



Editor's Letter

Welcome to the January 2022 issue of the ATS Coding and Billing Quarterly. The CBQ has been providing updates to members and practices since 2007, and we look forward to continuing this tradition to educate you on coding, coverage, billing and regulatory matters going forward.

We have a packed newsletter with information we are excited to share with all of you. The majority is devoted to the Centers for Medicare and Medicaid Services (CMS) final rule for calendar year 2022, both Medicare Physician Fee Schedule (MPFS) and Hospital Outpatient Prospective Payment System (HOPPS) rules. In addition, there are updates on the new CPT Codes for Pulmonary Rehabilitation as well as several ICD-10 diagnosis code changes.

As is usual at this time of year, we have summarized the information from the CMS MPFS and HOPPS both of which go into effect Jan. 1, 2022. There are updates for a myriad of services including, critical care, split-shared visits, telehealth as well as updated teaching physician rules to name just a few. I urge you to read this section carefully and also refer to the CMS fact sheet or final rule for more details.

In addition to the articles, we have specifics on reimbursement by CPT code in the tables provided for both MPFS and HOPPS comparing 2022 to the existing 2021 payments. These may be helpful to share with your practice administrators. Of note, there is a slight decline in the 2022 Medicare conversion factor to \$34.60 which will impact all professional reimbursement to a small degree.

Looking forward, we also have a webinar planned together with our CHEST colleagues in January when we will have a panel of discussants who will review the 2022 Final Rule in more detail. And, as always, we welcome your questions at codingquestions@thoracic.org.

Wishing all our members a safe and happy holiday season.

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CMS Issues Medicare Payment Rules for 2022 – Important Policies for ATS Members

In November, the CMS released the final payment rules for calendar year 2022, including the Medicare Physician Fee Schedule Rule and the Hospital Outpatient Prospective Payment rule. Both these rules contain important payment and policy information for ATS members. Below is a brief summary of some of the key policy changes that impact ATS members.

For information about the 2022 reimbursement rates for specific CPT services provided by pulmonary, critical care and sleep medicine physicians, please see the tables on page 7.

2022 Conversion Factor – Congress Intervenes to Avert Significant Cuts

The final Medicare conversion factor for 2022 is \$34.60 – a decrease of \$0.29 from the 2021 conversion factor. The original 2022 conversion factor was expected to be much lower, in the range of a \$1.30 reduction from the 2021 level, but Congress intervened to reduce the level of overall cut. Congress enacted legislation to avert a 4 percent statutory cut from the PAYGO provisions, extended the moratorium on the 2 percent Medicare payment sequester, and reduced the scheduled 3.75 percent Medicare physician payment cut. One of the steps Congress took to avert larger payment cuts

Join ATS/CHEST Webinar on 2022 Medicare Final Rules

The ATS, in collaboration with our colleagues at CHEST, will be holding a joint webinar on Jan. 20, at 4 pm ET to discuss key policy changes in 2022 that impact pulmonary, critical care and sleep medicine providers. The webinar is free to ATS and CHEST members. [Please click here to register for the webinar.](#)

was to phase in payment reductions in the conversion factor over time in 2022. So, the \$34.60 conversion factor will be reduced incrementally each quarter of 2022.

However, in early December, Congress passed and President Biden signed into law legislation averting much, but not all, of the 2022 cuts to the conversion factor. The law partially mitigates the scheduled 3.75% cut to the Medicare Physician Conversion Factor (CF) and both the Medicare Sequestration (2%) and PAYGO (4%) cuts. Specifically, the legislation would phase in cuts to the Medicare sequester at a rate of 0 percent for the first quarter of 2022, -1 percent for the second quarter of 2022 and return the cut to the full amount of -2 percent beginning in June of 2022 and continuing onward. The law also eliminates 3 percent of the CF cuts, resulting in a -.75 percent cut for the entirety of 2022. Finally, the law would subtract budget scorecard deficits for both the 5-year and 10-year windows from FY 2022 and add them to FY 2023, effectively pushing the implementation of a PAYGO sequester to 2023.

New in 2022 HCPCS Level II Modifiers		
HCPCS Modifier	Short Description	Long Description
FT	Separate unrelated e/m	Unrelated evaluation and management [E/M] visit during a postoperative period, or on the same day as a procedure or another E/M visit. [Report when an E/M visit is furnished within the global period but is unrelated, or when one or more additional E/M visits furnished on the same day are unrelated]
FS	Split or shared e/m visit	Split [or shared] evaluation and management visit). - Append to claims for split/shared encounters in a <i>facility</i> setting.
FQ	Audio-only service	The service was furnished using audio-only communication technology
FR	Two-way a/v dir supervision	The supervising practitioner was present through two-way, audio/video communication technology

Due to the number of interacting policy changes enacted in this law, CMS is still recalculating the final conversion factor for 2022. A revised 2022 conversion factor is expected in the near future. Please note, the tables found on pages (insert pages) use the initial conversion factor published by CMS. These tables will be updated once the recalculated conversion factor is released.

Critical Care Services

- **Concurrent Critical Care** – CMS has changed its policy to note that, when medically necessary, critical care services can be furnished concurrently to the same patient on the same day by more than one practitioner representing more than one specialty, and critical care services can be furnished as split (or shared) visits.
- **Critical and E/M Visits** – CMS clarified that critical care services may be paid on the same day as other E/M visits by the same practitioner or another practitioner in the same group of the same specialty, if the practitioner documents that the E/M visit was provided prior to the critical care service at a time when the patient did not require critical care, the visit was medically necessary, and the services are separate and distinct, with no duplicative elements from the critical care service provided later in the day. Practitioners must report modifier -25 with the critical care code on the claim when reporting these critical care services.

Critical Care and Surgical Global Periods

CMS confirmed that critical care services may be paid separately in addition to a procedure with a global surgical period if the critical care is unrelated to the surgical procedure. Preoperative and/or postoperative critical care may be paid in addition to the procedure if the patient is critically ill (meets the definition of critical care) and requires the full attention of the physician, and the critical care is above and beyond and unrelated to the specific anatomic injury or general surgical procedure performed (e.g., trauma, burn cases). CMS created a new modifier FT for use on such claims to identify that the critical care is unrelated to the procedure. The FT should be reported with critical care visits performed during the global surgical period of another, unrelated procedure. However, the wording of the descriptor suggests they could also be reported with other unrelated services, such as an E/M visit, so stay tuned for more clarification from CMS on additional uses for this modifier. If care is fully transferred from the surgeon to an intensivist (and the critical care is unrelated), then modifier -55 must also be reported to

indicate the transfer of care. Medical record documentation must support the claims.

Split (or shared) E/M visits

CMS refined policies for split (or shared) E/M visits to better reflect the current practice of medicine, the evolving role of non-physician practitioners (NPPs) as members of the medical team, and to clarify conditions of payment that must be met to bill Medicare for these services. In the CY 2022 PFS final rule, CMS established the following:

- Definition of split (or shared) E/M visits as E/M visits provided in the facility setting by a physician and an NPP in the same group. The visit is billed by the physician or practitioner who provides the substantive portion of the visit.
- By 2023, the substantive portion of the visit will be defined as more than half of the total time spent. For 2022, the substantive portion can be history, physical exam, medical decision-making, or more than half of the total time (except for critical care, which can only be more than half of the total time).
- Split (or shared) visits can be reported for new as well as established patients, and initial and subsequent visits, as well as prolonged services.
- A modifier, FS, is required on the claim to identify these services to inform policy and help ensure program integrity.
- Documentation in the medical record must identify the two individuals who performed the visit. The individual providing the substantive portion must sign and date the medical record.
- Codifying these revised policies in a new regulation at 42 CFR 415.140.

Teaching Physician Services

The AMA CPT office/outpatient E/M visit coding framework that CMS finalized for CY 2021 provides that practitioners can select the office/outpatient E/M visit level to bill based either on either total time personally spent by the reporting practitioner or medical decision making (MDM). Under existing regulations, if a resident participates in a service furnished in a teaching setting, a teaching physician can bill for the service only if they are present for the key or critical portion of the service. Under the so-called “primary care exception,” in certain teaching hospital primary care centers,

the teaching physician can bill for certain services furnished independently by a resident without the physical presence of a teaching physician, but with the teaching physician's review.

- CMS finalized and clarified that when time, not MDM, is used to select the office/outpatient E/M visit level, only the time spent by the teaching physician in qualifying activities, including time that the teaching physician was present with the resident performing those activities, can be included for purposes of visit level selection. This does not apply when MDM is used. Under the primary care exception, time cannot be used to select visit level. Only MDM may be used to select the E/M visit level, to guard against the possibility of inappropriate coding that reflects residents' inefficiencies rather than a measure of the total medically-necessary time required to furnish the E/M services.

Telehealth Services under the PFS

As CMS continues to evaluate the inclusion of telehealth services that were temporarily added to the Medicare telehealth services list during the COVID-19 PHE, CMS finalized that certain services added to the Medicare telehealth services list will remain on the list through Dec. 31, 2023, allowing additional time for CMS to evaluate whether the services should be permanently added to the Medicare telehealth services list.

- CMS finalized that the agency will extend, through the end of CY 2023, the inclusion of certain services on the Medicare telehealth services list that would otherwise have been removed from the list as of Dec. 31, 2021, or the latter end of the COVID-19 PHE, whichever is later. CMS also extended inclusion of certain cardiac and intensive cardiac rehabilitation codes through the end of CY 2023. This will allow more time for stakeholders to gather data to submit to CMS in support of permanently adding services(s) to the Medicare telehealth services list. This will also reduce uncertainty regarding the timing of our processes with regard to the end of the PHE. Additionally, CMS is adopting coding and payment for a longer virtual check-in service on a permanent basis.
- CMS included the pulmonary rehabilitation HCPCS Level II code **G0424** in the file that lists all the services and codes covered for telehealth with timeframes. The ATS and CHEST have been in contact with CMS as the two new CPT codes that will replace the G code were not listed. We believe this is an oversight and have informed CMS to remove **G0424** effective Jan. 1, 2022, and replace with the two new CPT codes discussed later in this CBQ CPTs **94625** and **94626**.

- Section 123 of the Consolidated Appropriations Act of 2021 removed the geographic restrictions and added the home of the beneficiary as a permissible originating site for telehealth services furnished for the purposes of diagnosis, evaluation, or treatment of a mental health disorder. Section 123 requires that, for these services, there must be an in-person, non-telehealth service with the physician or practitioner within six months prior to the initial telehealth service and requires the Secretary to establish a frequency for subsequent in-person visits. CMS is implementing these statutory amendments, and finalizing that an in-person, non-telehealth visit must be furnished at least every 12 months, that exceptions to the in-person visit requirement may be made based on beneficiary circumstances (with the reason documented in the patient's medical record), and that more frequent visits are also allowed under the policy, as driven by clinical needs on a case-by-case basis.

- CMS is amending the current definition of interactive telecommunications system for telehealth services which is defined as multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner to include audio-only communications technology when used for telehealth services for the diagnosis, evaluation, or treatment of mental health disorders furnished to established patients in their homes under certain circumstances.
- CMS is limiting the use of an audio-only interactive telecommunications system to mental health services furnished by practitioners who have the capability to furnish two-way, audio/video communications, but where the beneficiary is not capable of, or does not consent to, the use of two-way, audio/video technology. CMS also finalized a requirement for the use of a new modifier FQ for services furnished using audio-only communications, which would serve to verify that the practitioner had the capability to provide two-way, audio/video technology, but instead, used audio-only technology due to beneficiary choice or limitations. CMS is also clarifying that mental health services can include services for treatment of substance use disorders (SUDs).

Modifier 93 – Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System:

CMS has created a new coding modifier to report telehealth services that use audio-only technology. The modifier—93—should be used to report real-time interaction between a physician or other qualified health care professional and a patient who is located away at a

distant site from the physician or other qualified health care professional. The totality of the communication of information exchanged between the physician or other qualified health care professional and the patient during the course of the synchronous telemedicine service must be of an amount and nature that is sufficient to meet the key components and/or requirements of the same service when rendered via a face-to-face interaction.

Vaccine Administration Services

Administration of Preventive Vaccines

- Effective Jan. 1, 2022, CMS will pay \$30 per dose for the administration of the influenza, pneumococcal and hepatitis B virus vaccines. In addition, CMS will maintain the current payment rate of \$40 per dose for the administration of the COVID-19 vaccines through the end of the calendar year in which the ongoing PHE ends. Effective Jan. 1 of the year following the year in which the PHE ends, the payment rate for COVID-19 vaccine administration will be set at a rate to align with the payment rate for the administration of other Part B preventive vaccines.

In-Home Administration of COVID-19 Vaccines

- CMS will continue the additional payment of \$35.50 for COVID-19 vaccine administration in the home under certain circumstances through the end of the calendar year in which the PHE ends.

COVID-19 Monoclonal Antibody Products

- CMS will continue to pay for COVID-19 monoclonal antibodies under the Medicare Part B vaccine benefit through the end of the calendar year in which the PHE ends. During this interim time, CMS will maintain the \$450 payment rate for administering a COVID-19 monoclonal antibody in a health care setting, as well as the payment rate of \$750 for administering a COVID-19 monoclonal antibody therapy in the home.
- Effective Jan. 1 of the year following the year in which the PHE ends, CMS will pay physicians and other suppliers for COVID-19 monoclonal antibody products as biological products paid under section 1847A of the Act; health care providers and practitioners will be paid under the applicable payment system, and using the appropriate coding and payment rates, for administering COVID-19 monoclonal antibodies similar to the way they are paid for administering other complex biological products.

Pulmonary Rehabilitation

Pulmonary Rehabilitation and Long COVID - CMS has expanded coverage of outpatient pulmonary rehabilitation services, paid under Medicare Part B, to beneficiaries who

have had confirmed or suspected COVID-19 and experience persistent symptoms that include respiratory dysfunction for at least four weeks.

New CPT Codes for Pulmonary Rehab

CMS accepted for payment two new CPT codes to report pulmonary rehabilitation

- CPT **94625** - Physician or other qualified healthcare professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session))
- CPT **94626** - (Physician or other qualified healthcare professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session) (Do not report **94625**, **94626** in conjunction with **94760**, **94761**))

These new CPT codes replace the temporary G code – **G0424**, which will be retired on Dec. 31, 2021. Starting Jan. 1, 2022, physicians should start using the new CPT Codes **94625** and **94626** to report pulmonary rehabilitation services. While ATS is pleased CMS has adopted these new CPT codes, we are concerned and disappointed that CMS rejected work RVUs recommended by the AMA RUC Committee and instead adopted lower values. Despite the lower values adopted by CMS, these new CPT codes will raise the reimbursement rate above the current **G0424** payment rates.

Clinical Labor Pricing Update

For the first time in several years, CMS has updated the clinical labor wage prices used to determine Medicare reimbursements rates. The new clinical wage data is expected to increase reimbursement for specialties that use significant clinical labor inputs, including internal medicine. To avert large payment swings, CMS will phase in the new clinical wage rates over four years. Pulmonary providers are expected to see a 1 percent increase when the new clinical wage data is fully phased in.

ICD-10 Updates

The Center for Disease Control and Prevention updates ICD-10 diagnosis codes annually and these changes as we know take effect every Oct. 1. There are several changes and updates which are important for the ATS Membership to note.

Post COVID -19

There is a new code which has been highly anticipated related to COVID-19. The new code is **U09.0 Post COVID-19 condition, unspecified**. This is used to document post-acute sequelae of COVID-19, or “long COVID” conditions, after the active illness has resolved. The condition(s) related to COVID-19 should be coded first, for example, pulmonary fibrosis (**J84.10**), chronic hypoxemic respiratory failure (**J96.11**), dyspnea, unspecified (**R06.0**) and others. **U09.0** should not be used with an active (current) COVID-19 infection.

Cough

Cough Diagnosis codes have also been expanded and include the following. It is important to remember to code the most specific diagnosis applicable.

R05.1	Acute Cough
R05.2	Subacute cough
R05.3	Chronic cough
R05.4	Cough syncope
R05.8	Other specified cough
R05.9	Cough, unspecified

Vaping-related disorders

ICD-10 codes for vaping-related disorders have also been updated and have been in effect since April 1, 2021. **U07.0 Vaping-related disorder** should be coded as the primary diagnosis. Additional codes for pneumonitis (**J68.0**) or acute respiratory failure (**J96.0-**) or acute respiratory distress syndrome (**J80**) may also be used with this code. Associated respiratory signs and symptoms however (cough, shortness of breath) are not coded separately.

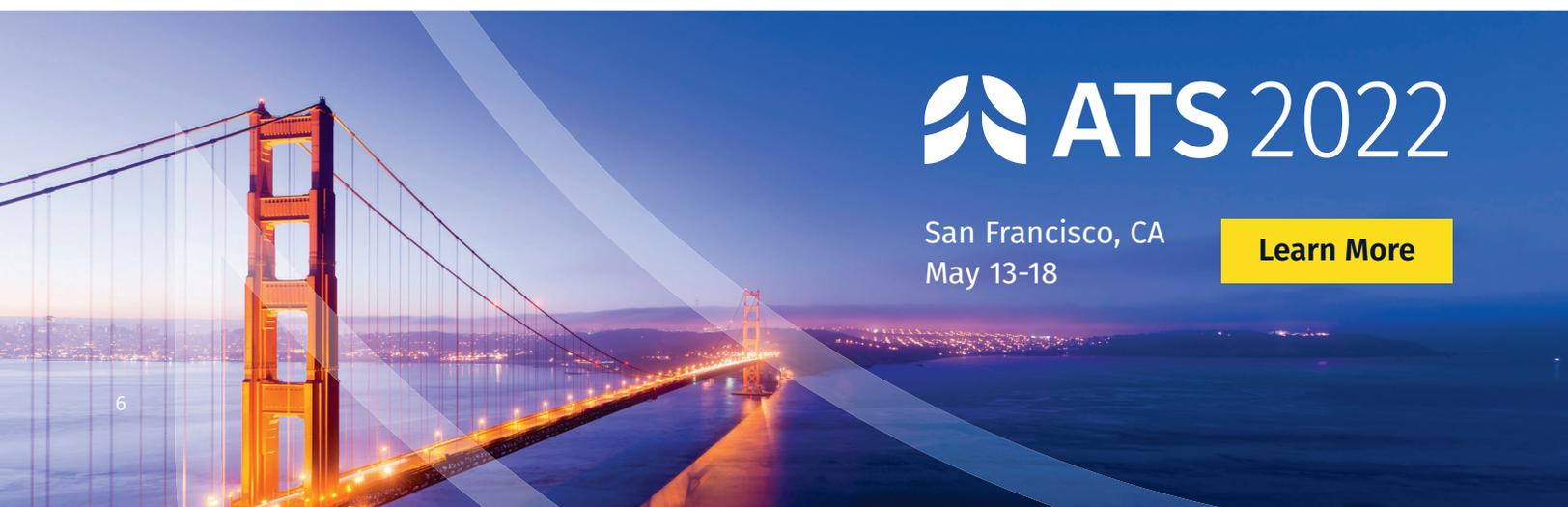
Question and Answers: How to Code for Time Spent with Patients on PAP Recall

Question: My patients with sleep apnea are calling for information about what to do with their PAP machine given the Phillips Respironics recall. How can I counsel them and be reimbursed for my time?

Answer: There is no one answer to this question. Counseling patients takes time and, in this instance, needs to be individualized to every patient asking for assistance. Many practices are including this discussion in an established E/M visit. Remember you may consider using time to select your level of service (**99212-99215**). If you are not able to see the patient in the office, you are still able to use the Telephone E/M service codes **99441-99443** which are also time-based codes with a minimum of five minutes. Currently, and for 2022, during the PHE, these continue to be reimbursed at a higher level and comparable to **99212**, **99213** and **99214**. As per the final MPFS ruling, they remain on the temporary telehealth services list through the end of the PHE only.

99441: Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion. **99442:** 11-20 min. **99443:** 21-30 min. ●

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 **ATS 2022**

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October (Corrected) 2021 Compared to Updated Final 2022 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 2021 October Release \(Web Version RVU21D\)](#)

[Click here for Link to References: CMS Website MPFS CY 2022 Final Rule](#)

August 3, 2021 MPFS File for October 2021 & November 19, 2021 Updated CF for January Final 2022 MPFS Files

CPT/ HCPCS	Modifier	Short Description	CY 2021 CF Allowable \$34,8931	CY 2022 CF Allowable \$34,6062	% Change	Dollar Change	CY 2021 CF Allowable \$34,8931	CY 2022 CF Allowable \$34,6062	% Change	Dollar Change
			2021 NF Allowable	2022 NF Allowable	NF Allowable	NF Allowable	2021 FAC Allowable	2022 FAC Allowable	FAC Allowable	FAC Allowable
31615		Visualization of windpipe	\$178.30	\$178.57	0%	\$0.26	\$116.19	\$116.97	1%	\$0.77
31622		Dx bronchoscope/wash	\$255.07	\$256.43	1%	\$1.36	\$133.64	\$133.23	0%	(\$0.41)
31623		Dx bronchoscope/brush	\$286.12	\$288.27	1%	\$2.15	\$134.34	\$133.93	0%	(\$0.41)
31624		Dx bronchoscope/lavage	\$264.84	\$265.78	0%	\$0.94	\$135.73	\$135.31	0%	(\$0.42)
31625		Bronchoscopy w/biopsy(s)	\$367.42	\$368.56	0%	\$1.13	\$158.41	\$158.15	0%	(\$0.26)
31626		Bronchoscopy w/markers	\$684.54	\$648.20	-4%	(\$36.34)	\$200.98	\$198.64	-1%	(\$2.34)
31627		Navigationl bronchoscopy	\$1,308.14	\$1,188.72	-9%	(\$119.42)	\$98.40	\$97.59	-1%	(\$0.81)
31628		Bronchoscopy/lung bx each	\$390.10	\$391.40	0%	\$1.29	\$176.30	\$177.53	0%	(\$0.77)
31629		Bronchoscopy/needle bx each	\$482.92	\$480.33	-1%	(\$2.59)	\$189.12	\$188.26	0%	(\$0.86)
31630		Bronchoscopy dilate/fix repr	\$201.68	NA	NA	NA	\$201.68	\$200.37	-1%	(\$1.31)
31631		Bronchoscopy dilate/wident	\$230.99	NA	NA	NA	\$230.99	\$228.75	-1%	(\$2.25)
31632		Bronchoscopy/lung bx addl	\$65.95	\$66.44	1%	\$0.50	\$50.25	\$49.83	-1%	(\$0.41)
31633		Bronchoscopy/needle bx addl	\$82.35	\$82.36	0%	\$0.02	\$64.55	\$63.68	-1%	(\$0.88)
31634		Bronch w/balloon occlusion	\$1,788.97	\$1,678.40	-6%	(\$110.57)	\$193.31	\$193.45	0%	\$0.14
31635		Bronchoscopy w/fix removal	\$300.08	\$304.53	1%	\$4.45	\$177.95	\$177.18	0%	(\$0.77)
31636		Bronchoscopy bronch stents	\$222.27	NA	NA	NA	\$222.27	\$219.75	-1%	(\$2.52)
31637		Bronchoscopy stent add-on	\$78.51	NA	NA	NA	\$78.51	\$77.86	-1%	(\$0.65)
31638		Bronchoscopy revise stent	\$252.28	NA	NA	NA	\$252.28	\$249.86	-1%	(\$2.42)
31640		Bronchoscopy w/tumor excise	\$252.63	NA	NA	NA	\$252.63	\$251.59	0%	(\$1.04)
31641		Bronchoscopy treat blockage	\$259.26	NA	NA	NA	\$259.26	\$258.51	0%	(\$0.75)
31643		Diag bronchoscope/catheter	\$176.56	NA	NA	NA	\$176.56	\$177.18	0%	\$0.62
31645		Bronchoscopy clear airways	\$280.54	\$283.77	1%	\$3.23	\$148.99	\$148.11	-1%	(\$0.88)
31646		Bronchoscopy reclear airway	\$143.76	NA	NA	NA	\$143.76	\$143.27	0%	(\$0.49)
31647		Bronchial valve init insert	\$211.10	NA	NA	NA	\$211.10	\$208.68	-1%	(\$2.43)
31648		Bronchial valve remov init	\$202.03	NA	NA	NA	\$202.03	\$200.02	-1%	(\$2.01)
31649		Bronchial valve remov addl	\$68.39	\$67.83	-1%	(\$0.56)	\$68.39	\$67.83	-1%	(\$0.56)
31651		Bronchial valve addl insert	\$77.46	\$76.83	-1%	(\$0.64)	\$77.46	\$76.83	-1%	(\$0.64)
31652		Bronch ebus sampling 1/2 node	\$1,302.56	\$1,366.94	5%	\$64.39	\$225.76	\$223.56	-1%	(\$2.20)
31653		Bronch ebus sampling 3/4 node	\$1,351.76	\$1,418.85	5%	\$67.10	\$249.49	\$247.78	-1%	(\$1.71)
31654		Bronch ebus ivrtj periph les	\$126.66	\$125.62	-1%	(\$1.04)	\$68.04	\$67.48	-1%	(\$0.56)
31660		Bronch thermoplasly 1 lobe	\$198.89	NA	NA	NA	\$198.89	\$198.64	0%	(\$0.25)
31661		Bronch thermoplasly 2/4 lobes	\$210.06	NA	NA	NA	\$210.06	\$208.33	-1%	(\$1.73)
32554		Aspirate pleura w/o imaging	\$247.04	\$249.51	1%	\$2.47	\$91.07	\$90.67	0%	(\$0.40)
32555		Aspirate pleura w/ imaging	\$335.32	\$334.30	0%	(\$1.03)	\$112.36	\$111.09	-1%	(\$1.27)
32556		Insert cath pleura w/o image	\$771.49	\$796.29	3%	\$24.80	\$128.62	\$125.62	0%	\$0.01
32557		Insert cath pleura w/ image	\$691.58	\$709.43	3%	\$17.85	\$152.13	\$150.88	-1%	(\$1.25)
94002		Vent mgmt inpat init day	\$92.82	NA	NA	NA	\$92.82	\$93.44	1%	\$0.62
94003		Vent mgmt inpat subq day	\$66.30	NA	NA	NA	\$66.30	\$65.75	-1%	(\$0.55)
94010		Breathing capacity test	\$30.01	\$27.34	-9%	(\$2.67)	\$30.01	NA	NA	NA
94010	26		\$8.37	\$8.31	-1%	(\$0.07)	\$8.37	\$8.31	-1%	(\$0.07)
94010	TC		\$21.63	\$19.03	-12%	(\$2.60)	\$21.63	NA	NA	NA
94011		Spirometry up to 2 yrs old	\$87.23	NA	NA	NA	\$87.23	\$86.86	0%	(\$0.37)
94012		Spirometry w/brchdl inf-2 yr	\$141.67	NA	NA	NA	\$141.67	\$142.23	0%	\$0.57
94013		Meas lung vol thru 2 yrs	\$19.89	NA	NA	NA	\$19.89	\$19.73	-1%	(\$0.16)
94014		Patient recorded spirometry	\$56.53	\$56.06	-1%	(\$0.46)	\$56.53	NA	NA	NA
94015		Patient recorded spirometry	\$31.40	\$31.15	-1%	(\$0.26)	\$31.40	NA	NA	NA
94016		Review patient spirometry	\$25.12	\$24.92	-1%	(\$0.21)	\$25.12	\$24.92	-1%	(\$0.21)
94060		Review patient spirometry	\$47.11	\$39.80	-16%	(\$7.31)	\$47.11	NA	NA	NA

CPT/ HCPCS	Modifier	Short Description	2021 NF Allowable	2022 NF Allowable	NF Allowable	NF Allowable	2021 FAC Allowable	2022 FAC Allowable	FAC Allowable	FAC Allowable
94060	26	Evaluation of wheezing	\$10.47	\$10.38	-1%	(\$0.09)	\$10.47	\$10.38	-1%	(\$0.09)
94060	TC		\$36.64	\$29.42	-20%	(\$7.22)	\$36.64	NA	NA	NA
94070	26	Evaluation of wheezing	\$28.61	\$28.38	-1%	(\$0.24)	\$28.61	\$28.38	-1%	(\$0.24)
94070	TC		\$34.54	\$34.61	0%	\$0.06	\$34.54	NA	NA	NA
94150	26	Vital capacity test	\$25.47	\$25.26	-1%	(\$0.21)	\$25.47	NA	NA	NA
94150	TC		\$3.84	\$3.81	-1%	(\$0.03)	\$3.84	\$3.81	-1%	(\$0.03)
94200	26	Lung function test (MBC/MVV)	\$18.14	\$15.57	-14%	(\$2.57)	\$18.14	NA	NA	NA
94200	TC		\$3.84	\$3.11	-19%	(\$0.72)	\$3.84	\$3.11	-19%	(\$0.72)
94250 Deleted 2021	26	Expired gas collector	\$14.31	\$12.46	-13%	(\$1.85)	\$14.31	NA	NA	NA
94375	TC		NA	NA	NA	NA	NA	NA	NA	NA
94375	26	Respiratory flow volume loop	\$39.43	\$39.11	-1%	(\$0.32)	\$39.43	NA	NA	NA
94375	TC		\$14.66	\$14.53	-1%	(\$0.12)	\$14.66	\$14.53	-1%	(\$0.12)
94400 Deleted 2021	26	CO2 breathing response curve	\$24.77	\$24.57	-1%	(\$0.20)	\$24.77	NA	NA	NA
94450	TC		NA	NA	NA	NA	NA	NA	NA	NA
94450	26	Hypoxia response curve	\$62.46	\$65.41	5%	\$2.95	\$62.46	NA	NA	NA
94450	TC		\$18.49	\$18.00	-3%	(\$0.50)	\$18.49	\$18.00	-3%	(\$0.50)
94452	26	Hest w/report	\$43.97	\$47.41	8%	\$3.45	\$43.97	NA	NA	NA
94452	TC		\$51.99	\$50.18	-3%	(\$1.81)	\$51.99	NA	NA	NA
94453	26	Hest w/oxygen titrate	\$14.31	\$14.53	2%	\$0.23	\$14.31	\$14.53	2%	\$0.23
94453	TC		\$37.68	\$35.64	-5%	(\$2.04)	\$37.68	NA	NA	NA
94453	26	Surfactant admin thru tube	\$71.53	\$68.17	-5%	(\$3.36)	\$71.53	NA	NA	NA
94453	TC		\$18.84	\$19.03	1%	\$0.19	\$18.84	\$19.03	1%	\$0.19
94617	26	Exercise tst brncpspm	\$52.69	\$49.14	-7%	(\$3.55)	\$52.69	NA	NA	NA
94617	TC		\$55.83	NA	NA	NA	\$55.83	\$56.06	0%	\$0.23
94618	26	Pulmonary stress testing	\$95.61	\$89.98	-6%	(\$5.63)	\$95.61	NA	NA	NA
94618	TC		\$33.85	\$32.53	-4%	(\$1.32)	\$33.85	\$32.53	-4%	(\$1.32)
94619	26	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry, without electrocardiographic recording(s)	\$61.76	\$57.45	-7%	(\$4.31)	\$61.76	NA	NA	NA
94619	TC		\$33.85	\$33.91	0%	\$0.07	\$33.85	NA	NA	NA
94621	26	Pulm stress test/complex	\$22.68	\$22.49	-1%	(\$0.19)	\$22.68	\$22.49	-1%	(\$0.19)
94621	TC		\$11.17	\$11.42	2%	\$0.25	\$11.17	NA	NA	NA
94625	26	Phy/qtp op pulm rth w/ mntir	NA	\$74.32	NA	NA	NA	NA	NA	NA
94625	TC		NA	\$50.59	NA	NA	NA	NA	NA	NA
94640	26	Airway inhalation treatment	NA	\$23.73	NA	NA	NA	\$23.73	NA	NA
94640	TC		\$160.16	\$158.50	-1%	(\$1.66)	\$160.16	NA	NA	NA
94642	26	Aerosol inhalation treatment	\$69.09	\$69.90	1%	\$0.82	\$69.09	\$69.90	1%	\$0.82
94642	TC		\$91.07	\$88.59	-3%	(\$2.48)	\$91.07	NA	NA	NA
94644	26	Cbt each acid hour	NA	\$66.10	NA	NA	NA	\$19.03	NA	NA
94644	TC		NA	\$75.10	NA	NA	NA	\$27.34	NA	NA
94660	26	Pos airway pressure cpap	\$14.31	\$11.42	-20%	(\$2.89)	\$14.31	NA	NA	NA
94660	TC		\$0.00	\$0.00	3%	\$1.57	\$0.00	\$0.00	NA	\$0.00
94662	26	Neg press ventilation crip	\$61.41	\$62.98	3%	\$1.57	\$61.41	NA	NA	NA
94662	TC		\$63.85	\$65.06	2%	\$1.21	\$63.85	\$38.41	1%	\$0.38
94664	26	Evaluate pt use of inhaler	\$35.94	NA	NA	NA	\$35.94	\$36.34	1%	\$0.40
94664	TC		\$17.10	\$17.30	1%	\$0.21	\$17.10	NA	NA	NA
94666	26	Chest wall manipulation	\$21.63	\$23.19	7%	\$1.55	\$21.63	NA	NA	NA
94666	TC		\$33.50	\$35.99	7%	\$2.49	\$33.50	NA	NA	NA
94680	26	Exhaled air analysis o2	\$54.08	\$53.99	0%	(\$0.10)	\$54.08	NA	NA	NA
94680	TC		\$12.56	\$13.15	5%	\$0.59	\$12.56	\$13.15	5%	\$0.59
94681	26	Exhaled air analysis o2/co2	\$41.52	\$40.84	-2%	(\$0.69)	\$41.52	NA	NA	NA
94681	TC		\$51.99	\$49.49	-5%	(\$2.50)	\$51.99	NA	NA	NA
94690	26	Exhaled air analysis	\$10.12	\$10.04	-1%	(\$0.08)	\$10.12	\$10.04	-1%	(\$0.08)
94690	TC		\$41.87	\$39.45	-6%	(\$2.42)	\$41.87	NA	NA	NA
94690	26	Exhaled air analysis	\$44.66	\$44.30	-1%	(\$0.37)	\$44.66	NA	NA	NA
94690	TC		\$3.84	\$3.81	-1%	(\$0.03)	\$3.84	\$3.81	-1%	(\$0.03)

CPT/ HCPCS	Modifier	Short Description	2021 NF Allowable	2022 NF Allowable	NF Allowable	NF Allowable	2021 FAC Allowable	2022 FAC Allowable	FAC Allowable	FAC Allowable
94690	TC		\$40.82	\$40.49	-1%	(\$0.34)	\$40.82	NA	NA	NA
94726			\$55.48	\$55.72	0%	\$0.24	\$55.48	NA	NA	NA
94726	26	Pulm funct tst plethysmograph	\$12.21	\$12.11	-1%	(\$0.10)	\$12.21	\$12.11	-1%	(\$0.10)
94726	TC		\$43.27	\$43.60	1%	\$0.34	\$43.27	NA	NA	NA
94727			\$44.66	\$44.64	0%	(\$0.02)	\$44.66	NA	NA	NA
94727	26	Pulm function test by gas	\$12.21	\$12.11	-1%	(\$0.10)	\$12.21	\$12.11	-1%	(\$0.10)
94727	TC		\$32.45	\$32.53	0%	\$0.08	\$32.45	NA	NA	NA
94728			\$41.52	\$40.49	-2%	(\$1.03)	\$41.52	NA	NA	NA
94728	26	Pulm funct test oscillometry	\$12.56	\$12.46	-1%	(\$0.10)	\$12.56	\$12.46	-1%	(\$0.10)
94728	TC		\$28.96	\$28.03	-3%	(\$0.93)	\$28.96	NA	NA	NA
94729			\$60.37	\$59.87	-1%	(\$0.50)	\$60.37	NA	NA	NA
94729	26	Commembrane diffuse capacity	\$9.07	\$9.00	-1%	(\$0.07)	\$9.07	\$9.00	-1%	(\$0.07)
94729	TC		\$51.29	\$50.87	-1%	(\$0.42)	\$51.29	NA	NA	NA
94750 Deleted 2021	26	Pulmonary compliance study	NA	NA	NA	NA	NA	NA	NA	NA
94750 Deleted 2021	TC		NA	NA	NA	NA	NA	NA	NA	NA
94760		Measure blood oxygen level	\$2.44	\$2.42	-1%	(\$0.02)	\$2.44	NA	NA	NA
94761		Measure blood oxygen level exercise	\$3.84	\$3.46	-10%	(\$0.38)	\$3.84	NA	NA	NA
94762		Measure blood oxygen level	\$27.57	\$26.99	-2%	(\$0.57)	\$27.57	NA	NA	NA
94770 Deleted 2021		Expired-carbon-dioxide-test	NA	NA	NA	NA	NA	NA	NA	NA
94772			\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA
94772	26	Breath recording infant	\$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			\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
94774		Ped home apnea rec compl	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
94775			\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
94776		Ped home apnea rec rtk-up	\$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	\$51.64	\$52.60	2%	\$0.96	\$24.08	\$24.22	1%	\$0.15
94781		Car seat/bed test + 30 min	\$20.24	\$20.76	3%	\$0.53	\$8.37	\$8.31	-1%	(\$0.07)
94799			\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA
94799	26	Pulmonary service/procedure Unlisted	\$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	\$0.00	NA	NA
95782			\$947.00	\$967.59	2%	\$20.59	\$947.00	NA	NA	NA
95782	26	Polysom <6 yrs 4/> params	\$126.31	\$126.31	0%	(\$0.00)	\$126.31	\$126.31	0%	(\$0.00)
95782	TC		\$820.69	\$841.28	3%	\$20.59	\$820.69	NA	NA	NA
95783			\$1,003.87	\$1,024.69	2%	\$20.82	\$1,003.87	NA	NA	NA
95783	26	Polysom <6 yrs c/pap/blvl	\$137.13	\$137.39	0%	\$0.26	\$137.13	\$137.39	0%	\$0.26
95783	TC		\$866.74	\$887.30	2%	\$20.56	\$866.74	NA	NA	NA
95800			\$170.28	\$164.03	-4%	(\$6.24)	\$170.28	NA	NA	NA
95800	26	Slp stdy unattended	\$41.87	\$41.53	-1%	(\$0.34)	\$41.87	\$41.53	-1%	(\$0.34)
95800	TC		\$128.41	\$122.51	-5%	(\$5.90)	\$128.41	NA	NA	NA
95801			\$91.42	\$92.74	1%	\$1.32	\$91.42	NA	NA	NA
95801	26	Slp stdy unatnd w/anal	\$41.87	\$41.53	-1%	(\$0.34)	\$41.87	\$41.53	-1%	(\$0.34)
95801	TC		\$49.55	\$51.22	3%	\$1.67	\$49.55	NA	NA	NA
95803			\$157.02	\$149.84	-5%	(\$7.17)	\$157.02	NA	NA	NA
95803	26	Actigraphy testing	\$45.01	\$43.26	-4%	(\$1.75)	\$45.01	\$43.26	-4%	(\$1.75)
95803	TC		\$112.01	\$106.59	-5%	(\$5.42)	\$112.01	NA	NA	NA
95805			\$429.19	\$427.04	0%	(\$2.14)	\$429.19	NA	NA	NA
95805	26	Multiple sleep latency test	\$58.62	\$58.14	-1%	(\$0.48)	\$58.62	\$58.14	-1%	(\$0.48)
95805	TC		\$370.56	\$368.90	0%	(\$1.66)	\$370.56	NA	NA	NA
95806			\$102.59	\$93.44	-9%	(\$9.15)	\$102.59	NA	NA	NA
95806	26	Sleep study unatt & resp efft	\$45.36	\$44.99	-1%	(\$0.37)	\$45.36	\$44.99	-1%	(\$0.37)
95806	TC		\$57.22	\$48.45	-15%	(\$8.78)	\$57.22	NA	NA	NA
95807			\$406.85	\$387.94	-5%	(\$18.92)	\$406.85	NA	NA	NA
95807	26	Sleep study attended	\$61.41	\$60.56	-1%	(\$0.85)	\$61.41	\$60.56	-1%	(\$0.85)
95807	TC		\$345.44	\$327.37	-5%	(\$18.07)	\$345.44	NA	NA	NA
95808			\$674.83	\$685.55	2%	\$10.72	\$674.83	NA	NA	NA
95808	26	Polysom any age 1-> param	\$87.58	\$88.59	1%	\$1.01	\$87.58	\$88.59	1%	\$1.01
95808	TC		\$587.25	\$596.96	2%	\$9.71	\$587.25	NA	NA	NA
95810			\$628.77	\$621.87	-1%	(\$6.90)	\$628.77	NA	NA	NA
95810	26	Polysom 6/> yrs 4/> param	\$121.43	\$120.43	-1%	(\$1.00)	\$121.43	\$120.43	-1%	(\$1.00)
95810	TC		\$507.35	\$501.44	-1%	(\$5.90)	\$507.35	NA	NA	NA

CPT/ HCPCS	Modifier	Short Description	2021 NF Allowable	2022 NF Allowable	NF Allowable	NF Allowable	2021 FAC Allowable	2022 FAC Allowable	FAC Allowable	FAC Allowable
95811			\$656.34	\$649.21	-1%	(\$7.13)	\$656.34	NA	NA	NA
95811	26	Poly som 6> yrs c pap 4/> parm	\$125.96	\$124.33	-1%	(\$1.04)	\$125.96	\$124.93	-1%	(\$1.04)
95811	TC		\$530.38	\$524.28	-1%	(\$6.09)	\$530.38	NA	NA	NA
99201		Deleted in 2021	NA	NA	NA	NA	NA	NA	NA	NA
99202	▲	Office o/p new sf 15-29 min	\$73.97	\$74.06	0%	\$0.08	\$49.90	\$49.49	-1%	(\$0.41)
99203	▲	Office o/p new low 30-44 min	\$113.75	\$113.85	0%	\$0.10	\$84.44	\$84.44	0%	(\$0.00)
99204	▲	Office o/p new mod 45-59 min	\$169.93	\$169.57	0%	(\$0.36)	\$137.48	\$136.69	-1%	(\$0.78)
99205	▲	Office o/p new hi 60-74 min	\$224.36	\$224.25	0%	(\$0.11)	\$186.68	\$185.49	-1%	(\$1.19)
99211	▲	Office o/p est minimal prob	\$23.03	\$23.53	2%	\$0.50	\$9.07	\$9.00	-1%	(\$0.07)
99212	▲	Office o/p est 10-19 min	\$56.88	\$57.45	1%	\$0.57	\$36.29	\$36.68	1%	\$0.39
99213	▲	Office o/p est mod 20-29 min	\$92.47	\$92.05	0%	(\$0.41)	\$68.04	\$67.48	-1%	(\$0.56)
99214	▲	Office o/p est mod 30-39 min	\$131.20	\$129.77	-1%	(\$1.42)	\$100.49	\$98.97	-2%	(\$1.52)
99215	▲	Office o/p est mod 40-54 min	\$183.07	\$183.19	0%	(\$0.12)	\$147.95	\$147.08	-1%	(\$0.87)
99215	●	Complex e/m visit add on	NA	Delayed 2023	NA	NA	NA	NA	NA	NA
99151		Mod sed same phys/qtp <5 yrs	\$88.63	\$71.29	-20%	(\$17.34)	\$25.47	\$25.26	-1%	(\$0.21)
99152		Mod sed same phys/qtp 5/> yrs	\$52.69	\$52.26	-1%	(\$0.43)	\$12.56	\$12.80	2%	\$0.24
99153		Mod sed same phys/qtp ea	\$10.82	\$11.07	2%	\$0.26	\$10.82	NA	NA	NA
99155		Mod sed oth phys/qtp <5 yrs	\$84.79	NA	NA	NA	\$84.79	\$84.09	-1%	(\$0.70)
99156		Mod sed oth phys/qtp 5/> yrs	\$77.46	NA	NA	NA	\$77.46	\$77.17	0%	(\$0.29)
99157		Mod sed other phys/qtp ea	\$63.85	NA	NA	NA	\$63.85	\$62.98	-1%	(\$0.87)
99291		Critical care first hour	\$282.98	\$282.39	0%	(\$0.60)	\$220.87	\$219.06	-1%	(\$1.82)
99292		Critical care each add 30 min	\$123.87	\$123.20	-1%	(\$0.67)	\$110.96	\$110.05	-1%	(\$0.91)
G0508		Crit care telehea consult 60	\$210.41	NA	NA	NA	\$210.41	\$210.41	0%	\$0.00
G0509		Crit care telehea consult 50	\$190.52	NA	NA	NA	\$190.52	\$193.10	1%	\$2.59
99358		Prolong service w/o contact	\$111.66	\$110.74	-1%	(\$0.92)	\$111.66	\$110.74	-1%	(\$0.92)
99359		Prolong serv w contact add	\$53.39	\$53.99	1%	\$0.60	\$53.39	\$53.99	1%	\$0.60
99406		Behav chng smoking 3-10 min	\$15.70	\$15.57	-1%	(\$0.13)	\$12.56	\$12.11	-4%	(\$0.45)
99421		Behav chng smoking > 10 min	\$28.96	\$28.72	-1%	(\$0.24)	\$25.82	\$25.61	-1%	(\$0.21)
99421		Oi dig e/m svc 5-10 min	\$15.00	\$15.23	1%	\$0.22	\$12.91	\$13.15	2%	\$0.24
99422		Oi dig e/m svc 11-20 min	\$30.01	\$29.76	-1%	(\$0.25)	\$21.17	\$25.95	-1%	(\$0.22)
99423		Oi dig e/m svc 21+ min	\$47.45	\$48.45	2%	\$0.99	\$41.87	\$41.87	2%	\$0.70
99424		Prin care mgmt pls 1st 30	NA	\$83.40	NA	NA	NA	\$75.44	NA	NA
99425		Prin care mgmt pls ea 30	NA	\$60.21	NA	NA	NA	\$52.60	NA	NA
99426		Prin care mgmt staff 1st 30	NA	\$63.33	NA	NA	NA	\$50.53	NA	NA
99427		Prin care mgmt staff ea addl	NA	\$48.45	NA	NA	NA	\$35.64	NA	NA
99437		Chnc care mgmt phys ea addl	NA	\$61.25	NA	NA	NA	\$52.26	NA	NA
G2064		MDa mang high risk dx 30	\$90.37	NA	NA	NA	\$76.76	NA	NA	NA
G2065		Nonclin mang h risk dx 30	\$38.73	NA	NA	NA	\$38.73	NA	NA	NA
99439		Chnc care mgmt svc ea addl	\$37.68	\$48.45	29%	\$10.76	\$28.26	\$36.34	29%	\$8.07
99441		Phone e/m phys/qtp 5-10 min	\$56.88	\$56.75	0%	(\$0.12)	\$36.29	\$35.99	-1%	(\$0.30)
99442		Phone e/m phys/qtp 11-20 min	\$92.82	\$91.71	-1%	(\$1.11)	\$68.39	\$67.14	-2%	(\$1.25)
99443		Phone e/m phys/qtp 21-30 min	\$131.55	\$129.77	-1%	(\$1.77)	\$100.84	\$98.97	-2%	(\$1.87)
99446		Nitprof ph/Intmet/ehr 5-10	\$18.84	\$18.69	-1%	(\$0.15)	\$18.84	\$18.69	-1%	(\$0.15)
99447		Nitprof ph/Intmet/ehr 11-20	\$33.85	\$36.68	8%	\$2.84	\$33.85	\$36.68	8%	\$2.84
99448		Nitprof ph/Intmet/ehr 21-30	\$53.74	\$55.02	2%	\$1.29	\$53.74	\$55.02	2%	\$1.29
99449		Nitprof ph/Intmet/ehr 31/>	\$73.28	\$73.71	1%	\$0.44	\$73.28	\$73.71	1%	\$0.44
99451		Nitprof ph/Intmet/ehr 5/>	\$36.29	\$36.34	0%	\$0.05	\$36.29	\$36.34	0%	\$0.05
99452		Nitprof ph/Intmet/ehr rfl	\$36.64	\$37.03	1%	\$0.39	\$36.64	\$37.03	1%	\$0.39
99457		Rem physiol mnt 1st 20 min	\$50.94	\$50.18	-2%	(\$0.76)	\$31.75	\$31.15	-2%	(\$0.61)
99458		Rem physiol mnt ea addl 20	\$41.17	\$40.84	-1%	(\$0.34)	\$31.75	\$31.15	-2%	(\$0.61)
99463		Assmt & care plan pt cog imp	\$282.63	\$283.08	0%	\$0.44	\$198.89	\$197.26	-1%	(\$1.64)
99464		Care mgmt svc b/vl h/lt cond	\$46.76	\$44.64	-5%	(\$2.11)	\$30.71	\$30.45	-1%	(\$0.25)
99487		Compk chon care w/o pt visit	\$91.77	\$134.27	46%	\$42.50	\$51.29	\$92.74	81%	\$41.45
99489		Compk chon care addl 30 min	\$43.97	\$70.60	61%	\$26.63	\$25.82	\$51.22	98%	\$25.40
99490		Chon care mgmt svc 20 min	\$41.17	\$64.02	55%	\$22.85	\$31.75	\$51.56	62%	\$19.81
99439 previously G2058		CCM add 20min	NA	\$37.68	NA	NA	NA	\$28.26	NA	NA
99491		Chnc care mgmt svc 30 min	\$82.35	\$86.17	5%	\$3.82	\$82.35	\$77.52	-6%	(\$4.83)
99437	●	Chnc care mgmt phys ea addl	New	\$59.47	New	New	New	\$50.73	New	New
99424	●	Prin care mgmt phys 1st 30	New	\$80.97	New	New	New	\$73.24	New	New
99425	●	Prin care mgmt phys ea addl	New	\$58.46	New	New	New	\$51.07	New	New
99426	●	Prin care mgmt staff 1st 30	New	\$61.48	New	New	New	\$49.05	New	New
99427	●	Prin care mgmt staff ea addl	New	\$47.04	New	New	New	\$34.61	New	New
99495		Trans care mgmt 14 day disch	\$207.96	\$209.02	1%	\$1.06	\$145.16	\$144.65	0%	(\$0.50)

CPT/ HCPCS	Modifier	Short Description	2021 NF Allowable	2022 NF Allowable	NF Allowable	NF Allowable	2021 FAC Allowable	2022 FAC Allowable	FAC Allowable	FAC Allowable
99496		Trans care mgmt 7 day disch	\$281.59	\$281.69	0%	\$0.11	\$197.49	\$195.87	-1%	(\$1.62)
99497		Advised care plan 30 min	\$85.84	\$85.48	0%	(\$0.36)	\$78.51	\$77.86	-1%	(\$0.65)
99498		Advised care plan addl 30 min	\$74.32	\$74.06	0%	(\$0.27)	\$73.97	\$73.37	-1%	(\$0.61)
G0237		Therapeutic proced strg endur	\$9.77	\$10.38	6%	\$0.61	\$9.77	NA	NA	NA
G0238		OTH resp proc, indiv	\$10.12	\$10.38	3%	\$0.26	\$10.12	NA	NA	NA
G0239		OTH resp proc, group	\$12.21	\$13.15	8%	\$0.94	\$12.21	NA	NA	NA
G0296		Visit to determ LDCT elig	\$28.96	\$29.07	0%	\$0.11	\$26.52	\$26.30	-1%	(\$0.22)
G0297			NA	NA	NA	NA	NA	NA	NA	NA
G0297	26	LDCT for Lung CA screen	NA	NA	NA	NA	NA	NA	NA	NA
G0297	TC		NA	NA	NA	NA	NA	NA	NA	NA
71250			\$160.60	\$145.85	-9%	(\$14.75)	\$160.60	NA	NA	NA
71250	26	Computed tomography, thorax, low dose (or lung cancer screening, without contrast material(s))	\$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	\$30.36	NA	NA	NA	\$13.96	NA	NA	NA
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	\$58.97	\$57.79	-2%	(\$1.18)	\$5.58	\$5.54	-1%	(\$0.05)
G0506		Comp asses care plan com svc	\$61.76	\$62.64	1%	\$0.88	\$45.01	\$45.33	1%	\$0.32
G0508		Cit care telehea consult 60	\$210.41	NA	NA	NA	\$210.41	\$210.41	0%	\$0.00
G0509		Cit care telehea consult 30	\$190.52	NA	NA	NA	\$190.52	\$193.10	1%	\$2.59
G0513		Prolong prev svcs, first 30m	\$65.60	\$65.75	0%	\$0.15	\$61.76	\$61.60	0%	(\$0.16)
G0514		Prolong prev svcs, addl 30m	\$65.60	\$65.75	0%	\$0.15	\$61.41	\$61.60	0%	\$0.19
G2010		Remote pt submit record	\$12.21	\$12.11	-1%	(\$0.10)	\$9.42	\$9.34	-1%	(\$0.08)
G2012		Brief check in by mdl/ghp	\$14.66	\$14.53	-1%	(\$0.12)	\$13.26	\$12.80	-3%	(\$0.46)
G2064		Mid mang high risk dx 30	\$90.37	NA	NA	NA	\$76.76	NA	NA	NA
G2251		Brief chkin, 5-10, non-efrn	NA	\$14.66	NA	NA	NA	\$13.26	NA	NA
G2252		Brief chkin by mdl/ghp, 11-20	NA	\$26.87	NA	NA	NA	\$25.47	NA	NA
G2086		Off base opioid tx 70 min	\$394.64	\$397.97	1%	\$3.33	\$287.17	\$320.45	12%	\$33.28
G2087		Off base opioid tx, 60 m	\$351.37	\$346.41	-1%	(\$4.97)	\$280.54	\$286.54	2%	\$6.00
G2088		Off base opioid tx, add 30	\$66.65	\$61.95	-7%	(\$4.70)	\$33.85	\$39.11	16%	\$5.26
99417 see 99358, 99359		Prolonged office or other outpatient evaluation and management services (beyond the total time of the primary procedure which has been selected using total time), requiring total time for the procedure to be reported 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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The information provided herein was current at the time of this communication. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference. The opinions referenced are those of the members of the ATS Clinical Practice Committee and their consultants based on their coding experience. They are based on the commonly used codes in pulmonary, sleep and the critical care sections in CPT and HCPCS level 11, which are not all inclusive. Always check with your local insurance carriers as policies vary by region. The final decision for the coding of a procedure must be made by the physician considering regulations of insurance carriers and any local, state or federal laws that apply to the physicians practice. The ATS and its representatives disclaim any liability arising from the use of these opinions. ©CPT is a registered trademark of the American Medical Association, CPT only copyright 2015 American Medical Association.



2021 October (Corrected) Compared to Final 2022 Rates

Medicare Hospital Outpatient Prospective Payment System HOPPS (APC)

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 October \(Corrected\) Addendum B](#)

[Click here for Link to References: CMS Website HOPPS CY 2022 Final Addendum B](#)

October (Corrected) 2021 HOPPS File & Final 2022 HOPPS File

CPT/ HCPCS	CMS Short Description Description	Status		APC		October CY 2021	Final CY 2022	Dollar	Percent
		CY 2021	CY 2022	CY 2021	CY 2022	Payment Rate	Payment Rate	Change	Change
31615	Visualization of windpipe	T	T	5162	5162	\$452.36	\$461.90	\$9.54	2%
31620	Endobronchial us add-on	NA	NA	NA	NA	NA	NA	NA	NA
31622	Dx bronchoscope/wash	J1	J1	5153	5153	\$1,496.39	\$1,528.00	\$31.61	2%
31623	Dx bronchoscope/brush	J1	J1	5153	5153	\$1,496.39	\$1,528.00	\$31.61	2%
31624	Dx bronchoscope/lavage	J1	J1	5153	5153	\$1,496.39	\$1,528.00	\$31.61	2%
31625	Bronchoscopy w/biopsy(s)	J1	J1	5153	5153	\$1,496.39	\$1,528.00	\$31.61	2%
31626	Bronchoscopy w/markers	J1	J1	5155	5155	\$5,822.76	\$5,947.48	\$124.72	2%
31627	Navigational bronchoscopy	N	N					NA	NA
31628	Bronchoscopy/lung bx each	J1	J1	5154	5154	\$3,098.02	\$3,163.58	\$65.56	2%
31629	Bronchoscopy/needle bx each	J1	J1	5154	5154	\$3,098.02	\$3,163.58	\$65.56	2%
31630	Bronchoscopy dilate/fx repr	J1	J1	5154	5154	\$3,098.02	\$3,163.58	\$65.56	2%
31631	Bronchoscopy dilate w/stent	J1	J1	5155	5155	\$5,822.76	\$5,947.48	\$124.72	2%
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	\$5,822.76	\$5,947.48	\$124.72	2%
31635	Bronchoscopy w/fb removal	J1	J1	5153	5153	\$1,496.39	\$1,528.00	\$31.61	2%
31636	Bronchoscopy bronch stents	J1	J1	5155	5155	\$5,822.76	\$5,947.48	\$124.72	2%
31637	Bronchoscopy stent add-on	N	N					NA	NA
31638	Bronchoscopy revise stent	J1	J1	5155	5155	\$5,822.76	\$5,947.48	\$124.72	2%
31640	Bronchoscopy w/tumor excise	J1	J1	5154	5154	\$3,098.02	\$3,163.58	\$65.56	2%
31641	Bronchoscopy treat blockage	J1	J1	5154	5154	\$3,098.02	\$3,163.58	\$65.56	2%
31643	Diag bronchoscope/catheter	J1	J1	5153	5153	\$1,496.39	\$1,528.00	\$31.61	2%
31645	Bronchoscopy clear airways	J1	J1	5153	5153	\$1,496.39	\$1,528.00	\$31.61	2%
31646	Bronchoscopy reclear airway	T	T	5152	5152	\$376.51	\$383.88	\$7.37	2%
31647	Bronchial valve init insert	J1	J1	5155	5155	\$5,822.76	\$5,947.48	\$124.72	2%
31648	Bronchial valve remov init	J1	J1	5154	5154	\$3,098.02	\$3,163.58	\$65.56	2%
31649	Bronchial valve remov addl	Q2	Q2	5153	5153	\$1,496.39	\$1,528.00	\$31.61	2%
31651	Bronchial valve addl insert	N	N					NA	NA
31652	Bronch ebus sampling 1/2 node	J1	J1	5154	5154	\$3,098.02	\$3,163.58	\$65.56	2%
31653	Bronch ebus sampling 3/> node	J1	J1	5154	5154	\$3,098.02	\$3,163.58	\$65.56	2%
31654	Bronch ebus ivntj perph les	N	N					NA	NA
31660	Bronch thermoplasty 1 lobe	J1	J1	5155	5155	\$5,822.76	\$5,947.48	\$124.72	2%
31661	Bronch thermoplasty 2/> lobes	J1	J1	5155	5155	\$5,822.76	\$5,947.48	\$124.72	2%
32554	Aspirate pleura w/o imaging	T	T	5181	5181	\$541.62	\$552.04	\$10.42	2%
32555	Aspirate pleura w/ imaging	T	T	5181	5181	\$541.62	\$552.04	\$10.42	2%
32556	Insert cath pleura w/o image	J1	J1	5302	5302	\$1,625.02	\$1,658.81	\$33.79	2%
32557	Insert cath pleura w/ image	J1	J1	5182	5182	\$1,406.14	\$1,436.16	\$30.02	2%
●71250	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Q3	Q3	5522	5522	\$108.97	\$111.73	\$2.76	3%

CPT/	CMS Short Description	Status		APC		October CY 2021	Final CY 2022	Dollar	Percent
HCPCS	Description	CY 2021	CY 2022	CY 2021	CY 2022	Payment Rate	Payment Rate	Change	Change
94002 Single Code	Vent mgmt inpat init day (Single Code APC Assignment & Rate)	Q3	Q3	5801	5801	\$485.26	\$497.54	\$12.28	3%
94002 Composite	Vent mgmt inpat init day (Composite APC Assignment & Rate)	S	S	5041	5041	\$692.68	\$760.74	\$68.06	10%
94002 Composite	Vent mgmt inpat init day (Composite APC Assignment & Rate)	S	S	5045	5045	\$942.66	\$972.94	\$30.28	3%
94003 Single Code	Vent mgmt inpat subq day (Single Code APC Assignment & Rate)	Q3	Q3	5801	5801	\$485.26	\$497.54	\$12.28	3%
94003 Composite	Vent mgmt inpat subq day (Composite APC Assignment & Rate)	S	S	5041	5041	\$692.68	\$760.74	\$68.06	10%
94003 Composite	Vent mgmt inpat subq day (Composite APC Assignment & Rate)	S	S	5045	5045	\$942.66	\$972.94	\$30.28	3%
94010	Breathing capacity test	Q1	Q1	5721	5721	\$139.55	\$142.59	\$3.04	2%
94011	Spirometry up to 2 yrs old	Q1	Q1	5721	5721	\$139.55	\$142.59	\$3.04	2%
94012	Spirimtry w/bmchdil inf-2 yr	Q1	Q1	5722	5722	\$264.45	\$270.29	\$5.84	2%
94013	Meas lung vol thru 2 yrs	S	S	5723	5723	\$487.78	\$498.53	\$10.75	2%
94014	Patient recorded spirometry	Q1	Q1	5735	5735	\$270.22	\$277.18	\$6.96	3%
94015	Patient recorded spirometry	Q1	Q1	5722	5722	\$264.45	\$270.29	\$5.84	2%
94016	Review patient spirometry	A	A					NA	NA
94060	Evaluation of wheezing	S	S	5722	5722	\$264.45	\$270.29	\$5.84	2%
94070	Evaluation of wheezing	S	S	5722	5722	\$264.45	\$270.29	\$5.84	2%
94150	Vital capacity test	Q1	Q1	5721	5721	\$139.55	\$142.59	\$3.04	2%
94200	Lung function test (MBC/MVV)	Q1	Q1	5733	5733	\$55.66	\$56.85	\$1.19	2%
94250	Expired gas collection	NA	NA	NA	NA	NA	NA	NA	NA
94375	Respiratory flow volume loop	Q1	Q1	5722	5722	\$264.45	\$270.29	\$5.84	2%
94400	CO2 breathing response curve	NA	NA	NA	NA	NA	NA	NA	NA
94450	Hypoxia response curve	Q1	Q1	5722	5722	\$264.45	\$270.29	\$5.84	2%
94452	Hast w/report	Q1	Q1	5734	5734	\$111.95	\$115.16	\$3.21	3%
94453	Hast w/oxygen titrate	Q1	Q1	5734	5734	\$111.95	\$115.16	\$3.21	3%
94610	Surfactant admin thru tube	Q1	Q1	5791	5791	\$187.88	\$191.97	\$4.09	2%
94620	Pulmonary stress test/simple	NA	NA	NA	NA	NA	NA	NA	NA
94621	Pulm stress test/complex	S	S	5722	5722	\$264.45	\$270.29	\$5.84	2%
94617	Exercise tst bmcpspm	Q1	Q1	5734	5734	\$111.95	\$115.16	\$3.21	3%
94618	Pulmonary stress testing	Q1	Q1	5734	5734	\$111.95	\$115.16	\$3.21	3%
94625	Phy/qhp op pulm rhb w/o mntr	G0424	S	5733	5733	\$55.66	\$56.85	\$1.19	2%
94626	Phy/qhp op pulm rhb w/mntr	G0424	S	5733	5733	\$55.66	\$56.85	\$1.19	2%
94640	Airway inhalation treatment	Q1	Q1	5791	5791	\$187.88	\$191.97	\$4.09	2%
94642	Aerosol inhalation treatment	Q1	Q1	5791	5791	\$187.88	\$191.97	\$4.09	2%
94644	Cbt 1st hour	Q1	Q1	5734	5734	\$111.95	\$115.16	\$3.21	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	\$187.88	\$191.97	\$4.09	2%
94662 Single Code	Neg press ventilation cnp (Single Code APC Assignment & Rate)	Q3	Q3	5801	5801	\$485.26	\$497.54	\$12.28	3%
94662 Composite	Neg press ventilation cnp (Composite APC Assignment & Rate)	S	S	5041	5041	\$692.68	\$760.74	\$68.06	10%
94662 Composite	Neg press ventilation cnp (Composite APC Assignment & Rate)	S	S	5045	5045	\$942.66	\$972.94	\$30.28	3%
94664	Evaluate pt use of inhaler	Q1	Q1	5791	5791	\$187.88	\$191.97	\$4.09	2%
94667	Chest wall manipulation	Q1	Q1	5734	5734	\$111.95	\$115.16	\$3.21	3%
94668	Chest wall manipulation	Q1	Q1	5734	5734	\$111.95	\$115.16	\$3.21	3%
94680	Exhaled air analysis o2	Q1	Q1	5721	5721	\$139.55	\$142.59	\$3.04	2%
94681	Exhaled air analysis o2/co2	Q1	Q1	5722	5722	\$264.45	\$270.29	\$5.84	2%
94690	Exhaled air analysis	Q1	Q1	5733	5733	\$55.66	\$56.85	\$1.19	2%
94726	Pulm funct tst plethysmograp	Q1	Q1	5722	5722	\$264.45	\$270.29	\$5.84	2%
94727	Pulm function test by gas	Q1	Q1	5721	5721	\$139.55	\$142.59	\$3.04	2%
94728	Pulm funct test oscillometry	Q1	Q1	5722	5722	\$264.45	\$270.29	\$5.84	2%

CPT/	CMS Short Description	Status		APC		October CY 2021	Final CY 2022	Dollar	Percent
HCPCS	Description	CY 2021	CY 2022	CY 2021	CY 2022	Payment Rate	Payment Rate	Change	Change
94729	Co/membrane diffuse capacity	N	N					NA	NA
94750	Pulmonary compliance study	NA	NA	NA	NA	NA	NA	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	\$139.55	\$142.59	\$3.04	2%
94762 Composite	Measure blood oxygen level (Composite APC Assignment & Rate)	S	S	5041	5041	\$692.68	\$760.74	\$68.06	10%
94762 Composite	Measure blood oxygen level (Composite APC Assignment & Rate)	S	S	5045	5045	\$942.66	\$972.94	\$30.28	3%
94770	Exhaled carbon dioxide test	NA	NA	NA	NA	NA	NA	NA	NA
94772	Breath recording infant	S	S	5723	5723	\$487.78	\$498.53	\$10.75	2%
94774	Ped home apnea rec compl	B	B					NA	NA
94775	Ped home apnea rec hk-up	S	S	5721	5721	\$139.55	\$142.59	\$3.04	2%
94776	Ped home apnea rec downld	S	S	5721	5721	\$139.55	\$142.59	\$3.04	2%
94777	Ped home apnea rec report	B	B					NA	NA
94780	Car seat/bed test 60 min	Q1	Q1	5732	5732	\$33.84	\$34.57	\$0.73	2%
+ 94781	Car seat/bed test + 30 min	N	N					NA	NA
94799	Pulmonary service/procedure Unlisted	Q1	Q1	5721	5721	\$139.55	\$142.59	\$3.04	2%
# 95782	Polysom <6 yrs 4/> paramtrs	S	S	5724	5724	\$919.82	\$939.61	\$19.79	2%
# 95783	Polysom <6 yrs cpap/bilvl	S	S	5724	5724	\$919.82	\$939.61	\$19.79	2%
# 95800	Slp stdy unattended	S	S	5721	5721	\$139.55	\$142.59	\$3.04	2%
# 95801	Slp stdy unatnd w/anal	Q1	Q1	5734	5734	\$111.95	\$115.16	\$3.21	3%
95803	Actigraphy testing	Q1	Q1	5733	5733	\$55.66	\$56.85	\$1.19	2%
95805	Multiple sleep latency test	S	S	5723	5723	\$487.78	\$498.53	\$10.75	2%
95806	Sleep study unatt&resp efft	S	S	5721	5721	\$139.55	\$142.59	\$3.04	2%
95807	Sleep study attended	S	S	5723	5723	\$487.78	\$498.53	\$10.75	2%
95808	Polysom any age 1-3> param	S	S	5724	5724	\$919.82	\$939.61	\$19.79	2%
95810	Polysom 6/> yrs 4/> param	S	S	5724	5724	\$919.82	\$939.61	\$19.79	2%
95811	Polysom 6/>yrs cpap 4/> parm	S	S	5724	5724	\$919.82	\$939.61	\$19.79	2%
99291 Single Code	Critical care first hour (Single Code APC Assignment & Rate)	J2	J2	5041	5041	\$692.68	\$760.74	\$68.06	10%
99291 Comprehensive	Critical care first hour (Comprehensive APC Assignment & Rate)	J2	J2	8011	8011	\$2,283.16	\$2,331.90	\$48.74	2%
99292	Critical care each add 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	\$26.23	\$26.84	\$0.61	2%
99407	Behav chng smoking > 10 min	S	S	5821	5821	\$26.23	\$26.84	\$0.61	2%
99422	MDá 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/qhp 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 rft	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	5823	5823	\$133.63	\$136.65	\$3.02	2%
99489	Complx chron care addl30 min	N	N					NA	NA
99490	Chron care mgmt svcs 20 min	S	S	5822	5822	\$74.87	\$76.42	\$1.55	2%
99491	Chmc care mgmt svc 30 min	M	M					NA	NA
•99437	Chmc care mgmt phys ea addl	New	M	New	M				
•99424	Prin care mgmt phys 1st 30	New	M	New	M				

CPT/ HCPCS	CMS Short Description Description	Status		APC		October CY 2021	Final CY 2022	Dollar	Percent
		CY 2021	CY 2022	CY 2021	CY 2022	Payment Rate	Payment Rate	Change	Change
●99425	Prin care mgmt phys ea addl	New	M	New	M				
●99426	Prin care mgmt staff 1st 30	New	S	New	5822		\$76.42		
●99427	Prin care mgmt staff ea addl	New	M	New	M				
99495	Trans care mgmt 14 day disch	V	V	5012	5012	\$118.74	\$121.35	\$2.61	2%
99496	Trans care mgmt 7 day disch	V	V	5012	5012	\$118.74	\$121.35	\$2.61	2%
99497	Advncd care plan 30 min	Q1	Q1	5822	5822	\$74.87	\$76.42	\$1.55	2%
99498	Advncd care plan addl 30 min	N	N					NA	NA
G0237	Therapeutic proced strg endur	S	S	5731	5731	\$24.67	\$25.23	\$0.56	2%
G0238	Oth resp proc, indiv	S	S	5731	5731	\$24.67	\$25.23	\$0.56	2%
G0239	Oth resp proc, group	S	S	5732	5732	\$33.84	\$34.57	\$0.73	2%
G0296	Visit to determ LDCT elig	S	S	5822	5822	\$74.87	\$76.42	\$1.55	2%
G0297	LDCT for Lung CA screen	NA	NA	NA	NA	NA	NA	NA	NA
G0379 Single Code	Direct refer hospital observ (Single Code APC Assignment & Rate)	J2	J2	5025	5025	\$522.12	\$533.27	\$11.15	2%
G0379 Comprehensive	Direct refer hospital observ (Comprehensive APC Assignment & Rate)	J2	J2	8011	8011	\$2,283.16	\$2,331.90	\$48.74	2%
G0384 Single Code	Lev 5 hosp type bed visit (Single Code APC Assignment & Rate)	J2	J2	5035	5035	\$318.39	\$325.47	\$7.08	2%
G0384 Comprehensive	Lev 5 hosp type bed visit (Composite/Comprehensive APC Assignment & Rate)	J2	J2	8011	8011	\$2,283.16	\$2,331.90	\$48.74	2%
G0390	Trauma respons w/hosp criti	S	S	5045	5045	\$942.66	\$972.94	\$30.28	3%
G0398	Home sleep test/type 2 porta	S	S	5721	5721	\$139.55	\$142.59	\$3.04	2%
G0399	Home sleep test/type 3 porta	S	S	5721	5721	\$139.55	\$142.59	\$3.04	2%
G0400	Home sleep test/type 4 porta	S	S	5722	5722	\$264.45	\$270.29	\$5.84	2%
G0424	Pulmonary rehab w exer	S	Deleted	5733	Deleted	\$55.66	see 94625-6		
G0463 Single Code	Hospital outpt clinic visit (Single Code APC Assignment & Rate)	J2	J2	5012	Deleted	\$118.74	\$121.35	\$2.61	2%
G0463 Comprehensive	Hospital outpt clinic visit (Composite/Comprehensive APC Assignment & Rate)	J2	J2	8011	54	\$2,283.16	\$2,331.90	\$48.74	2%
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	B	B					NA	NA
G2012	Brief check in by MD/QHP	B	B					NA	NA
C-APC	Comprehensive Observation Services	J2	J2	8011	8011	\$2,283.16	\$2,331.90	\$48.74	2%
G2058	CCM add 20min	NA	NA	NA	NA	NA	NA	NA	NA
G2086	Off base opioid tx 70 min	S	S	5823	5823	\$133.63	\$136.65	\$3.02	2%
G2087	Off base opioid tx, 60 m	S	S	5823	5823	\$133.63	\$136.65	\$3.02	2%
G2088	Off base opioid tx, add 30	N	N					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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