



## Editor

### **Katina Nicolacakis, MD**

Member, Joint ATS/CHEST  
Clinical Practice Committee,  
ATS RUC Advisor

## Advisory Board Members

### **Kevin Kovitz, MD**

Member, Joint ATS/CHEST  
Clinical Practice Committee

### **Stephen P. Hoffmann, MD**

Member, Joint ATS/CHEST  
Clinical Practice Committee, ATS  
CPT Advisor

### **Michael Nelson, MD**

Member, Joint ATS/CHEST  
Clinical Practice Committee, ATS  
Alternate CPT Advisor

### **Steve G. Peters, MD**

Member, Joint ATS/CHEST  
Clinical Practice Committee,  
CHEST CPT Advisor

---

## In this Issue

G2211 Office/Outpatient E/M Visit Complexity

Add-On HCPCS Code **2**

Final 2024 Medicare Physician Fee Schedule **2**

Coding and Billing Q&As **4**

## Editor's Letter

Welcome to the December issue of ATS Coding and Billing Quarterly. This issue focuses on the Medicare final payment rules for 2024. One of the most important new policies for 2024 is the creation of the code **G2211** – an add-on code that can be used with many office and outpatient E/M services. The first article will provide greater detail on how to use the new **G2211** code, but the important news is that this code has the potential to significantly increase Medicare total reimbursement for E/M services. I strongly encourage you and your practice to become familiar with the new **G2211** and to use it appropriately.

The other important policy in the Medicare final rule is less encouraging – an overall cut of 3.37 percent in the Medicare Conversion Factor for 2024. Due to this cut, Medicare will pay less for every service provided by physicians in 2024. As noted in the article on the Medicare final rules, the cut in the Medicare Conversion Factor is driven by the payment formula designed by Congress. In the past, Congress has passed laws to avert Medicare reimbursement cuts, but has “paid” for these payment relief measures by adding more cuts in Medicare physician payment to future years. Congress is once again considering legislation to avert the 2024 payment cut, but the status of the legislation is uncertain. The ATS will continue to urge Congress to both fix the 2024 payment cut and develop a more equitable and sustainable Medicare physician payment for future years.

There are a few bright spots in the final rule. Overall, the final rule probably will not have a profound impact on Medicare payment to pulmonary, critical care, and sleep physicians. CMS estimates the total impact of all policies in the final rule will result in no change to Medicare reimbursement for pulmonary services and a two percent decrease in Medicare total reimbursement for critical care services. CMS does not separately estimate the impacts on sleep medicine. In this newsletter, we have compiled a table with payment information on services frequently performed by ATS members.

And as always, we responded to a few coding and billing questions submitted by ATS members. Please feel free to send in your coding and billing questions to [codingquestions@thoracic.org](mailto:codingquestions@thoracic.org).

### **Katina Nicolacakis, MD**

Editor, ATS Coding & Billing Quarterly

# G2211 Office/Outpatient E/M Visit Complexity Add-On HCPCS Code

Katina Nicolacakis, MD

CMS has finalized this code that will become available Jan. 1, 2024. It is an add-on code for office and other outpatient services, **99202-99215**.

- **G2211** – 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).

This add-on code is expected to be used by providers who use E/M codes to report most of their services. Additionally, it is expected to be used by primary care and other specialties who treat a single, serious condition or a complex condition with a focus on the longitudinal relationship between the

provider and the patient. In the 2024 Medicare Physician Final Rule, CMS has modified and clarified when the add-on code may and may not be reported.

Do not report:

- With E/M services on the day when modifier -25 is used for a separately billable procedure or other service,
- When the service is of a time-limited or routine nature, for example removal of a mole or treatment of a simple virus, or
- When "the billing practitioner has not taken responsibility for ongoing medical care for that particular patient with consistency and continuity over time or does not plan to take responsibility for subsequent ongoing medical care for that particular patient with consistency and continuity over time."

Do report for services addressing acute conditions by providers who provide

ongoing longitudinal care. We believe that ATS providers who provide ongoing longitudinal complex care for serious conditions will be able to use this add-on code frequently.

There have been concerns that implementation of **G2211** may impact the conversion factor negatively due to the budget neutrality rule. These estimates are less than in 2021 when the code was first proposed due to the modifications when it may be reported as noted above. CMS expects that it will be billed with 38% of all E/M services initially and over time up to 54 percent of all E/M services when fully adopted. It remains to be seen if Congress will act to avert the Medicare reimbursement cuts as proposed. **G2211** will be reimbursed at a rate of \$16.04. Providers are encouraged to report this add-on code for their established patients with complex and serious conditions to recognize and pay for the complex care provided.

## Final 2024 Medicare Physician Fee Schedule – Highlights

The final 2024 Medicare Physician Fee Schedule rule includes several important policy changes and updates of interest to ATS members. Below is a quick summary of key issues:

### Conversion Factor

The final rule sets a Medicare conversion factor at \$32.7442 – a decrease of 3.37 percent from the 2023 conversion factor. To provide some context, CMS has very little discretion in determining the annual conversion factor. The formula that calculates the conversion factor is set by Congress and CMS has very little discretionary authority to deviate from the Congressional established formula. Congress intentionally designed a formula to constrain growth in Medicare spending on physician services.

Intermittently, Congress has enacted legislation to avert significant cuts to the conversion factor but has kept the underlying conversion factor formula in place.

CMS's own data predicts a 4.6 percent increase in the Medicare Economic Index (MEI - is a measure of inflation faced by physicians with respect to their practice costs and general wage levels), so the significant cut in Medicare physician reimbursement is particularly ill-timed.

The Senate Finance Committee is considering legislation that would reduce the overall cut in the 2024 conversion factor but prospects for this legislation remain uncertain.

Year	Conversion Factor	Percent Change from prior year
2020	\$36.09	0.14
2021	\$34.89	-3.30
2022	\$34.61	-0.80
2023	\$33.89	-2.00
2024	\$32.74	-3.37

(source: AMA - History of Conversion Factors)

### Delay of Mandatory Electronic Quality Data Reporting

CMS finalized its proposal to delay mandatory electronic reporting of data via the Electronic Clinical Quality Measure (e-CQM). Therefore, CQM participants can continue to use electronic or web-based reporting systems.

### Pulmonary Rehabilitation Supervision Requirements

CMS has changed its regulations to allow non-physician providers, under the supervision of physician or other qualified health provider (QHP) requirements, to provide pulmonary rehabilitation and cardiac rehabilitation services. The change in supervision requirements will hopefully, if adopted by providers, expand access to pulmonary rehabilitation programs to more rural and underserved areas.

### Split or Shared Services

After significant pushback from the physician community, CMS did not adopt their original proposal to define “substantive portion” of a split/share service based solely on total time. CMS had proposed selecting the billing provider in a split/share service based on which provider contributed the most time to the service – effectively ignoring the CPT definition that allowed use of total time or majority of medical decision-making – to determine who the billing provider should be.

A split/shared visit refers to an E/M visit performed by both a physician and a qualified health professional in the same group practice in the facility setting where “incident to” billing is not available. Medicare pays physicians at 100 percent of the MFS rate, while QHPs are paid at 85 percent of the Physician Payment Schedule. The longstanding CMS policy has been that the physician can bill for a split or shared visit if they perform a substantive portion of the encounter -as determined by time or by medical decision making.

CMS’s decision is a “win” for the physician community for 2024. However, it is likely that CMS will continue to re-visit the issue of split/shared billing in future years.

### Social Determinants of Health

CMS finalized the proposal to pay separately for Community Health Integration (CHI), social determinants of health risk assessment (SDOH Risk Assessment), and principal illness navigation (PIN) services for when physicians or physician practices use community health workers, care navigators, and peer support specialists in furnishing medically necessary care. CHI is covered and paid under the Medicare program when there are SDOH needs that are interfering with the billing clinician’s diagnosis and treatment of the patient. Principal Illness Navigation services are to help people with Medicare who are diagnosed with high-risk conditions (e.g., dementia, lung cancer) identify and connect with appropriate clinical and support resources. CHI and PIN should be initiated with an E/M or qualifying visit and performed incident to the billing physician’s or practitioner’s professional services. The new social determinants of health services are provided under the general supervision of the billing physician. The ATS will provide more information as CMS provides guidance and clarification on the new social determinants of health initiative.

### Vaccine Administration

CMS has extended and updated its coverage of in-home vaccine administration to include pneumococcal, influenza, and hepatitis vaccine administration. The payment for in-home vaccine administration is \$38.55.

### Dental Coverage

CMS finalized policy to extend dental coverage for services it considers essential for the treatment outcome including identifying and treating oral or dental infections that may impact cancer treatment. This policy change will likely extend dental coverage to patients who are being treated for lung cancer.

### Caregiver Training Services

CMS has finalized policy to pay physicians, nurses, and other qualified health providers to train caregivers who are providing care to Medicare beneficiaries as part of the treatment plan. The CMS definition of caregivers covers a family member, friend, or neighbor who provides unpaid assistance to a person with a chronic illness or disabling condition as part of treatment plan. CMS further noted, “We believe a caregiver is an individual who is assisting or acting as a proxy for a patient with an illness or condition of short or long-term duration (not necessarily

chronic or disabling); involved on an episodic, daily, or occasional basis in managing a patient’s complex health care and assistive technology activities at home; and helping to navigate the patient’s transitions between care settings.”

In describing patients whose caregivers may qualify for this policy, CMS listed dementia, post-op care, stroke recovery, and cognitive disabilities.

To report caregiver training CMS has “activated” the existing caregiver CPT codes for payment, including:

Behavioral Management and Modification		
CPT Code	Description	RVU
96202	Initial 60 minutes of caregiver training in group	0.43
96203	Additional 15 minutes caregiver training group setting	0.12
Functional Performance (transfers, mobility, feeding other ADLs)		
97550	Initial 30 minutes of caregiver training	1.00
97551	Additional 15 minutes of caregiver training	0.54
97552	Caregiver training in group setting	0.23/patient represented in group training

## Coding and Billing Q&As

**Question: What CPT code do I use for a transbronchial needle aspiration biopsy on a lung mass/nodule. We are confused with the wording for CPT Code 31629 as it does not mention the lung.**

**Answer:** CPT code **31629** is appropriate to use when a transbronchial needle is used to sample a lesion via standard bronchoscopy, i.e. not using endobronchial ultrasound (EBUS) of the lung. CPT code **31629** should be used when a biopsy of any part of the lung including in the trachea, bronchus or lung parenchyma is performed without EBUS. The code describes the use of a needle to sample within or across the lung bronchial wall from the lumen. It was historically intended for use to describe sampling of mediastinal or hilar structures prior to the development of EBUS. However, the needle biopsy can also be used in the lung periphery. There is no distinction made between an aspiration and a core biopsy in bronchoscopic needle sampling.

**31629** can be used only once per session. Passing a needle into a different site (e.g., lymph node or lung mass) during the same session is reported with CPT code **31633** and is documented with the corresponding lung location to distinguish the distinct difference between the first and subsequent node or mass. This is similar to the transbronchial biopsy codes used for forceps.

CPT code **31628** refers to a transbronchial biopsy of lung tissue typically performed with forceps. Subsequent lung biopsies in a different lobe should be reported with add-on CPT code **31632**. The four codes **31628**, **31629**, **31632** and **31633** specifically state “transbronchial” which implies sampling of tissue beyond the airway directly in view.

For the **31629**, **31633**, **31628**, and **31632** codes, use of a peripheral ultrasound catheter (radial probe EBUS) would need the add-on code **31654**.

**Question: What is the appropriate CPT code or codes for a patient with a two-year history of sleep apnea? The condition has become progressively worse, today’s encounter is for initiation and management for continuous positive airway pressure ventilation.**

**Answer:** If the sole purpose of the visit is initiation and management of positive airway pressure therapy, then report CPT code **94660** Continuous positive airway pressure ventilation (CPAP), initiation and management. However, in normal practice, most sleep medicine physicians typically use E/M coding to document these visits as there are other E/M services provided on that same day such as medication management, ordering tests, etc. If the sole purpose of the visit is the management of PAP therapy, then code **94660** be reported in lieu of an e/m code.

Many sleep physicians refer patients to DME suppliers for the initiation and management and in those circumstances it would not be appropriate for the physician to report the **94660**. ●



2023 October Compared to Final 2024 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 2023 October Addendum B](#)

[Click here for Link to References: CMS Website HOPPS CY 2024 Final Addendum B](#)

October 2023 HOPPS File & Final 2024 HOPPS File

CPT/ HCPCS	CMS Short Description Description	Status		APC		Oct CY 2023	Final CY 2024	Dollar	Percent
		CY 2023	CY 2024	CY 2023	CY 2024	Payment Rate	Payment Rate	Change	Change
31615	Visualization of windpipe	T	T	5162	5162	\$456.82	\$524.77	\$67.95	15%
31620	Endobronchial us add-on	NA	NA	NA	NA	NA	NA	NA	NA
31622	Dx bronchoscope/wash	J1	J1	5153	5153	\$1,598.56	\$1,618.82	\$20.26	1%
31623	Dx bronchoscope/brush	J1	J1	5153	5153	\$1,598.56	\$1,618.82	\$20.26	1%
31624	Dx bronchoscope/lavage	J1	J1	5153	5153	\$1,598.56	\$1,618.82	\$20.26	1%
31625	Bronchoscopy w/biopsy(s)	J1	J1	5153	5153	\$1,598.56	\$1,618.82	\$20.26	1%
31626	Bronchoscopy w/markers	J1	J1	5155	5155	\$6,187.08	\$6,527.97	\$340.89	6%
31627	Navigational bronchoscopy	N	N					NA	NA
31628	Bronchoscopy/lung bx each	J1	J1	5154	5154	\$3,333.65	\$3,571.77	\$238.12	7%
31629	Bronchoscopy/needle bx each	J1	J1	5154	5154	\$3,333.65	\$3,571.77	\$238.12	7%
31630	Bronchoscopy dilate/fx repr	J1	J1	5154	5154	\$3,333.65	\$3,571.77	\$238.12	7%
31631	Bronchoscopy dilate w/stent	J1	J1	5155	5155	\$6,187.08	\$6,527.97	\$340.89	6%
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	\$6,187.08	\$6,527.97	\$340.89	6%
31635	Bronchoscopy w/fb removal	J1	J1	5153	5153	\$1,598.56	\$1,618.82	\$20.26	1%
31636	Bronchoscopy bronch stents	J1	J1	5155	5155	\$6,187.08	\$6,527.97	\$340.89	6%
31637	Bronchoscopy stent add-on	N	N					NA	NA
31638	Bronchoscopy revise stent	J1	J1	5155	5155	\$6,187.08	\$6,527.97	\$340.89	6%
31640	Bronchoscopy w/tumor excise	J1	J1	5154	5154	\$3,333.65	\$3,571.77	\$238.12	7%
31641	Bronchoscopy treat blockage	J1	J1	5154	5154	\$3,333.65	\$3,571.77	\$238.12	7%
31643	Diag bronchoscope/catheter	J1	J1	5153	5153	\$1,598.56	\$1,618.82	\$20.26	1%
31645	Bronchoscopy clear airways	J1	J1	5153	5153	\$1,598.56	\$1,618.82	\$20.26	1%
31646	Bronchoscopy reclear airway	T	T	5152	5152	\$377.14	\$389.46	\$12.32	3%
31647	Bronchial valve init insert	J1	J1	5155	5155	\$6,187.08	\$6,527.97	\$340.89	6%
31648	Bronchial valve remov init	J1	J1	5154	5154	\$3,333.65	\$3,571.77	\$238.12	7%
31649	Bronchial valve remov addl	Q2	Q2	5153	5153	\$1,598.56	\$1,618.82	\$20.26	1%
31651	Bronchial valve addl insert	N	N					NA	NA
31652	Bronch ebus sampling 1/2 node	J1	J1	5154	5154	\$3,333.65	\$3,571.77	\$238.12	7%
31653	Bronch ebus sampling 3/> node	J1	J1	5154	5154	\$3,333.65	\$3,571.77	\$238.12	7%
31654	Bronch ebus ivntj perph les	N	N					NA	NA
31660	Bronch thermoplasty 1 lobe	J1	J1	5155	5155	\$6,187.08	\$6,527.97	\$340.89	6%
31661	Bronch thermoplasty 2/> lobes	J1	J1	5155	5155	\$6,187.08	\$6,527.97	\$340.89	6%
32554	Aspirate pleura w/o imaging	T	T	5181	5181	\$578.50	\$599.17	\$20.67	4%
32555	Aspirate pleura w/ imaging	T	T	5181	5181	\$578.50	\$599.17	\$20.67	4%
32556	Insert cath pleura w/o image	J1	J1	5302	5302	\$1,741.59	\$1,814.88	\$73.29	4%
32557	Insert cath pleura w/ image	J1	J1	5182	5182	\$1,487.85	\$1,527.52	\$39.67	3%
94002 Single Code	Vent mgmt inpat init day (Single Code APC Assignment & Rate)	Q3	Q3	5801	5801	\$556.72	\$597.70	\$40.98	7%
94002 Composite	Vent mgmt inpat init day (Composite APC Assignment & Rate)	S	S	5041	5041	\$767.72	\$846.36	\$78.64	10%
94002 Composite	Vent mgmt inpat init day (Composite APC Assignment & Rate)	S	S	5045	5045	\$1,151.54	\$1,305.84	\$154.30	13%
94003 Single Code	Vent mgmt inpat subq day (Single Code APC Assignment & Rate)	Q3	Q3	5801	5801	\$556.72	\$597.70	\$40.98	7%
94003 Composite	Vent mgmt inpat subq day (Composite APC Assignment & Rate)	S	S	5041	5041	\$767.72	\$846.36	\$78.64	10%
94003 Composite	Vent mgmt inpat subq day (Composite APC Assignment & Rate)	S	S	5045	5045	\$1,151.54	\$1,305.84	\$154.30	13%
94010	Breathing capacity test	Q1	Q1	5721	5721	\$145.43	\$148.98	\$3.55	2%
94011	Spirometry up to 2 yrs old	Q1	Q1	5721	5721	\$145.43	\$148.98	\$3.55	2%
94012	Spirimtry w/brnchdil inf-2 yr	Q1	Q1	5722	5722	\$280.06	\$299.37	\$19.31	7%
94013	Meas lung vol thru 2 yrs	S	S	5723	5723	\$483.43	\$511.20	\$27.77	6%



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

CPT/  HCPCS	CMS Short Description  Description	Status		APC		Oct CY 2023	Final CY 2024	Dollar	Percent
		CY 2023	CY 2024	CY 2023	CY 2024	Payment Rate	Payment Rate	Change	Change
94014	Patient recorded spirometry	Q1	Q1	5735	5735	\$377.57	\$380.02	\$2.45	1%
94015	Patient recorded spirometry	Q1	Q1	5722	5722	\$280.06	\$299.37	\$19.31	7%
94016	Review patient spirometry	A	A					NA	NA
94060	Evaluation of wheezing	S	S	5722	5722	\$280.06	\$299.37	\$19.31	7%
94070	Evaluation of wheezing	S	S	5722	5722	\$280.06	\$299.37	\$19.31	7%
94150	Vital capacity test	Q1	Q1	5721	5721	\$145.43	\$148.98	\$3.55	2%
94200	Lung function test (MBC/MVV)	Q1	Q1	5733	5733	\$57.48	\$58.34	\$0.86	1%
94250	Expired gas collection	NA	NA	NA	NA	NA	NA	NA	NA
94375	Respiratory flow volume loop	Q1	Q1	5722	5722	\$280.06	\$299.37	\$19.31	7%
94400	CO2 breathing response curve	NA	NA	NA	NA	NA	NA	NA	NA
94450	Hypoxia response curve	Q1	Q1	5722	5721	\$280.06	\$148.98	(\$131.08)	-47%
94452	Hast w/report	Q1	Q1	5734	5734	\$116.11	\$121.84	\$5.73	5%
94453	Hast w/oxygen titrate	Q1	Q1	5734	5734	\$116.11	\$121.84	\$5.73	5%
94610	Surfactant admin thru tube	Q1	Q1	5791	5791	\$191.50	\$203.43	\$11.93	6%
94620	Pulmonary stress test/simple	NA	NA	NA	NA	NA	NA	NA	NA
94621	Pulm stress test/complex	S	S	5722	5722	\$280.06	\$299.37	\$19.31	7%
94625	Phy/qhp op pulm rhb w/o mntr	S	S	5733	5733	\$57.48	\$58.34	\$0.86	1%
94626	Phy/qhp op pulm rhb w/mntr	S	S	5733	5733	\$57.48	\$58.34	\$0.86	1%
94617	Exercise tst brncspsm	Q1	Q1	5734	5734	\$116.11	\$121.84	\$5.73	5%
94618	Pulmonary stress testing	Q1	Q1	5734	5734	\$116.11	\$121.84	\$5.73	5%
94640	Airway inhalation treatment	Q1	Q1	5791	5791	\$191.50	\$203.43	\$11.93	6%
94642	Aerosol inhalation treatment	Q1	Q1	5791	5791	\$191.50	\$203.43	\$11.93	6%
94644	Cbt 1st hour	Q1	Q1	5734	5734	\$116.11	\$121.84	\$5.73	5%
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	\$191.50	\$203.43	\$11.93	6%
94662 Single Code	Neg press ventilation cnp (Single Code APC Assignment & Rate)	Q3	Q3	5801	5801	\$556.72	\$597.70	\$40.98	7%
94662 Composite	Neg press ventilation cnp (Composite APC Assignment & Rate)	S	S	5041	5041	\$767.72	\$846.36	\$78.64	10%
94662 Composite	Neg press ventilation cnp (Composite APC Assignment & Rate)	S	S	5045	5045	\$1,151.54	\$1,305.84	\$154.30	13%
94664	Evaluate pt use of inhaler	Q1	Q1	5791	5791	\$191.50	\$203.43	\$11.93	6%
94667	Chest wall manipulation	Q1	Q1	5734	5734	\$116.11	\$121.84	\$5.73	5%
94668	Chest wall manipulation	Q1	Q1	5734	5734	\$116.11	\$121.84	\$5.73	5%
94680	Exhaled air analysis o2	Q1	Q1	5721	5721	\$145.43	\$148.98	\$3.55	2%
94681	Exhaled air analysis o2/co2	Q1	Q1	5722	5722	\$280.06	\$299.37	\$19.31	7%
94690	Exhaled air analysis	Q1	Q1	5733	5733	\$57.48	\$58.34	\$0.86	1%
94726	Pulm funct tst plethysmograp	Q1	Q1	5722	5722	\$280.06	\$299.37	\$19.31	7%
94727	Pulm function test by gas	Q1	Q1	5721	5721	\$145.43	\$148.98	\$3.55	2%
94728	Pulm funct test oscillometry	Q1	Q1	5722	5721	\$280.06	\$148.98	(\$131.08)	-47%
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	\$145.43	\$148.98	\$3.55	2%
94762 Composite	Measure blood oxygen level (Composite APC Assignment & Rate)	S	S	5041	5041	\$767.72	\$846.36	\$78.64	10%
94762 Composite	Measure blood oxygen level (Composite APC Assignment & Rate)	S	S	5045	5045	\$1,151.54	\$1,305.84	\$154.30	13%
94770	Exhaled carbon dioxide test	NA	NA	NA	NA	NA	NA	NA	NA
94772	Breath recording infant	S	S	5723	5723	\$483.43	\$511.20	\$27.77	6%
94774	Ped home apnea rec compl	B	B					NA	NA
94775	Ped home apnea rec hk-up	S	S	5721	5721	\$145.43	\$148.98	\$3.55	2%
94776	Ped home apnea rec downld	S	S	5721	5721	\$145.43	\$148.98	\$3.55	2%
94777	Ped home apnea rec report	B	B					NA	NA
94780	Car seat/bed test 60 min	Q1	Q1	5732	5732	\$33.96	\$38.26	\$4.30	13%
+ 94781	Car seat/bed test + 30 min	N	N					NA	NA
94799	Pulmonary service/procedure Unlisted	Q1	Q1	5721	5721	\$145.43	\$148.98	\$3.55	2%
# 95782	Polysom <6 yrs 4/> paramtrs	S	S	5724	5724	\$934.38	\$997.22	\$62.84	7%
# 95783	Polysom <6 yrs cpap/biavl	S	S	5724	5724	\$934.38	\$997.22	\$62.84	7%
# 95800	Slp stdy unattended	S	S	5721	5721	\$145.43	\$148.98	\$3.55	2%
# 95801	Slp stdy unatnd w/anal	Q1	Q1	5734	5733	\$116.11	\$58.34	(\$57.77)	-50%
95803	Actigraphy testing	Q1	Q1	5733	5733	\$57.48	\$58.34	\$0.86	1%
95805	Multiple sleep latency test	S	S	5723	5723	\$483.43	\$511.20	\$27.77	6%
95806	Sleep study unatt&resp eff	S	S	5721	5721	\$145.43	\$148.98	\$3.55	2%
95807	Sleep study attended	S	S	5723	5723	\$483.43	\$511.20	\$27.77	6%

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

CPT/ HCPCS	CMS Short Description Description	Status		APC		Oct CY 2023	Final CY 2024	Dollar	Percent
		CY 2023	CY 2024	CY 2023	CY 2024	Payment Rate	Payment Rate	Change	Change
95808	Polysom any age 1-3> param	S	S	5724	5724	\$934.38	\$997.22	\$62.84	7%
95810	Polysom 6/> yrs 4/> param	S	S	5724	5724	\$934.38	\$997.22	\$62.84	7%
95811	Polysom 6/>yrs cpap 4/> parm	S	S	5724	5724	\$934.38	\$997.22	\$62.84	7%
97550	Caregiver traing 1st 30 min		A				\$0.00		
97551	Caregiver traing ea addl 15		A				\$0.00		
99221	1st hosp ip/obs sf/low 40	B	B					NA	NA
99222	1st hosp ip/obs moderate 55	B	B					NA	NA
99223	1st hosp ip/obs high 75	B	B					NA	NA
99224	Subsequent observation care	NA	NA	NA	NA	NA	NA	NA	NA
99225	Subsequent observation care	NA	NA	NA	NA	NA	NA	NA	NA
99226	Subsequent observation care	NA	NA	NA	NA	NA	NA	NA	NA
99231	Sbsq hosp ip/obs sf/low 25	B	B					NA	NA
99232	Sbsq hosp ip/obs moderate 35	B	B					NA	NA
99233	Sbsq hosp ip/obs high 50	B	B					NA	NA
99234	Hosp ip/obs sm dt sf/low 45	B	B					NA	NA
99235	Hosp ip/obs same date mod 70	B	B					NA	NA
99236	Hosp ip/obs same date hi 85	B	B					NA	NA
99238	Hosp ip/obs dschrg mgmt 30/<	B	B					NA	NA
99239	Hosp ip/obs dschrg mgmt >30	B	B					NA	NA
99291 Single Code	Critical care first hour (Single Code APC Assignment & Rate)	J2	J2	5041	5041	\$767.72	\$846.36	\$78.64	10%
99291 Comprehensive	Critical care first hour (Comprehensive APC Assignment & Rate)	J2	J2	8011	8011	\$2,439.02	\$2,610.71	\$171.69	7%
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	\$29.68	\$27.38	(\$2.30)	-8%
99407	Behav chng smoking > 10 min	S	S	5821	5821	\$29.68	\$27.38	(\$2.30)	-8%
99418	Prong ip/obs e/m ea 15 min	C	C					NA	NA
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/ntrmet/ehr 5-10	M	M					NA	NA
99447	Ntrprof ph1/ntrmet/ehr 11-20	M	M					NA	NA
99448	Ntrprof ph1/ntrmet/ehr 21-30	M	M					NA	NA
99449	Ntrprof ph1/ntrmet/ehr 31/>	M	M					NA	NA
99451	Ntrprof ph1/ntrmet/ehr 5/>	M	M					NA	NA
99452	Ntrprof ph1/ntrmet/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
99483	Assmt & care pln pt cog imp	S	S	5822	5822	\$75.85	\$85.01	\$9.16	12%
99484	General Behavioral Health Integration Care Management Care mgmt svc bhvl hlth cond	S	S	5821	5821	\$29.68	\$27.38	(\$2.30)	-8%
99487	Cmplx chron care w/o pt vsit	S	S	5823	5823	\$145.70	\$152.07	\$6.37	4%
99489	Complex chron care addl30 min	N	N					NA	NA
99490	Chron care mgmt srvc 20 min	S	S	5822	5822	\$75.85	\$85.01	\$9.16	12%
99439	Chrc care mgmt staf ea addl	N	N					NA	NA
99491	Chrc care mgmt svc 30 min	M	M					NA	NA
99437	Chrc care mgmt phys ea addl	M	M					NA	NA
99495	Trans care mgmt 14 day disch	V	V	5012	5012	\$120.86	\$126.08	\$5.22	4%
99496	Trans care mgmt 7 day disch	V	V	5012	5012	\$120.86	\$126.08	\$5.22	4%
99497	Advncd care plan 30 min	Q1	Q1	5822	5822	\$75.85	\$85.01	\$9.16	12%
99498	Advncd care plan addl 30 min	N	N					NA	NA
C9751	Microwave bronch, 3d, ebus	T	T	1562	1562	\$3,750.50	\$3,750.50	\$0.00	0%
G0237	Therapeutic procd strg endure	S	S	5731	5731	\$24.96	\$28.41	\$3.45	14%
G0238	Oth resp proc, indiv	S	S	5731	5731	\$24.96	\$28.41	\$3.45	14%
G0239	Oth resp proc, group	S	S	5732	5732	\$33.96	\$38.26	\$4.30	13%
G0277	Hbot, full body chamber, 30m	S	S	5061	5061	\$125.07	\$73.64	(\$51.43)	-41%
G0296	Visit to determ LDCT elig	S	S	5822	5822	\$75.85	\$85.01	\$9.16	12%
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	\$548.11	\$612.63	\$64.52	12%
G0379 Comprehensive	Direct refer hospital observ (Comprehensive APC Assignment & Rate)	J2	J2	8011	8011	\$2,439.02	\$2,610.71	\$171.69	7%

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

CPT/ HCPCS	CMS Short Description Description	Status		APC		Oct CY 2023	Final CY 2024	Dollar	Percent
		CY 2023	CY 2024	CY 2023	CY 2024	Payment Rate	Payment Rate	Change	Change
<b>G0384</b> Single Code	Lev 5 hosp type bed visit (Single Code APC Assignment & Rate)	J2	J2	5035	5035	\$345.14	\$363.55	\$18.41	5%
<b>G0384</b> Comprehensive	Lev 5 hosp type bed visit (Composite/Comprehensive APC Assignment & Rate)	J2	J2	8011	8011	\$2,439.02	\$2,610.71	\$171.69	7%
<b>G0390</b>	Trauma respons w/hosp criti	S	S	5045	5045	\$1,151.54	\$1,305.84	\$154.30	13%
<b>G0398</b>	Home sleep test/type 2 porta	S	S	5721	5721	\$145.43	\$148.98	\$3.55	2%
<b>G0399</b>	Home sleep test/type 3 porta	S	S	5721	5721	\$145.43	\$148.98	\$3.55	2%
<b>G0400</b>	Home sleep test/type 4 porta	S	S	5722	5722	\$280.06	\$299.37	\$19.31	7%
<b>G0424</b> Deleted 1-2023	Pulmonary rehab w exer	NA	NA	NA	NA	NA	NA	Deleted	Deleted
<b>G0463</b> Single Code	Hospital outpt clinic visit (Single Code APC Assignment & Rate)	J2	J2	5012	5012	\$120.86	\$126.08	\$5.22	4%
<b>G0463</b> Comprehensive	Hospital outpt clinic visit (Composite/Comprehensive APC Assignment & Rate)	J2	J2	8011	8011	\$2,439.02	\$2,610.71	\$171.69	7%
<b>G0508</b>	Crit care telehea consult 60	B	B					NA	NA
<b>G0509</b>	Crit care telehea consult 50	B	B					NA	NA
<b>G0513</b>	Prolong prev svcs, first 30m	N	N					NA	NA
<b>G0514</b>	Prolong prev svcs, addl 30m	N	N					NA	NA
<b>G2010</b>	Remot image submit by pt	B	B					NA	NA
<b>G2012</b>	Brief check in by MD/QHP	B	B					NA	NA
<b>C-APC</b>	Comprehensive Observation Services	J2	J2	8011	8011	\$2,439.02	\$2,610.71	\$171.69	7%
<b>G0019</b>	Comm hlth intg svcs sdoh 60mn	NA	S	NA	5822	NA	\$85.01	NA	NA
<b>G0022</b>	Comm hlth intg svcs add 30 m	NA	N	NA	N	NA	\$0.00	NA	NA
<b>G0023</b>	Pin service 60m per month	NA	S	NA	5822	NA	\$85.01	NA	NA
<b>G0024</b>	Pin srv add 30 min pr m	NA	N	NA	N	NA	\$0.00	NA	NA
<b>G0136</b>	Admin of soc deter assess 5-15 m	NA	S	NA	5821	NA	\$27.38	NA	NA
<b>G2086</b>	Off base opioid tx 70 min	S	S	5823	5823	\$145.70	\$152.07	\$6.37	4%
<b>G2087</b>	Off base opioid tx, 60 m	S	S	5823	5823	\$145.70	\$152.07	\$6.37	4%
<b>G2088</b>	Off base opioid tx, add 30	N	N					NA	NA
<b>G2211</b>	Complex e/m visit add on	B	B					NA	NA
<b>G2212</b>	Prolong outpt/office vis	N	N					NA	NA
<b>G0316</b>	Prolong inpt eval add15 m	N	N					NA	NA
<b>G0317</b>	Prolong nursin fac eval 15m	B	B					NA	NA
<b>G0318</b>	Prolong home eval add 15m	B	B					NA	NA
<b>G0323</b>	Care manage beh svcs 20mins	S	S	5821	5821	29.68	\$27.38	(\$2.30)	-8%
<b>G3002</b>	Chronic pain tx monthly b	M	M					NA	NA
<b>G3003</b>	Addition 15m pain mang	M	M					NA	NA
<b>Q3014</b>	Addition 15m pain mang	A	A					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.

**Disclaimer**

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 II, 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.





**October 2023 Compared to Final 2024 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 2023 October Release \(Web Version RVU23D\)](#)

[Click here for Link to References: CMS Website MPFS CY 2024 Final Rule](#)

**August 01, 2023 MPFS File for July 2023 & November 16, 2023 for Final 2024 MPFS Files**

CPT/ HCPCS	Modifier	Short Description	CY 2023 CF	CY 2024 CF	% Change	Dollar Change	CY 2023	CY 2024	% Change	Dollar Change
			\$33,8872	\$32,7442	NF Allowable	NF Allowable	CF \$33,8872	CF \$32,7442	FAC Allowable	FAC Allowable
31615		Visualization of windpipe	\$175.54	\$169.61	-3%	(\$5.92)	\$115.89	\$113.29	-2%	(\$2.60)
31622		Dx bronchoscope/wash	\$250.43	\$244.93	-2%	(\$5.50)	\$130.47	\$127.70	-2%	(\$2.76)
31623		Dx bronchoscope/brush	\$277.20	\$268.83	-3%	(\$8.37)	\$130.13	\$126.72	-3%	(\$3.41)
31624		Dx bronchoscope/lavage	\$257.54	\$250.17	-3%	(\$7.38)	\$132.50	\$128.36	-3%	(\$4.14)
31625		Bronchoscopy w/biopsy(s)	\$352.77	\$341.52	-3%	(\$11.24)	\$153.85	\$149.97	-3%	(\$3.88)
31626		Bronchoscopy w/markers	\$800.75	\$767.52	-4%	(\$33.23)	\$194.17	\$189.26	-3%	(\$4.91)
31627		Navigational bronchoscopy	\$1,103.71	\$1,041.59	-6%	(\$62.11)	\$94.88	\$92.34	-3%	(\$2.55)
31628		Bronchoscopy/lung bx each	\$376.15	\$363.79	-3%	(\$12.36)	\$173.50	\$168.63	-3%	(\$4.87)
31629		Bronchoscopy/needle bx each	\$458.49	\$442.70	-3%	(\$15.79)	\$184.01	\$179.11	-3%	(\$4.90)
31630		Bronchoscopy dilate/fx repr	\$196.55	NA	NA	NA	\$196.55	\$190.57	-3%	(\$5.97)
31631		Bronchoscopy dilate w/stent	\$224.33	NA	NA	NA	\$224.33	\$217.09	-3%	(\$7.24)
31632		Bronchoscopy/lung bx addl	\$65.06	\$63.20	-3%	(\$1.87)	\$48.80	\$46.82	-4%	(\$1.97)
31633		Bronchoscopy/needle bx addl	\$80.31	\$78.59	-2%	(\$1.73)	\$62.01	\$60.25	-3%	(\$1.76)
31634		Bronch w/balloon occlusion	\$1,538.82	\$1,434.85	-7%	(\$103.97)	\$186.72	\$180.42	-3%	(\$6.30)
31635		Bronchoscopy w/fb removal	\$294.82	\$287.17	-3%	(\$7.65)	\$172.82	\$168.63	-2%	(\$4.19)
31636		Bronchoscopy bronch stents	\$213.83	NA	NA	NA	\$213.83	\$207.60	-3%	(\$6.23)
31637		Bronchoscopy stent add-on	\$76.25	NA	NA	NA	\$76.25	\$72.69	-5%	(\$3.55)
31638		Bronchoscopy revise stent	\$244.33	NA	NA	NA	\$244.33	\$235.76	-4%	(\$8.57)
31640		Bronchoscopy w/tumor excise	\$245.68	NA	NA	NA	\$245.68	\$237.07	-4%	(\$8.61)
31641		Bronchoscopy treat blockage	\$251.78	NA	NA	NA	\$251.78	\$243.62	-3%	(\$8.17)
31643		Diag bronchoscope/catheter	\$167.40	NA	NA	NA	\$167.40	\$162.41	-3%	(\$4.99)
31645		Bronchoscopy clear airways	\$275.50	\$268.83	-2%	(\$6.67)	\$145.04	\$141.45	-2%	(\$3.58)
31646		Bronchoscopy reclear airway	\$139.95	NA	NA	NA	\$139.95	\$136.54	-2%	(\$3.41)
31647		Bronchial valve init insert	\$202.65	NA	NA	NA	\$202.65	\$196.79	-3%	(\$5.85)
31648		Bronchial valve remov init	\$194.17	NA	NA	NA	\$194.17	\$189.92	-2%	(\$4.26)
31649		Bronchial valve remov addl	\$66.08	\$63.85	-3%	(\$2.23)	\$66.08	\$63.85	-3%	(\$2.23)
31651		Bronchial valve addl insert	\$75.91	\$72.69	-4%	(\$3.22)	\$75.91	\$72.69	-4%	(\$3.22)
31652		Bronch ebus sampling 1/2 node	\$1,278.23	\$1,214.81	-5%	(\$63.42)	\$217.89	\$211.20	-3%	(\$6.69)
31653		Bronch ebus sampling 3/> node	\$1,328.72	\$1,260.98	-5%	(\$67.74)	\$241.62	\$234.12	-3%	(\$7.49)
31654		Bronch ebus ivntj perph les	\$121.32	\$117.88	-3%	(\$3.44)	\$65.74	\$64.18	-2%	(\$1.56)
31660		Bronch thermoplsty 1 lobe	\$195.53	NA	NA	NA	\$195.53	\$181.73	-7%	(\$13.80)
31661		Bronch thermoplsty 2/> lobes	\$197.90	NA	NA	NA	\$197.90	\$191.88	-3%	(\$6.02)
32554		Aspirate pleura w/o imaging	\$238.23	\$229.54	-4%	(\$8.69)	\$88.11	\$85.46	-3%	(\$2.64)
32555		Aspirate pleura w/ imaging	\$321.59	\$306.16	-5%	(\$15.43)	\$108.78	\$104.78	-4%	(\$4.00)
32556		Insert cath pleura w/o image	\$756.70	\$723.65	-4%	(\$33.05)	\$123.69	\$119.84	-3%	(\$3.84)
32557		Insert cath pleura w/ image	\$680.12	\$641.79	-6%	(\$38.33)	\$148.43	\$143.09	-4%	(\$5.33)
94002		Vent mgmt inpat init day	\$91.50	NA	NA	NA	\$91.50	\$88.41	-3%	(\$3.09)
94003		Vent mgmt inpat subq day	\$64.05	NA	NA	NA	\$64.05	\$62.21	-3%	(\$1.83)
94010		Breathing capacity test	\$27.11	\$26.85	-1%	(\$0.26)	\$27.11	NA	NA	NA
94010	26		\$8.13	\$7.86	-3%	(\$0.27)	\$8.13	\$7.86	-3%	(\$0.27)
94010	TC		\$18.98	\$18.99	0%	\$0.01	\$18.98	NA	NA	NA
94011		Spirometry up to 2 yrs old	\$85.06	NA	NA	NA	\$85.06	\$82.19	-3%	(\$2.87)
94012		Spirimtry w/bmchdil inf-2 yr	\$137.92	NA	NA	NA	\$137.92	\$134.25	-3%	(\$3.67)
94013		Meas lung vol thru 2 yrs	\$18.98	NA	NA	NA	\$18.98	\$18.01	-5%	(\$0.97)
94014		Patient recorded spirometry	\$55.58	\$55.01	-1%	(\$0.56)	\$55.58	NA	NA	NA
94015		Patient recorded spirometry	\$31.18	\$31.43	1%	\$0.26	\$31.18	NA	NA	NA
94016		Review patient spirometry	\$24.40	\$23.58	-3%	(\$0.82)	\$24.40	\$23.58	-3%	(\$0.82)
94060		Evaluation of wheezing	\$38.97	\$38.31	-2%	(\$0.66)	\$38.97	NA	NA	NA
94060	26		\$10.17	\$9.82	-3%	(\$0.34)	\$10.17	\$9.82	-3%	(\$0.34)
94060	TC		\$28.80	\$28.49	-1%	(\$0.32)	\$28.80	NA	NA	NA
94070		Evaluation of wheezing	\$61.67	\$61.89	0%	\$0.21	\$61.67	NA	NA	NA
94070	26		\$27.45	\$26.52	-3%	(\$0.93)	\$27.45	\$26.52	-3%	(\$0.93)
94070	TC		\$34.23	\$35.36	3%	\$1.14	\$34.23	NA	NA	NA
94150		Vital capacity test	\$25.08	\$24.89	-1%	(\$0.19)	\$25.08	NA	NA	NA
94150	26		\$3.73	\$3.60	-3%	(\$0.13)	\$3.73	\$3.60	-3%	(\$0.13)
94150	TC		\$21.35	\$21.28	0%	(\$0.07)	\$21.35	NA	NA	NA
94200			\$14.91	\$14.73	-1%	(\$0.18)	\$14.91	NA	NA	NA

CPT/ HCPCS	Modifier	Short Description	2023 NF Allowable	2024 NF Allowable	NF Allowable	NF Allowable	2023 FAC Allowable	2024 FAC Allowable	FAC Allowable	FAC Allowable
94200	26	Lung function test (MBC/MVV)	\$2.71	\$2.62	-3%	(\$0.09)	\$2.71	\$2.62	-3%	(\$0.09)
94200	TC		\$12.20	\$12.12	-1%	(\$0.08)	\$12.20	NA	NA	NA
94250 Deleted 2021	26	Expired-gas collection	NA	NA	NA	NA	NA	NA	NA	NA
			NA	NA	NA	NA	NA	NA	NA	NA
			NA	NA	NA	NA	NA	NA	NA	NA
94375		\$38.63	\$38.31	-1%	(\$0.32)	\$38.63	NA	NA	NA	
94375	26	Respiratory flow volume loop	\$14.23	\$13.75	-3%	(\$0.48)	\$14.23	\$13.75	-3%	(\$0.48)
94375	TC		\$24.40	\$24.56	1%	\$0.16	\$24.40	NA	NA	NA
94400 Deleted 2021	26	CO2 breathing response curve-	NA	NA	NA	NA	NA	NA	NA	NA
			NA	NA	NA	NA	NA	NA	NA	NA
			NA	NA	NA	NA	NA	NA	NA	NA
94450		\$83.02	\$78.26	-6%	(\$4.77)	\$83.02	NA	NA	NA	
94450	26	Hypoxia response curve	\$19.65	\$18.66	-5%	(\$0.99)	\$19.65	\$18.66	-5%	(\$0.99)
94450	TC		\$63.37	\$59.59	-6%	(\$3.77)	\$63.37	NA	NA	NA
94452		Hast w/report	\$49.14	\$49.44	1%	\$0.31	\$49.14	NA	NA	NA
94452	26		\$13.89	\$13.43	-3%	(\$0.47)	\$13.89	\$13.43	-3%	(\$0.47)
94452	TC		\$35.24	\$36.02	2%	\$0.78	\$35.24	NA	NA	NA
94453		Hast w/oxygen titrate	\$67.10	\$65.82	-2%	(\$1.28)	\$67.10	NA	NA	NA
94453	26		\$18.30	\$17.68	-3%	(\$0.62)	\$18.30	\$17.68	-3%	(\$0.62)
94453	TC		\$48.80	\$48.13	-1%	(\$0.66)	\$48.80	NA	NA	NA
94610		Surfactant admin thru tube	\$56.25	NA	NA	NA	\$56.25	\$54.68	-3%	(\$1.57)
94617	26	Exercise tst brncpsm	\$88.11	\$87.43	-1%	(\$0.68)	\$88.11	NA	NA	NA
94617	TC		\$31.52	\$30.45	-3%	(\$1.06)	\$31.52	\$30.45	-3%	(\$1.06)
94618		Pulmonary stress testing	\$56.59	\$56.97	1%	\$0.38	\$56.59	NA	NA	NA
94618	26		\$33.89	\$33.40	-1%	(\$0.49)	\$33.89	NA	NA	NA
94618	TC		\$22.03	\$21.28	-3%	(\$0.74)	\$22.03	\$21.28	-3%	(\$0.74)
94619		Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)	\$11.86	\$12.12	2%	\$0.25	\$11.86	NA	NA	NA
94619	26		\$77.26	\$63.85	-17%	(\$13.41)	\$77.26	NA	NA	NA
94619	TC		\$22.37	\$20.63	-8%	(\$1.74)	\$22.37	\$20.63	-8%	(\$1.74)
94621		Pulm stress test/complex	\$54.90	\$43.22	-21%	(\$11.67)	\$54.90	NA	NA	NA
94621	26		\$154.53	\$151.93	-2%	(\$2.59)	\$154.53	NA	NA	NA
94621	TC		\$67.44	\$65.16	-3%	(\$2.27)	\$67.44	\$65.16	-3%	(\$2.27)
94625		Phy/ghp op pulm rhb w/o mntr	\$87.09	\$86.77	0%	(\$0.32)	\$87.09	NA	NA	NA
94626		Phy/ghp op pulm rhb w/ mntr	\$58.62	\$72.69	24%	\$14.07	\$16.94	\$18.01	6%	\$1.07
94640		Airway inhalation treatment	\$77.94	\$78.91	1%	\$0.97	\$27.11	\$26.52	-2%	(\$0.59)
94642		Aerosol inhalation treatment	\$9.15	\$7.86	-14%	(\$1.29)	\$9.15	NA	NA	NA
94644		Cbt 1st hour	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
94645		Cbt each addl hour	\$60.32	\$58.61	-3%	(\$1.71)	\$60.32	NA	NA	NA
94660		Pos airway pressure cpap	\$15.93	\$16.04	1%	\$0.12	\$15.93	NA	NA	NA
94662		Neg press ventilation cnp	\$63.71	\$63.52	0%	(\$0.18)	\$36.94	\$36.02	-2%	(\$0.92)
94664		Evaluate pt use of inhaler	\$34.90	NA	NA	NA	\$34.90	\$33.73	-3%	(\$1.18)
94667		Chest wall manipulation	\$17.28	\$17.68	2%	\$0.40	\$17.28	NA	NA	NA
94668		Chest wall manipulation	\$23.72	\$24.56	4%	\$0.84	\$23.72	NA	NA	NA
94680		Exhaled air analysis o2	\$36.94	\$38.64	5%	\$1.70	\$36.94	NA	NA	NA
94680	26		\$53.20	\$53.05	0%	(\$0.16)	\$53.20	NA	NA	NA
94680	TC		\$12.54	\$12.12	-3%	(\$0.42)	\$12.54	\$12.12	-3%	(\$0.42)
94681		Exhaled air analysis o2/co2	\$40.66	\$40.93	1%	\$0.27	\$40.66	NA	NA	NA
94681	26		\$47.44	\$47.15	-1%	(\$0.29)	\$47.44	NA	NA	NA
94681	TC		\$9.49	\$9.17	-3%	(\$0.32)	\$9.49	\$9.17	-3%	(\$0.32)
94690		Exhaled air analysis	\$37.95	\$37.98	0%	\$0.03	\$37.95	NA	NA	NA
94690	26		\$48.12	\$47.81	-1%	(\$0.31)	\$48.12	NA	NA	NA
94690	TC		\$3.73	\$3.60	-3%	(\$0.13)	\$3.73	\$3.60	-3%	(\$0.13)
94726		Pulm funct tst plethysmograph	\$44.39	\$44.20	0%	(\$0.19)	\$44.39	NA	NA	NA
94726	26		\$54.90	\$55.01	0%	\$0.11	\$54.90	NA	NA	NA
94726	TC		\$11.86	\$11.46	-3%	(\$0.40)	\$11.86	\$11.46	-3%	(\$0.40)
94727		Pulm function test by gas	\$43.04	\$43.55	1%	\$0.51	\$43.04	NA	NA	NA
94727	26		\$44.05	\$43.88	0%	(\$0.18)	\$44.05	NA	NA	NA
94727	TC		\$11.86	\$11.46	-3%	(\$0.40)	\$11.86	\$11.46	-3%	(\$0.40)
94728		Pulm funct test oscillometry	\$32.19	\$32.42	1%	\$0.22	\$32.19	NA	NA	NA
94728	26		\$39.99	\$43.55	9%	\$3.56	\$39.99	NA	NA	NA
94728	TC		\$12.20	\$11.79	-3%	(\$0.41)	\$12.20	\$11.79	-3%	(\$0.41)
94729		Co/membrane diffuse capacity	\$27.79	\$31.76	14%	\$3.97	\$27.79	NA	NA	NA
94729	26		\$57.27	\$55.67	-3%	(\$1.60)	\$57.27	NA	NA	NA
94729	TC		\$8.81	\$8.51	-3%	(\$0.30)	\$8.81	\$8.51	-3%	(\$0.30)
94750 Deleted 2021	26	Pulmonary compliance study	NA	NA	NA	NA	NA	NA	NA	NA
			NA	NA	NA	NA	NA	NA	NA	NA
			NA	NA	NA	NA	NA	NA	NA	NA
94760		Measure blood oxygen level	\$48.46	\$47.15	-3%	(\$1.31)	\$48.46	NA	NA	NA
94761		Measure blood oxygen level exercise	\$2.37	\$2.62	10%	\$0.25	\$2.37	NA	NA	NA
94762		Measure blood oxygen level	\$3.73	\$3.93	5%	\$0.20	\$3.73	NA	NA	NA
94770 Deleted 2021		Exhaled carbon dioxide test	\$25.75	\$24.89	-3%	(\$0.87)	\$25.75	NA	NA	NA

CPT/ HCPCS	Modifier	Short Description	2023 NF Allowable	2024 NF Allowable	NF Allowable	NF Allowable	2023 FAC Allowable	2024 FAC Allowable	FAC Allowable	FAC Allowable
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		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	\$52.19	\$52.39	0%	\$0.20	\$23.72	\$22.59	-5%	(\$1.13)
94781		Car seat/bed test + 30 min	\$20.67	\$20.96	1%	\$0.29	\$8.13	\$7.86	-3%	(\$0.27)
94799		Pulmonary service/procedure	\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA
94799	26	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	NA	NA	NA
#95782			\$962.40	\$962.02	0%	(\$0.37)	\$962.40	NA	NA	NA
#95782	26	Polysom <6 yrs 4/> paramtrs	\$122.67	\$118.86	-3%	(\$3.81)	\$122.67	\$118.86	-3%	(\$3.81)
#95782	TC		\$839.72	\$843.16	0%	\$3.44	\$839.72	NA	NA	NA
#95783			\$1,019.67	\$1,019.98	0%	\$0.32	\$1,019.67	NA	NA	NA
#95783	26	Polysom <6 yrs cpap/bilvl	\$133.85	\$129.67	-3%	(\$4.19)	\$133.85	\$129.67	-3%	(\$4.19)
#95783	TC		\$885.81	\$890.31	1%	\$4.50	\$885.81	NA	NA	NA
#95800			\$150.80	\$133.60	-11%	(\$17.20)	\$150.80	NA	NA	NA
#95800	26	Slp stdy unattended	\$40.33	\$37.98	-6%	(\$2.34)	\$40.33	\$37.98	-6%	(\$2.34)
#95800	TC		\$110.47	\$95.61	-13%	(\$14.86)	\$110.47	NA	NA	NA
#95801			\$93.87	\$95.61	2%	\$1.75	\$93.87	NA	NA	NA
#95801	26	Slp stdy unatnd w/anal	\$40.33	\$39.29	-3%	(\$1.03)	\$40.33	\$39.29	-3%	(\$1.03)
#95801	TC		\$53.54	\$56.32	5%	\$2.78	\$53.54	NA	NA	NA
#95803			\$140.63	\$132.94	-5%	(\$7.69)	\$140.63	NA	NA	NA
#95803	26	Actigraphy testing	\$42.36	\$40.28	-5%	(\$2.08)	\$42.36	\$40.28	-5%	(\$2.08)
#95803	TC		\$98.27	\$92.67	-6%	(\$5.61)	\$98.27	NA	NA	NA
95805			\$423.25	\$424.36	0%	\$1.11	\$423.25	NA	NA	NA
95805	26	Multiple sleep latency test	\$56.59	\$55.01	-3%	(\$1.58)	\$56.59	\$55.01	-3%	(\$1.58)
95805	TC		\$366.66	\$369.35	1%	\$2.70	\$366.66	NA	NA	NA
95806			\$92.85	\$92.67	0%	(\$0.18)	\$92.85	NA	NA	NA
95806	26	Sleep study unatt & resp efft	\$43.71	\$42.24	-3%	(\$1.47)	\$43.71	\$42.24	-3%	(\$1.47)
95806	TC		\$49.14	\$50.43	3%	\$1.29	\$49.14	NA	NA	NA
95807			\$391.40	\$402.75	3%	\$11.36	\$391.40	NA	NA	NA
95807	26	Sleep study attended	\$58.62	\$56.97	-3%	(\$1.65)	\$58.62	\$56.97	-3%	(\$1.65)
95807	TC		\$332.77	\$345.78	4%	\$13.01	\$332.77	NA	NA	NA
95808			\$556.09	\$503.28	-9%	(\$52.81)	\$556.09	NA	NA	NA
95808	26	Polysom any age 1-3-> param	\$82.35	\$79.90	-3%	(\$2.45)	\$82.35	\$79.90	-3%	(\$2.45)
95808	TC		\$473.74	\$423.38	-11%	(\$50.36)	\$473.74	NA	NA	NA
95810			\$615.05	\$612.97	0%	(\$2.08)	\$615.05	NA	NA	NA
95810	26	Polysom 6/> yrs 4/> param	\$117.59	\$113.62	-3%	(\$3.97)	\$117.59	\$113.62	-3%	(\$3.97)
95810	TC		\$497.46	\$499.35	0%	\$1.88	\$497.46	NA	NA	NA
95811			\$643.52	\$640.80	0%	(\$2.71)	\$643.52	NA	NA	NA
95811	26	Polysom 6/>yrs cpap 4/> parm	\$121.99	\$118.21	-3%	(\$3.79)	\$121.99	\$118.21	-3%	(\$3.79)
95811	TC		\$521.52	\$522.60	0%	\$1.07	\$521.52	NA	NA	NA
97550		Caregiver traing 1st 30 min	NA	\$52.06	NA	NA	NA	NA	NA	NA
97551		Caregiver traing ea addl 15	NA	\$25.87	NA	NA	NA	\$23.90	NA	NA
97552		Group caregiver training	NA	\$21.94	NA	NA	NA	NA	NA	NA
▲99201		Deleted in 2021	NA	NA	NA	NA	NA	NA	NA	NA
▲99202		Office/outpatient visit new 15	\$72.86	\$71.05	-2%	(\$1.80)	\$48.12	\$46.17	-4%	(\$1.95)
▲99203		Office o/p new sf 30 min	\$112.84	\$109.69	-3%	(\$3.15)	\$83.02	\$79.90	-4%	(\$3.13)
▲99204		Office o/p new low 45 min	\$167.40	\$164.38	-2%	(\$3.03)	\$133.52	\$129.99	-3%	(\$3.52)
▲99205		Office o/p new mod 60 min	\$220.94	\$216.77	-2%	(\$4.18)	\$181.30	\$176.82	-2%	(\$4.48)
▲99211		Office o/p est minimal prob	\$23.38	\$22.92	-2%	(\$0.46)	\$8.81	\$8.51	-3%	(\$0.30)
▲99212		Office o/p est sf 10 min	\$56.93	\$55.67	-2%	(\$1.27)	\$35.58	\$34.38	-3%	(\$1.20)
▲99213		Office o/p est low 20 min	\$90.82	\$89.39	-2%	(\$1.43)	\$66.08	\$64.18	-3%	(\$1.90)
▲99214		Office o/p est mod 30 min	\$128.43	\$126.07	-2%	(\$2.37)	\$97.60	\$94.63	-3%	(\$2.96)
▲99215		Office o/p est mod 40 min	\$179.94	\$177.47	-1%	(\$2.47)	\$143.34	\$140.47	-2%	(\$2.87)
99151		Mod sed same phys/qhp <5 yrs	\$61.00	\$59.59	-2%	(\$1.40)	\$24.40	\$23.25	-5%	(\$1.15)
99152		Mod sed same phys/qhp 5/>yrs	\$50.83	\$49.44	-3%	(\$1.39)	\$12.54	\$11.79	-6%	(\$0.75)
99153		Mod sed same phys/qhp ea	\$11.18	\$11.46	2%	\$0.28	\$11.18	NA	NA	NA
99155		Mod sed oth phys/qhp <5 yrs	\$82.68	NA	NA	NA	\$82.68	\$80.22	-3%	(\$2.46)
99156		Mod sed oth phys/qhp 5/>yrs	\$75.91	NA	NA	NA	\$75.91	\$72.69	-4%	(\$3.22)
99157		Mod sed other phys/qhp ea	\$62.01	NA	NA	NA	\$62.01	\$57.63	-7%	(\$4.38)
▲99221		Initial hospital care	\$83.36	NA	NA	NA	\$83.36	\$80.55	-3%	(\$2.81)
▲99222		Initial hospital care	\$130.47	NA	NA	NA	\$130.47	\$127.05	-3%	(\$3.42)
▲99223		Initial hospital care	\$173.84	NA	NA	NA	\$173.84	\$168.31	-3%	(\$5.54)
▲99231		Subsequent hospital care	\$49.81	NA	NA	NA	\$49.81	\$48.13	-3%	(\$1.68)

CPT/ HCPCS	Modifier	Short Description	2023 NF Allowable	2024 NF Allowable	NF Allowable	NF Allowable	2023 FAC Allowable	2024 FAC Allowable	FAC Allowable	FAC Allowable
▲99232		Subsequent hospital care	\$79.30	NA	NA	NA	\$79.30	\$76.62	-3%	(\$2.67)
▲99233		Subsequent hospital care	\$119.28	NA	NA	NA	\$119.28	\$115.26	-3%	(\$4.02)
▲99234		Observ/hosp same date	\$98.95	NA	NA	NA	\$98.95	\$94.96	-4%	(\$3.99)
▲99235		Observ/hosp same date	\$159.61	NA	NA	NA	\$159.61	\$154.88	-3%	(\$4.73)
▲99236		Observ/hosp same date	\$209.08	NA	NA	NA	\$209.08	\$202.36	-3%	(\$6.72)
▲99238		Hospital discharge day	\$80.99	NA	NA	NA	\$80.99	\$78.91	-3%	(\$2.08)
▲99239		Hospital discharge day	\$114.88	NA	NA	NA	\$114.88	\$111.33	-3%	(\$3.55)
●99418		Prolong ip/obs e/m ea 15 min	\$39.31	NA	NA	NA	\$39.31	\$38.31	-3%	(\$1.00)
99291		Critical care first hour	\$275.50	\$267.85	-3%	(\$7.66)	\$213.83	\$206.62	-3%	(\$7.21)
99292		Critical care each add 30 min	\$120.30	\$117.22	-3%	(\$3.08)	\$107.42	\$104.13	-3%	(\$3.30)
G0424		Pulmonary Rehab	Deleted 2023	Deleted 2023	Deleted 2023	Deleted 2023	Deleted 2023	Deleted 2023	Deleted 2023	Deleted 2023
G0508		Crit care telehea consult 60	\$206.37	NA	NA	NA	\$206.37	\$200.39	-3%	(\$5.98)
G0509		Crit care telehea consult 50	\$189.43	NA	NA	NA	\$189.43	\$184.68	-3%	(\$4.75)
99358		Prolong service w/o contact	\$92.51	\$86.77	-6%	(\$5.74)	\$91.16	\$85.46	-6%	(\$5.69)
99359		Prolong serv w/o contact add	\$43.04	\$37.00	-14%	(\$6.04)	\$43.04	\$35.69	-17%	(\$7.35)
99406		Behav chng smoking 3-10 min	\$14.91	\$14.41	-3%	(\$0.50)	\$11.86	\$11.46	-3%	(\$0.40)
99407		Behav chng smoking > 10 min	\$27.79	\$26.85	-3%	(\$0.94)	\$25.08	\$24.23	-3%	(\$0.85)
99421		Ol dig e/m svc 5-10 min	\$14.91	\$14.73	-1%	(\$0.18)	\$12.88	\$12.44	-3%	(\$0.43)
99422		Ol dig e/m svc 11-20 min	\$29.48	\$28.81	-2%	(\$0.67)	\$25.42	\$24.56	-3%	(\$0.86)
99423		Ol dig e/m svc 21+ min	\$47.10	\$45.84	-3%	(\$1.26)	\$40.33	\$39.29	-3%	(\$1.03)
99424		Prin care mgmt phs 1st 30	\$81.33	\$81.21	0%	(\$0.12)	\$73.54	\$72.36	-2%	(\$1.17)
99425		Prin care mgmt phs ea 30	\$58.29	\$58.94	1%	\$0.65	\$50.83	\$49.77	-2%	(\$1.06)
99426		Prin care mgmt staff 1st 30	\$61.34	\$60.90	-1%	(\$0.43)	\$49.14	\$48.13	-2%	(\$1.00)
99427		Prin care mgmt staff ea addl	\$47.44	\$46.50	-2%	(\$0.95)	\$34.90	\$33.73	-3%	(\$1.18)
99437		Chmc care mgmt phys ea addl	\$59.98	\$58.61	-2%	(\$1.37)	\$50.49	\$49.12	-3%	(\$1.38)
G2064		MDa mang high risk dx 30	NA	NA	NA	NA	NA	NA	NA	NA
G2065		Nonclin mang h risk dx 30	NA	NA	NA	NA	NA	NA	NA	NA
99439		Chmc care mgmt svc ea addl	\$47.44	\$47.15	-1%	(\$0.29)	\$34.90	\$34.05	-2%	(\$0.85)
99441		Phone e/m phys/ghp 5-10 min	\$56.25	\$55.34	-2%	(\$0.92)	\$34.90	\$34.05	-2%	(\$0.85)
99442		Phone e/m phys/ghp 11-20 min	\$90.82	\$89.06	-2%	(\$1.75)	\$66.08	\$63.85	-3%	(\$2.23)
99443		Phone e/m phys/ghp 21-30 min	\$127.75	\$126.07	-1%	(\$1.69)	\$96.92	\$94.63	-2%	(\$2.29)
99446		Ntrprof ph1/ntrnet/ehr 5-10	\$17.96	\$17.35	-3%	(\$0.61)	\$17.96	\$17.35	-3%	(\$0.61)
99447		Ntrprof ph1/ntrnet/ehr 11-20	\$35.58	\$35.36	-1%	(\$0.22)	\$35.58	\$35.36	-1%	(\$0.22)
99448		Ntrprof ph1/ntrnet/ehr 21-30	\$54.22	\$52.39	-3%	(\$1.83)	\$54.22	\$52.39	-3%	(\$1.83)
99449		Ntrprof ph1/ntrnet/ehr 31/>	\$71.84	\$69.75	-3%	(\$2.10)	\$71.84	\$69.75	-3%	(\$2.10)
99451		Ntrprof ph1/ntrnet/ehr 5/>	\$35.58	\$34.05	-4%	(\$1.53)	\$35.58	\$34.05	-4%	(\$1.53)
99452		Ntrprof ph1/ntrnet/ehr rfrl	\$33.21	\$33.07	0%	(\$0.14)	\$33.21	\$33.07	0%	(\$0.14)
99457		Rem physiол mnt 1st 20 min	\$48.80	\$48.13	-1%	(\$0.66)	\$30.16	\$29.14	-3%	(\$1.02)
99458		Rem physiол mnt ea addl 20	\$39.65	\$38.64	-3%	(\$1.01)	\$30.16	\$29.14	-3%	(\$1.02)
99483		Assmt & care pln pt cog imp	\$272.79	\$268.17	-2%	(\$4.62)	\$194.17	\$187.95	-3%	(\$6.22)
99484		Care mgmt svc bhvl hlth cond	\$43.04	\$54.03	26%	\$10.99	\$29.48	\$42.89	45%	\$13.41
99487		Cmplx chron care w/o pt vsit	\$133.18	\$131.96	-1%	(\$1.22)	\$90.82	\$87.75	-3%	(\$3.06)
99489		Complx chron care addl 30 min	\$70.49	\$71.05	1%	\$0.57	\$50.15	\$48.79	-3%	(\$1.36)
99490		Chron care mgmt svc 20 min	\$62.69	\$61.56	-2%	(\$1.13)	\$50.49	\$48.79	-3%	(\$1.70)
●99439 previously G2058		CCM add 20min	NA	NA	NA	NA	NA	NA	NA	NA
99491		Chmc care mgmt svc 30 min	\$85.06	\$83.17	-2%	(\$1.89)	\$75.57	\$73.35	-3%	(\$2.22)
99437		Chmc care mgmt phys ea addl	\$59.98	\$58.61	-2%	(\$1.37)	\$50.49	\$49.12	-3%	(\$1.38)
99495		Trans care mgmt 14 day disch	\$205.36	\$203.34	-1%	(\$2.01)	\$139.95	\$136.22	-3%	(\$3.74)
99496		Trans care mgmt 7 day disch	\$278.21	\$275.05	-1%	(\$3.16)	\$190.78	\$185.00	-3%	(\$5.78)
99497		Advncd care plan 30 min	\$83.02	\$80.55	-3%	(\$2.47)	\$75.57	\$73.35	-3%	(\$2.22)
99498		Advncd care plan addl 30 min	\$71.84	\$69.75	-3%	(\$2.10)	\$71.50	\$69.09	-3%	(\$2.41)
G0019		Comm hlth intg svcs sdoh 60mn	NA	\$79.24	NA	NA	NA	\$48.79	NA	NA
G0022		Comm hlth intg svcs add 30 m	NA	\$49.44	NA	NA	NA	\$34.05	NA	NA
G0023		Pin service 60m per month	NA	\$79.24	NA	NA	NA	\$48.79	NA	NA
G0024		Pin srv add 30 min pr m	NA	\$49.44	NA	NA	NA	\$34.05	NA	NA
G0237		Therapeutic procd strng endur	\$10.84	\$11.13	3%	\$0.29	\$10.84	NA	NA	NA
G0238		Oth resp proc, indiv	\$10.51	\$10.15	-3%	(\$0.35)	\$10.51	NA	NA	NA
G0239		Oth resp proc, group	\$12.88	\$12.77	-1%	(\$0.11)	\$12.88	NA	NA	NA
●G0296		Visit to determ LDCT elig	\$28.47	\$27.18	-5%	(\$1.29)	\$25.75	\$24.56	-5%	(\$1.20)
●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		Computed tomography, thorax, low dose for lung cancer screening, without contrast	\$139.95	\$133.92	-4%	(\$6.03)	\$139.95	NA	NA	NA
●71250	26		\$51.85	\$49.77	-4%	(\$2.08)	\$51.85	\$49.77	-4%	(\$2.08)



CPT/ HCPCS	Modifier	Short Description	2023 NF Allowable	2024 NF Allowable	NF Allowable	NF Allowable	2023 FAC Allowable	2024 FAC Allowable	FAC Allowable	FAC Allowable
●71250	TC	material(s)	\$88.11	\$84.15	-4%	(\$3.95)	\$88.11	NA	NA	NA
G0277		Hbot, full body chamber, 30m	\$172.15	\$179.11	4%	\$6.96	\$172.15	NA	NA	NA
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	NA	NA	NA	NA	NA	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	\$56.59	\$56.32	0%	(\$0.27)	\$5.42	\$5.57	3%	\$0.14
G0506		Comp asses care plan ccm svc	\$62.01	\$61.56	-1%	(\$0.45)	\$44.05	\$42.89	-3%	(\$1.16)
G0508		Crit care telehea consult 60	\$206.37	NA	NA	NA	\$206.37	\$200.39	-3%	(\$5.98)
G0509		Crit care telehea consult 50	\$189.43	NA	NA	NA	\$189.43	\$184.68	-3%	(\$4.75)
G0513		Prolong prev svcs, first 30m	\$63.71	\$61.89	-3%	(\$1.82)	\$59.30	\$57.63	-3%	(\$1.67)
G0514		Prolong prev svcs, addl 30m	\$63.71	\$62.21	-2%	(\$1.49)	\$59.64	\$57.96	-3%	(\$1.68)
G2010		Remote pt submit record	\$12.20	\$12.12	-1%	(\$0.08)	\$9.15	\$8.84	-3%	(\$0.31)
G2012		Brief check in by md/qhp	\$14.23	\$13.75	-3%	(\$0.48)	\$12.54	\$12.44	-1%	(\$0.10)
G2064		Md mang high risk dx 30	NA	NA	NA	NA	NA	NA	NA	NA
●G2251		Brief chkin, 5-10, non-e/m	\$14.23	\$13.75	-3%	(\$0.48)	\$12.54	\$12.44	-1%	(\$0.10)
●G2252		Brief chkin by md/qhp, 11-20	\$26.77	\$25.87	-3%	(\$0.90)	\$25.42	\$24.23	-5%	(\$1.18)
G2086		Off base opioid tx 70 min	\$388.01	\$455.14	17%	\$67.14	\$285.33	\$392.60	38%	\$107.27
G2087		Off base opioid tx, 60 m	\$352.43	\$420.44	19%	\$68.01	\$303.63	\$378.85	25%	\$75.22
G2088		Off base opioid tx, add 30	\$60.66	\$57.63	-5%	(\$3.03)	\$35.24	\$37.33	6%	\$2.09
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
G2211		Complex e/m visit add on	\$0.00	\$16.04	NA	\$16.04	\$0.00	\$16.04	NA	\$16.04
●G2212		Prolong outpt/office vis	\$32.19	\$31.76	-1%	(\$0.43)	\$31.18	\$30.45	-2%	(\$0.72)
●G0316		Prolong hosp inpt each ad 15m	\$31.85	\$31.11	-2%	(\$0.75)	\$30.50	\$29.47	-3%	(\$1.03)
●G0317		prolonged nursing facility services by physician or other QHP	\$31.85	\$31.11	-2%	(\$0.75)	\$30.50	\$29.47	-3%	(\$1.03)
●GXXX1		Insj gtube perq mag gastrpxy	NA	NA	NA	NA	NA	NA	NA	NA
●GXXX2		Quan mr tis wo mri 1orgn	NA	NA	NA	NA	NA	NA	NA	NA
●GXXX3		prolonged home or residence services by physician								
●GXXX5		Quan mr tiss w/mri 1orgn	NA	NA	NA	NA	NA	NA	NA	NA
●G0318		Prolong home eval add 15m	\$31.18	\$30.45	-2%	(\$0.72)	\$29.82	\$29.14	-2%	(\$0.68)
●G0323		Care manage beh svs 20mins	\$43.04	\$54.03	26%	\$10.99	\$29.14	\$42.57	46%	\$13.42
●G3002		Chronic pain tx monthly b	\$80.99	\$81.21	0%	\$0.22	\$73.54	\$72.36	-2%	(\$1.17)
●G3003		Addition 15m pain mang	\$29.48	\$29.80	1%	\$0.32	\$25.42	\$25.21	-1%	(\$0.20)
Q3014		Telehealth facility fee	\$0.00	NA	NA	NA	\$0.00	NA	NA	NA

**Disclaimer**

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-CHEST joint 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 II, 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.