12.56	-1%	(\$0.07)
99153		Mod sed same phys/ghp ea	\$10.83	\$10.82	0%	(\$0.01)	\$10.83	NA	NA	NA
99155		Mod sed oth phys/ghp <5 yrs	\$87.70	NA	NA	NA	\$87.70	\$84.79	-3%	(\$2.91)
99156		Mod sed oth phys/ghp 5/>yrs	\$80.12	NA	NA	NA	\$80.12	\$77.46	-3%	(\$2.66)
99157		Mod sed other phys/ghp ea	\$65.32	NA	NA	NA	\$65.32	\$63.85	-2%	(\$1.47)
99291		Critical care first hour	\$284.75	\$282.98	-1%	(\$1.76)	\$226.64	\$220.87	-3%	(\$5.77)
99292		Critical care each add 30 min	\$125.95	\$123.87	-2%	(\$2.08)	\$114.04	\$110.96	-3%	(\$3.08)
G0508		Crit care telehea consult 60	\$214.37	NA	NA	NA	\$214.37	\$210.41	-2%	(\$3.97)
G0509		Crit care telehea consult 50	\$197.77	NA	NA	NA	\$197.77	\$190.52	-4%	(\$7.25)
99358		Prolong service w/o contact	\$113.68	\$111.66	-2%	(\$2.02)	\$113.68	\$111.66	-2%	(\$2.02)
99359		Prolong serv w/o contact add	\$55.58	\$53.39	-4%	(\$2.19)	\$55.58	\$53.39	-4%	(\$2.19)
99406		Behav chng smoking 3-10 min	\$15.52	\$15.70	1%	\$0.18	\$12.63	\$12.56	-1%	(\$0.07)
99407		Behav chng smoking > 10 min	\$29.59	\$28.96	-2%	(\$0.63)	\$26.71	\$25.82	-3%	(\$0.89)
99421		Ol dig e/m svc 5-10 min	\$15.52	\$15.00	-3%	(\$0.51)	\$13.35	\$12.91	-3%	(\$0.44)
99422		Ol dig e/m svc 11-20 min	\$31.04	\$30.01	-3%	(\$1.03)	\$27.43	\$26.17	-5%	(\$1.26)
99423		Ol dig e/m svc 21+ min	\$50.16	\$47.45	-5%	(\$2.71)	\$43.67	\$41.17	-6%	(\$2.49)
G2064		MDa mang high risk dx 30	\$92.03	\$90.37	-2%	(\$1.66)	\$78.68	\$76.76	-2%	(\$1.91)
G2065		Nonclin mang h risk dx 30	\$39.70	\$38.73	-2%	(\$0.97)	\$39.70	\$38.73	-2%	(\$0.97)
99441		Phone e/m phys/ghp 5-10 min	\$46.19	\$56.88	23%	\$10.68	\$26.35	\$36.29	38%	\$9.94
99442		Phone e/m phys/ghp 11-20 min	\$76.15	\$92.82	22%	\$16.67	\$52.33	\$68.39	31%	\$16.06
99443		Phone e/m phys/ghp 21-30 min	\$110.43	\$131.55	19%	\$21.11	\$80.48	\$100.84	25%	\$20.36
99446		Ntrprof ph1/ntmet/ehr 5-10	\$18.41	\$18.84	2%	\$0.44	\$18.41	\$18.84	2%	\$0.44
99447		Ntrprof ph1/ntmet/ehr 11-20	\$37.17	\$33.85	-9%	(\$3.33)	\$37.17	\$33.85	-9%	(\$3.33)
99448		Ntrprof ph1/ntmet/ehr 21-30	\$55.58	\$53.74	-3%	(\$1.84)	\$55.58	\$53.74	-3%	(\$1.84)
99449		Ntrprof ph1/ntmet/ehr 31/>	\$73.98	\$73.28	-1%	(\$0.71)	\$73.98	\$73.28	-1%	(\$0.71)
99451		Ntrprof ph1/ntmet/ehr 5/>	\$37.53	\$36.29	-3%	(\$1.24)	\$37.53	\$36.29	-3%	(\$1.24)
99452		Ntrprof ph1/ntmet/ehr rfrl	\$37.53	\$36.64	-2%	(\$0.90)	\$37.53	\$36.64	-2%	(\$0.90)
99457		Rem physiol mntr 1st 20 min	\$51.61	\$50.94	-1%	(\$0.66)	\$32.84	\$31.75	-3%	(\$1.09)
99458		Rem physiol mntr ea addl 20	\$42.22	\$41.17	-2%	(\$1.05)	\$32.84	\$31.75	-3%	(\$1.09)
99483		Assmt & care pln pt cog imp	\$265.26	\$282.63	7%	\$17.38	\$184.78	\$198.89	8%	\$14.11
99484		Care mgmt svc bhvl hth cond	\$48.00	\$46.76	-3%	(\$1.24)	\$32.84	\$30.71	-7%	(\$2.14)
99487		Cmplx chron care w/o pt vsit	\$92.39	\$91.77	-1%	(\$0.62)	\$53.41	\$51.29	-4%	(\$2.12)
99489		Complx chron care addl 30 min	\$44.75	\$43.97	-2%	(\$0.79)	\$26.35	\$25.82	-2%	(\$0.52)
99490		Chron care mgmt svc 20 min	\$42.22	\$41.17	-2%	(\$1.05)	\$32.84	\$31.75	-3%	(\$1.09)
●99439 previously G2058		CCM add 20min	\$37.89	\$37.68	-1%	(\$0.21)	\$28.51	\$28.26	-1%	(\$0.25)
99491		Chmc care mgmt svc 30 min	\$84.09	\$82.35	-2%	(\$1.74)	\$84.09	\$82.35	-2%	(\$1.74)
99495		Trans care mgmt 14 day disch	\$187.67	\$207.96	11%	\$20.30	\$125.59	\$145.16	16%	\$19.56
99496		Trans care mgmt 7 day disch	\$247.94	\$281.59	14%	\$33.65	\$165.65	\$197.49	19%	\$31.84
99497		Advncd care plan 30 min	\$86.98	\$85.84	-1%	(\$1.14)	\$80.48	\$78.51	-2%	(\$1.97)

CPT/ HCPCS	Modifier	Short Description	2020 NF Allowable	2021 NF Allowable	NF Allowable	NF Allowable	2020 FAC Allowable	2021 FAC Allowable	FAC Allowable	FAC Allowable
99498		Advncd care plan addl 30 min	\$76.15	\$74.32	-2%	(\$1.83)	\$75.79	\$73.97	-2%	(\$1.81)
G0237		Therapeutic procd strg endur	\$9.38	\$9.77	4%	\$0.39	\$9.38	NA	NA	NA
G0238		Oth resp proc, indiv	\$9.74	\$10.12	4%	\$0.37	\$9.74	NA	NA	NA
G0239		Oth resp proc, group	\$12.27	\$12.21	0%	(\$0.06)	\$12.27	NA	NA	NA
●G0296		Visit to determ LDCT elig	\$29.95	\$28.96	-3%	(\$0.99)	\$27.79	\$26.52	-5%	(\$1.27)
●G0297		LDCT for Lung CA screen	\$241.80	NA	NA	NA	\$241.80	NA	NA	NA
●G0297	26		NA	NA	NA	\$52.33	NA	NA	NA	
●G0297	TC		\$189.47	NA	NA	NA	\$189.47	NA	NA	NA
●71250			Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	\$160.60	\$145.85	-9%	(\$14.75)	\$160.60	NA	NA
●71250	26		\$101.41	\$92.82	-8%	(\$8.60)	\$101.41	NA	NA	NA
●71250	TC		\$59.19	\$53.04	-10%	(\$6.15)	\$59.19	\$53.04	-10%	(\$6.15)
G0379		Direct refer hospital observ	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
G0384		Lev 5 hosp type bed visit	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
G0390		Trauma respons w/hosp criti	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
G0398		Home sleep test/type 2 porta	\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA
G0398	26	Home sleep test/type 2 porta	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
G0398	TC	Home sleep test/type 2 porta	\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA
G0399		Home sleep test/type 3 porta	\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA
G0399	26	Home sleep test/type 3 porta	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
G0399	TC	Home sleep test/type 3 porta	\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA
G0400		Home sleep test/type 4 porta	\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA
G0400	26	Home sleep test/type 4 porta	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
G0400	TC	Home sleep test/type 4 porta	\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA
G0424		Pulmonary rehab w exer	\$30.32	\$30.36	0%	\$0.04	\$14.44	\$13.96	-3%	(\$0.48)
G0463		Hospital outpt clinic visit	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
G0501		Resource-inten svc during ov	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
G0500		Mod sedat endo service >5yrs	\$57.74	\$58.97	2%	\$1.23	\$5.77	\$5.58	-3%	(\$0.19)
G0506		Comp asses care plan ccm svc	\$63.52	\$61.76	-3%	(\$1.76)	\$46.56	\$45.01	-3%	(\$1.54)
G0508		Crit care telehea consult 60	\$214.37	NA	NA	NA	\$214.37	\$210.41	-2%	(\$3.97)
G0509		Crit care telehea consult 50	\$197.77	NA	NA	NA	\$197.77	\$190.52	-4%	(\$7.25)
G0513		Prolong prev svcs, first 30m	\$66.77	\$65.60	-2%	(\$1.17)	\$62.80	\$61.76	-2%	(\$1.04)
G0514		Prolong prev svcs, addl 30m	\$66.40	\$65.60	-1%	(\$0.81)	\$62.80	\$61.41	-2%	(\$1.38)
G2010		Remote pt submit record	\$12.27	\$12.21	0%	(\$0.06)	\$9.38	\$9.42	0%	\$0.04
G2012		Brief check in by md/qhp	\$14.80	\$14.66	-1%	(\$0.14)	\$13.35	\$13.26	-1%	(\$0.09)
●G2251		Brief chkin, 5-10, non-e/m	NA	\$14.66	NA	NA	NA	\$13.26	NA	NA
●G2252		Brief chkin by md/qhp, 11-20	NA	\$26.87	NA	NA	NA	\$25.47	NA	NA
G2086		Off base opioid tx 70 min	\$413.23	\$394.64	-4%	(\$18.58)	\$301.35	\$287.17	-5%	(\$14.18)
G2087		Off base opioid tx, 60 m	\$368.47	\$351.37	-5%	(\$17.10)	\$293.77	\$280.54	-5%	(\$13.23)
G2088		Off base opioid tx, add 30	\$70.01	\$66.65	-5%	(\$3.37)	\$35.01	\$33.85	-3%	(\$1.16)
99417 see 99358, 99359		Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)	NA	\$0.00	NA	NA	NA	\$0.00	NA	NA
●G2212		Prolong outpt/office vis	NA	\$33.50	NA	NA	NA	\$32.45	NA	NA

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