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Coding & Billing Quarterly

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EDITOR

ALAN L. PLUMMER, MD
ATS RUC Advisor

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Letter from the Editor

I thought this would be the year, but I was wrong. Although Congress did make real progress on permanently fixing the Medicare sustainable growth rate (SGR) formula, for a number of reasons, it was unable to pass legislation to correct the problem. As part of the short-term budget deal, Congress passed and the President signed a law creating a three-month patch to avert the projected 23.7 percent cut in Medicare payments. The law provides a 0.5% increase in Medicare physician payments for the first 3 months of 2014. The conversion factor for services provided from 1/1/2014 to 3/31/2014 is \$35.8228. What the conversion factor will be in April depends on Congressional action. It appears as though Congress is poised to pass a permanent SGR repeal and replacement bill early in 2014. All three Congressional committees of jurisdiction have now passed bipartisan bills to repeal SGR. While there are still several unanswered questions on how the SGR fix will happen – namely how to come up with \$116+ billion over 10 years to pay for it – it does seem like things are headed in the right direction. We will keep you posted.

More pressing matters that we need to keep you posted on include the Centers for Medicare and Medicaid Services finally issued the Medicare final payment rules for 2014. This issue walks you through some of the policies in the Medicare Physician Fee Schedule and the Hospital Outpatient Prospective Payment System that are of interest to the pulmonary, critical care, and sleep community.

This issue of Coding and Billing also covers the appropriate use of the new transition care codes and reminds physicians and their office staff to prepare for the October 2014 transition to ICD-10.

As we enter the New Year, I hope your family, your colleagues, and your patients enjoy a safe and healthy 2014.

Sincerely,

Alan L. Plummer, MD
Editor



USPSTF Gives B Grade to Lung Cancer Screening

The United States Preventative Services Task Force (USPSTF) recently published a recommendation for lung cancer screening in the Annals of Internal Medicine (doi:10.7326/M13-2926):

The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery. (B recommendation)

This recommendation is similar to those from specialty societies and the National Lung Cancer Screening Trial (NLST) but does expand the age range for screening. This decision will have significant impact on physicians and payers alike. Physicians can expect patients to request CT screening and so familiarity with the recommendation, including modeling data, will be important to identify individuals appropriate for screening. Private payers will be expected to provide coverage for the screening services (doi:10.7326/M13-2926) and are required to offer USPSTF A and B recommended services without a copay. Medicare has more flexibility and can revise USPSTF recommendations through the coverage determination process. Finally, the USPSTF recommends that screening be done in a well-organized, comprehensive screening program that includes smoking cessation counseling as well as standardization of LDCT screening and follow-up of abnormal findings.

2014 MEDICARE PHYSICIAN FEE SCHEDULE

The Centers for Medicare and Medicaid Services has issued the 2014 final rule governing Medicare part B payment rates and other policies. Of particular interest to many ATS members is the payment rates for pulmonary, critical care, and sleep services. As you may recall, the payment rate for each CPT code is made up a combination of three different values: the physician work value (typically 50% of the value of a code), practice expense value (47%) and malpractice (3%). For each code, the work value, practice expense value, and malpractice value are added to get a total value for the code. That total value is multiplied by the annual conversion factor to find the reimbursement. Each year, CMS adopts payment policies that can impact each of these three components and the conversion factor.

Pulmonary and Critical Care Codes

For 2014, the physician work values for pulmonary and critical care codes were unchanged from 2013. However, the practice expense and malpractice component for nearly all pulmonary and critical care codes saw small reductions. The

cuts in practice expense were seen in nearly all existing CPT codes across all specialties and was driven by the addition of several new CPT codes that have high practice expense costs. Because the total practice expense payments are pooled and effectively capped, the additional of new high practice expense codes diluted the available practice expense reimbursements for all existing codes.

Sleep Codes

Although the professional interpretation for most sleep codes increased slightly, the technical component and total payments for sleep code will decline in 2014. Most of these declines were driven by system-wide reductions in the practice expense component of the code.

Pulmonary Rehabilitation/Respiratory Therapy

Payment under the physician fee schedule for respiratory therapy and pulmonary rehabilitation were reduced in the final rule. These cuts were driven by reductions in the practice expense component.

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FINAL 2013 Compared to FINAL 2014 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 2014 Final Rule \(Web Version RVU14A\)\(1-6-2014\)](#)

[Click here for Link to References: CMS Website MPFS CY 2013 Final Rule \(Web Version RVU13D\)](#)

CPT/ HCPCS	Modifier	Short Description	CY 2013	CY 2014	%	Dollar	CY 2013	CY 2014	%	Dollar
			CF \$34.0230	CF \$35.8228	Change	Change	CF \$34.0230	CF \$35.8228	Change	Change
			2013 NF Allowable	2014 NF Allowable	NF Allowable	NF Allowable	2013 FAC Allowable	2014 FAC Allowable	FAC Allowable	FAC Allowable
31615		Visualization of windpipe	\$187.47	\$186.28	-1%	(\$1.19)	\$130.31	\$132.90	2%	\$2.59
31620		Endobronchial us add-on	\$294.98	\$290.88	-1%	(\$4.10)	\$68.05	\$69.50	2%	\$1.45
31622		Dx bronchoscope/wash	\$326.62	\$316.32	-3%	(\$10.31)	\$148.34	\$151.53	2%	\$3.19
31623		Dx bronchoscope/brush	\$345.67	\$334.58	-3%	(\$11.09)	\$148.68	\$151.53	2%	\$2.85
31624		Dx bronchoscope/lavage	\$325.26	\$314.88	-3%	(\$10.38)	\$149.70	\$152.61	2%	\$2.90
31625		Bronchoscopy w/biopsy(s)	\$348.06	\$338.53	-3%	(\$9.53)	\$172.50	\$176.25	2%	\$3.75
31626		Bronchoscopy w/markers	\$464.41	\$449.93	-3%	(\$14.48)	\$208.22	\$213.15	2%	\$4.92
31627		Navigational bronchoscopy	\$1,407.19	\$1,309.68	-7%	(\$97.51)	\$95.60	\$97.80	2%	\$2.19
31628		Bronchoscopy/lung bx each	\$392.29	\$381.15	-3%	(\$11.13)	\$191.89	\$195.95	2%	\$4.06
31629		Bronchoscopy/needle bx each	\$633.85	\$599.67	-5%	(\$34.17)	\$206.52	\$211.00	2%	\$4.48
31630		Bronchoscopy dilate/fx repr	NA	NA	NA	NA	\$203.46	\$207.77	2%	\$4.31
31631		Bronchoscopy dilate w/stent	NA	NA	NA	NA	\$231.70	\$237.86	3%	\$6.17
31632		Bronchoscopy/lung bx addl	\$73.15	\$72.36	-1%	(\$0.79)	\$49.33	\$50.51	2%	\$1.18
31633		Bronchoscopy/needle bx addl	\$89.82	\$89.56	0%	(\$0.26)	\$63.62	\$65.20	2%	\$1.57
31634		Bronch w/balloon occlusion	\$2,061.79	\$1,886.43	-9%	(\$175.37)	\$202.44	\$207.06	2%	\$4.62
31635		Bronchoscopy w/fb removal	\$359.62	\$352.14	-2%	(\$7.48)	\$190.53	\$194.52	2%	\$3.99
31636		Bronchoscopy bronch stents	NA	NA	NA	NA	\$225.23	\$229.62	2%	\$4.39
31637		Bronchoscopy stent add-on	NA	NA	NA	NA	\$74.51	\$76.30	2%	\$1.79
31638		Bronchoscopy revise stent	NA	NA	NA	NA	\$257.55	\$263.66	2%	\$6.10
31640		Bronchoscopy w/tumor excise	NA	NA	NA	NA	\$260.28	\$264.01	1%	\$3.74
31641		Bronchoscopy treat blockage	NA	NA	NA	NA	\$260.96	\$267.24	2%	\$6.28
31643		Diag bronchoscope/catheter	NA	NA	NA	NA	\$178.28	\$181.98	2%	\$3.70
31645		Bronchoscopy clear airways	\$331.04	\$323.12	-2%	(\$7.92)	\$163.31	\$166.93	2%	\$3.62
31646		Bronchoscopy reclear airway	\$300.08	\$290.52	-3%	(\$9.56)	\$142.22	\$144.72	2%	\$2.51
31647		Bronchial valve init insert	NA	NA	NA	NA	\$225.91	\$227.83	1%	\$1.92
31648		Bronchial valve remov init	NA	NA	NA	NA	\$236.12	\$218.16	-8%	(\$17.96)
31649		Bronchial valve remov addl	\$74.17	\$70.57	-5%	(\$3.60)	\$74.17	\$70.57	-5%	(\$3.60)
31651		Bronchial valve addl insert	\$78.59	\$82.03	4%	\$3.44	\$78.59	\$82.03	4%	\$3.44
31660		Bronch thermoplasty 1 lobe	NA	NA	NA	NA	\$226.59	\$217.80	-4%	(\$8.79)
31661		Bronch thermoplasty 2/> lobes	NA	NA	NA	NA	\$239.18	\$229.62	-4%	(\$9.56)
94002		Vent mgmt inpat init day	\$91.52	\$94.57	3%	\$3.05	\$91.52	\$94.57	3%	\$3.05
94003		Vent mgmt inpat subq day	\$66.34	\$68.06	3%	\$1.72	\$66.34	\$68.06	3%	\$1.72
94010		Breathing capacity test	\$37.43	\$36.18	-3%	(\$1.24)	NA	NA	NA	NA
94010	26	Breathing capacity test	\$8.17	\$8.60	5%	\$0.43	\$8.17	\$8.60	5%	\$0.43
94010	TC	Breathing capacity test	\$29.26	\$27.58	-6%	(\$1.68)	NA	NA	NA	NA
94011		Spirometry up to 2 yrs old	NA	NA	NA	NA	\$99.01	\$103.89	5%	\$4.88
94012		Spirimtry w/brnchdil inf-2 yr	NA	NA	NA	NA	\$156.17	\$162.64	4%	\$6.47

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CPT/ HCPCS	Modifier	Short Description	CY 2013	CY 2014	%	Dollar	CY 2013	CY 2014	%	Dollar
			CF \$34.0230	CF \$35.6446	Change	Change	CF \$34.0230	CF \$35.6446	Change	Change
			2013 NF Allowable	2014 NF Allowable	NF Allowable	NF Allowable	2013 FAC Allowable	2014 FAC Allowable	FAC Allowable	FAC Allowable
94013		Meas lung vol thru 2 yrs	NA	NA	NA	NA	\$35.04	\$32.24	-8%	(\$2.80)
94014		Patient recorded spirometry	\$49.67	\$52.30	5%	\$2.63	NA	NA	NA	NA
94015		Patient recorded spirometry	\$25.52	\$26.87	5%	\$1.35	NA	NA	NA	NA
94016		Review patient spirometry	\$24.16	\$25.43	5%	\$1.28	\$24.16	\$25.43	5%	\$1.28
94060		Evaluation of wheezing	\$64.30	\$60.90	-5%	(\$3.40)	NA	NA	NA	NA
94060	26	Evaluation of wheezing	\$12.93	\$13.25	3%	\$0.33	\$12.93	\$13.25	3%	\$0.33
94060	TC	Evaluation of wheezing	\$51.37	\$47.64	-7%	(\$3.73)	NA	NA	NA	NA
94070		Evaluation of wheezing	\$61.24	\$60.18	-2%	(\$1.06)	NA	NA	NA	NA
94070	26	Evaluation of wheezing	\$28.58	\$29.37	3%	\$0.80	\$28.58	\$29.37	3%	\$0.80
94070	TC	Evaluation of wheezing	\$32.66	\$30.81	-6%	(\$1.85)	NA	NA	NA	NA
94150		Vital capacity test	\$26.20	\$25.43	-3%	(\$0.76)	NA	NA	NA	NA
94150	26	Vital capacity test	\$3.74	\$3.94	5%	\$0.20	\$3.74	\$3.94	5%	\$0.20
94150	TC	Vital capacity test	\$22.46	\$21.49	-4%	(\$0.96)	NA	NA	NA	NA
94200		Lung function test (MBC/MVV)	\$26.20	\$24.72	-6%	(\$1.48)	NA	NA	NA	NA
94200	26	Lung function test (MBC/MVV)	\$5.44	\$5.73	5%	\$0.29	\$5.44	\$5.73	5%	\$0.29
94200	TC	Lung function test (MBC/MVV)	\$20.75	\$18.99	-9%	(\$1.77)	NA	NA	NA	NA
94250		Expired gas collection	\$26.54	\$26.51	0%	(\$0.03)	NA	NA	NA	NA
94250	26	Expired gas collection	\$5.44	\$5.73	5%	\$0.29	\$5.44	\$5.73	5%	\$0.29
94250	TC	Expired gas collection	\$21.09	\$20.78	-2%	(\$0.32)	NA	NA	NA	NA
94375		Respiratory flow volume loop	\$40.49	\$39.41	-3%	(\$1.08)	NA	NA	NA	NA
94375	26	Respiratory flow volume loop	\$14.63	\$15.05	3%	\$0.42	\$14.63	\$15.05	3%	\$0.42
94375	TC	Respiratory flow volume loop	\$25.86	\$24.36	-6%	(\$1.50)	NA	NA	NA	NA
94400		CO2 breathing response curve	\$59.88	\$56.24	-6%	(\$3.64)	NA	NA	NA	NA
94400	26	CO2 breathing response curve	\$18.71	\$19.70	5%	\$0.99	\$18.71	\$19.70	5%	\$0.99
94400	TC	CO2 breathing response curve	\$41.17	\$36.54	-11%	(\$4.63)	NA	NA	NA	NA
94450		Hypoxia response curve	\$70.43	\$68.42	-3%	(\$2.01)	NA	NA	NA	NA
94450	26	Hypoxia response curve	\$19.39	\$20.06	3%	\$0.67	\$19.39	\$20.06	3%	\$0.67
94450	TC	Hypoxia response curve	\$51.03	\$48.36	-5%	(\$2.67)	NA	NA	NA	NA
94452		Hast w/report	\$61.58	\$58.03	-6%	(\$3.55)	NA	NA	NA	NA
94452	26	Hast w/report	\$14.63	\$14.69	0%	\$0.06	\$14.63	\$14.69	0%	\$0.06
94452	TC	Hast w/report	\$46.95	\$43.35	-8%	(\$3.61)	NA	NA	NA	NA
94453		Hast w/oxygen titrate	\$86.42	\$80.60	-7%	(\$5.82)	NA	NA	NA	NA
94453	26	Hast w/oxygen titrate	\$18.71	\$18.99	1%	\$0.27	\$18.71	\$18.99	1%	\$0.27
94453	TC	Hast w/oxygen titrate	\$67.71	\$61.62	-9%	(\$6.09)	NA	NA	NA	NA
94610		Surfactant admin thru tube	NA	NA	NA	NA	\$59.88	\$60.54	1%	\$0.66
94620		Pulmonary stress test/simple	\$57.16	\$56.24	-2%	(\$0.92)	NA	NA	NA	NA
94620	26	Pulmonary stress test/simple	\$30.28	\$31.17	3%	\$0.89	\$30.28	\$31.17	3%	\$0.89
94620	TC	Pulmonary stress test/simple	\$26.88	\$25.08	-7%	(\$1.80)	NA	NA	NA	NA
94621		Pulm stress test/complex	\$167.39	\$164.78	-2%	(\$2.61)	NA	NA	NA	NA
94621	26	Pulm stress test/complex	\$67.71	\$70.21	4%	\$2.51	\$67.71	\$70.21	4%	\$2.51
94621	TC	Pulm stress test/complex	\$99.69	\$94.57	-5%	(\$5.12)	NA	NA	NA	NA
94640		Airway inhalation treatment	\$19.39	\$18.27	-6%	(\$1.12)	NA	NA	NA	NA
94642		Aerosol inhalation treatment	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
94644		Cbt 1st hour	\$46.95	\$44.06	-6%	(\$2.89)	NA	NA	NA	NA

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CPT/ HCPCS	Modifier	Short Description	CY 2013	CY 2014	%	Dollar	CY 2013	CY 2014	%	Dollar
			CF \$34.0230	CF \$35.6446	Change	Change	CF \$34.0230	CF \$35.6446	Change	Change
			2013 NF Allowable	2014 NF Allowable	NF Allowable	NF Allowable	2013 FAC Allowable	2014 FAC Allowable	FAC Allowable	FAC Allowable
94645		Cbt each addl hour	\$14.97	\$14.33	-4%	(\$0.64)	NA	NA	NA	NA
94660		Pos airway pressure cpap	\$63.96	\$63.41	-1%	(\$0.56)	\$37.43	\$38.33	2%	\$0.91
94662		Neg press ventilation cnp	NA	NA	NA	NA	\$35.72	\$40.84	14%	\$5.11
94664		Evaluate pt use of inhaler	\$18.71	\$17.19	-8%	(\$1.52)	NA	NA	NA	NA
94667		Chest wall manipulation	\$26.20	\$25.43	-3%	(\$0.76)	NA	NA	NA	NA
94668		Chest wall manipulation	\$27.22	\$29.37	8%	\$2.16	NA	NA	NA	NA
94680		Exhaled air analysis o2	\$61.24	\$58.03	-5%	(\$3.21)	NA	NA	NA	NA
94680	26	Exhaled air analysis o2	\$12.59	\$12.90	2%	\$0.31	\$12.59	\$12.90	2%	\$0.31
94680	TC	Exhaled air analysis o2	\$48.65	\$45.14	-7%	(\$3.52)	NA	NA	NA	NA
94681		Exhaled air analysis o2/co2	\$55.12	\$51.23	-7%	(\$3.89)	NA	NA	NA	NA
94681	26	Exhaled air analysis o2/co2	\$9.87	\$10.03	2%	\$0.16	\$9.87	\$10.03	2%	\$0.16
94681	TC	Exhaled air analysis o2/co2	\$45.25	\$41.20	-9%	(\$4.05)	NA	NA	NA	NA
94690		Exhaled air analysis	\$51.71	\$49.08	-5%	(\$2.64)	NA	NA	NA	NA
94690	26	Exhaled air analysis	\$3.74	\$3.94	5%	\$0.20	\$3.74	\$3.94	5%	\$0.20
94690	TC	Exhaled air analysis	\$47.97	\$45.14	-6%	(\$2.84)	NA	NA	NA	NA
94726		Pulm funct tst plethysmograp	\$60.90	\$53.38	-12%	(\$7.53)	NA	NA	NA	NA
94726	26	Pulm funct tst plethysmograp	\$12.93	\$12.54	-3%	(\$0.39)	\$12.93	\$12.54	-3%	(\$0.39)
94726	TC	Pulm funct tst plethysmograp	\$47.97	\$40.84	-15%	(\$7.13)	NA	NA	NA	NA
94727		Pulm function test by gas	\$47.63	\$42.27	-11%	(\$5.36)	NA	NA	NA	NA
94727	26	Pulm function test by gas	\$12.93	\$12.54	-3%	(\$0.39)	\$12.93	\$12.54	-3%	(\$0.39)
94727	TC	Pulm function test by gas	\$34.70	\$29.73	-14%	(\$4.97)	NA	NA	NA	NA
94728		Pulm funct test oscillometry	\$45.93	\$40.48	-12%	(\$5.45)	NA	NA	NA	NA
94728	26	Pulm funct test oscillometry	\$12.93	\$12.90	0%	(\$0.03)	\$12.93	\$12.90	0%	(\$0.03)
94728	TC	Pulm funct test oscillometry	\$33.00	\$27.58	-16%	(\$5.42)	NA	NA	NA	NA
94729		Co/membrane diffuse capacity	\$62.60	\$54.45	-13%	(\$8.15)	NA	NA	NA	NA
94729	26	Co/membrane diffuse capacity	\$9.53	\$9.31	-2%	(\$0.21)	\$9.53	\$9.31	-2%	(\$0.21)
94729	TC	Co/membrane diffuse capacity	\$53.08	\$45.14	-15%	(\$7.94)	NA	NA	NA	NA
94750		Pulmonary compliance study	\$87.10	\$81.68	-6%	(\$5.42)	NA	NA	NA	NA
94750	26	Pulmonary compliance study	\$10.89	\$11.46	5%	\$0.58	\$10.89	\$11.46	5%	\$0.58
94750	TC	Pulmonary compliance study	\$76.21	\$70.21	-8%	(\$6.00)	NA	NA	NA	NA
94760		Measure blood oxygen level	\$3.40	\$3.22	-5%	(\$0.18)	NA	NA	NA	NA
94761		Measure blood oxygen level exercise	\$5.10	\$5.02	-2%	(\$0.09)	NA	NA	NA	NA
94762		Measure blood oxygen level	\$25.18	\$24.72	-2%	(\$0.46)	NA	NA	NA	NA
94770		Exhaled carbon dioxide test	NA	NA	NA	NA	\$8.17	\$8.24	1%	\$0.07
94772		Breath recording infant	\$0.00	\$0.00	NA	\$0.00	NA	NA	NA	NA
94772	26	Breath recording infant	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
94772	TC	Breath recording infant	\$0.00	\$0.00	NA	\$0.00	NA	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	\$52.40	\$51.94	-1%	(\$0.45)	\$23.14	\$23.28	1%	\$0.15
94781		Car seat/bed test + 30 min	\$20.75	\$20.42	-2%	(\$0.34)	\$8.17	\$8.60	5%	\$0.43
94799		Pulmonary service/procedure Unlisted	\$0.00	\$0.00	NA	\$0.00	NA	NA	NA	NA

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CPT/ HCPCS	Modifier	Short Description	CY 2013	CY 2014	%	Dollar	CY 2013	CY 2014	%	Dollar
			CF \$34.0230	CF \$35.6446	Change	Change	CF \$34.0230	CF \$35.6446	Change	Change
			2013 NF Allowable	2014 NF Allowable	NF Allowable	NF Allowable	2013 FAC Allowable	2014 FAC Allowable	FAC Allowable	FAC Allowable
94799	26	Pulmonary service/procedure Unlisted	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
94799	TC	Pulmonary service/procedure Unlisted	\$0.00	\$0.00	NA	\$0.00	NA	NA	NA	NA
95012		Exhaled nitric oxide meas	\$20.75	\$19.34	-7%	(\$1.41)	\$20.75	\$19.34	-7%	(\$1.41)
95782		Polysom <6 yrs 4/> paramtrs	\$1,045.19	\$1,026.32	-2%	(\$18.86)	NA	NA	NA	NA
95782	26	Polysom <6 yrs 4/> paramtrs	\$127.59	\$132.54	4%	\$4.96	\$127.59	\$132.54	4%	\$4.96
95782	TC	Polysom <6 yrs 4/> paramtrs	\$917.60	\$893.78	-3%	(\$23.82)	NA	NA	NA	NA
95783		Polysom <6 yrs cpap/bilvl	\$1,115.61	\$1,094.03	-2%	(\$21.59)	NA	NA	NA	NA
95783	26	Polysom <6 yrs cpap/bilvl	\$139.49	\$144.37	3%	\$4.87	\$139.49	\$144.37	3%	\$4.87
95783	TC	Polysom <6 yrs cpap/bilvl	\$976.12	\$949.66	-3%	(\$26.46)	NA	NA	NA	NA
95800		Slp stdy unattended	\$182.36	\$179.47	-2%	(\$2.89)	NA	NA	NA	NA
95800	26	Slp stdy unattended	\$51.03	\$52.66	3%	\$1.63	\$51.03	\$52.66	3%	\$1.63
95800	TC	Slp stdy unattended	\$131.33	\$126.81	-3%	(\$4.52)	NA	NA	NA	NA
95801		Slp stdy unatnd w/anal	\$95.26	\$95.29	0%	\$0.02	NA	NA	NA	NA
95801	26	Slp stdy unatnd w/anal	\$47.63	\$49.44	4%	\$1.80	\$47.63	\$49.44	4%	\$1.80
95801	TC	Slp stdy unatnd w/anal	\$47.63	\$45.85	-4%	(\$1.78)	NA	NA	NA	NA
95803		Actigraphy testing	\$152.42	\$151.17	-1%	(\$1.25)	NA	NA	NA	NA
95803	26	Actigraphy testing	\$43.89	\$44.06	0%	\$0.17	\$43.89	\$44.06	0%	\$0.17
95803	TC	Actigraphy testing	\$108.53	\$107.11	-1%	(\$1.42)	NA	NA	NA	NA
95805		Multiple sleep latency test	\$429.37	\$423.07	-1%	(\$6.30)	NA	NA	NA	NA
95805	26	Multiple sleep latency test	\$57.50	\$60.18	5%	\$2.68	\$57.50	\$60.18	5%	\$2.68
95805	TC	Multiple sleep latency test	\$371.87	\$362.88	-2%	(\$8.99)	NA	NA	NA	NA
95806		Sleep study unatt & resp efft	\$183.38	\$173.02	-6%	(\$10.36)	NA	NA	NA	NA
95806	26	Sleep study unatt & resp efft	\$60.90	\$62.33	2%	\$1.43	\$60.90	\$62.33	2%	\$1.43
95806	TC	Sleep study unatt & resp efft	\$122.48	\$110.69	-10%	(\$11.79)	NA	NA	NA	NA
95807		Sleep study attended	\$499.80	\$476.44	-5%	(\$23.35)	NA	NA	NA	NA
95807	26	Sleep study attended	\$60.90	\$63.05	4%	\$2.15	\$60.90	\$63.05	4%	\$2.15
95807	TC	Sleep study attended	\$438.90	\$413.40	-6%	(\$25.50)	NA	NA	NA	NA
95808		Polysom any age 1-3> param	\$654.60	\$638.72	-2%	(\$15.88)	NA	NA	NA	NA
95808	26	Polysom any age 1-3> param	\$85.06	\$88.48	4%	\$3.42	\$85.06	\$88.48	4%	\$3.42
95808	TC	Polysom any age 1-3> param	\$569.55	\$550.24	-3%	(\$19.31)	NA	NA	NA	NA
95810		Polysom 6/> yrs 4/> param	\$645.76	\$621.17	-4%	(\$24.59)	NA	NA	NA	NA
95810	26	Polysom 6/> yrs 4/> param	\$119.76	\$123.95	3%	\$4.19	\$119.76	\$123.95	3%	\$4.19
95810	TC	Polysom 6/> yrs 4/> param	\$526.00	\$497.22	-5%	(\$28.78)	NA	NA	NA	NA
95811		Polysom 6/>yrs cpap 4/> parm	\$677.40	\$651.62	-4%	(\$25.78)	NA	NA	NA	NA
95811	26	Polysom 6/>yrs cpap 4/> parm	\$124.52	\$128.96	4%	\$4.44	\$124.52	\$128.96	4%	\$4.44
95811	TC	Polysom 6/>yrs cpap 4/> parm	\$552.87	\$522.65	-5%	(\$30.22)	NA	NA	NA	NA
99291		Critical care first hour	\$272.18	\$274.76	1%	\$2.58	\$217.75	\$224.61	3%	\$6.86
99292		Critical care addl 30 min	\$120.78	\$123.23	2%	\$2.45	\$109.55	\$112.48	3%	\$2.93
G0424		Pulmonary rehab w exer	\$30.96	\$30.45	-2%	(\$0.51)	\$13.95	\$14.69	5%	\$0.74
G0237		Therapeutic procd strg endur	\$10.89	\$10.03	-8%	(\$0.86)	NA	NA	NA	NA
G0238	"	Oth resp proc, indiv"	\$11.57	\$10.75	-7%	(\$0.82)	NA	NA	NA	NA
G0239	"	Oth resp proc, group "	\$12.93	\$12.90	0%	(\$0.03)	NA	NA	NA	NA
32554		Aspirate pleura w/o imaging	\$566.48	\$200.97	-65%	(\$365.52)	\$89.82	\$93.14	4%	\$3.32

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CPT/ HCPCS	Modifier	Short Description	CY 2013	CY 2014	%	Dollar	CY 2013	CY 2014	%	Dollar
			CF \$34.0230	CF \$35.6446	Change	Change	CF \$34.0230	CF \$35.6446	Change	Change
			2013 NF Allowable	2014 NF Allowable	NF Allowable	NF Allowable	2013 FAC Allowable	2014 FAC Allowable	FAC Allowable	FAC Allowable
32555		Aspirate pleura w/ imaging	\$653.24	\$299.84	-54%	(\$353.40)	\$112.28	\$117.14	4%	\$4.86
32556		Insert cath pleura w/o image	\$597.10	\$542.00	-9%	(\$55.10)	\$123.16	\$128.60	4%	\$5.44
32557		Insert cath pleura w/ image	\$969.32	\$577.82	-40%	(\$391.49)	\$166.03	\$171.59	3%	\$5.56

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MEDICARE HOSPITAL OUTPATIENTS PAYMENTS

CMS also released the final rule governing payments and policies for Medicare hospital outpatient payments. The final impacts payments for several types of services of interest to ATS members.

Pulmonary

The final rule implemented a payment “bundling” policy that will have financial impacts for many pulmonary providers. As seen in the chart, the Medicare reimbursement for many outpatient pulmonary codes increased significantly – in some case more than 25%. CMS is also stopping future payments for selected add-on codes or ancillary codes commonly provided with base procedure codes. CMS is effectively bundling the costs of the add-on code to the base procedure code, which increases the reimbursement for the base code. There will be significant variation by institution based on the mix of CPT coding, but on balance the bundling

should result in overall increase in Medicare payments to the pulmonary community.

Pulmonary Rehabilitation /Respiratory Therapy

Reviewing the payments under final hospital outpatient payment rule indicated that reimbursement for pulmonary rehabilitation (G0424) went up four cents to \$39.35, while reimbursement for respiratory therapy codes (G0237, G0238, G0239) increased \$4.26 (+12%) to equal the same payment as pulmonary rehabilitation. The increase in the respiratory therapy codes was likely driven by CMS’s effect to ensure equal payment for essentially similar procedures.

Sleep Codes

Hospital outpatient reimbursement for several sleep codes took a beating in the final rule with pediatric polysomnography, actigraphy and attended sleep studies seeing deep cuts (33%-45%).

FINAL 2013 Compared to Final 2014 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 2014 Final Rule Addendum B November 25, 2013\)](#)

[Click here for Link to References: CMS Website HOPPS CY October 2013 Final Rule \(Web Version\)](#)

CPT/ HCPCS	CMS Short Description Description	FINAL RULE CY 2013 Payment Rate	FINAL RULE CY 2014 Payment Rate	Dollar Change	Percent Change
31615	Visualization of windpipe	\$498.57	\$545.14	\$46.57	9%
31620	Endobronchial us add-on	\$0.00	\$0.00	\$0.00	N/A
31622	Dx bronchoscope/wash	\$763.88	\$951.62	\$187.74	25%
31623	Dx bronchoscope/brush	\$763.88	\$951.62	\$187.74	25%
31624	Dx bronchoscope/lavage	\$763.88	\$951.62	\$187.74	25%
31625	Bronchoscopy w/biopsy(s)	\$763.88	\$951.62	\$187.74	25%

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CPT/ HCPCS	CMS Short Description Description	FINAL RULE CY 2013 Payment Rate	FINAL RULE CY 2014 Payment Rate	Dollar Change	Percent Change
31626	Bronchoscopy w/markers	\$1,572.20	\$2,000.39	\$428.19	27%
31627	Navigational bronchoscopy	\$0.00	\$0.00	\$0.00	N/A
31628	Bronchoscopy/lung bx each	\$763.88	\$951.62	\$187.74	25%
31629	Bronchoscopy/needle bx each	\$1,572.20	\$2,000.39	\$428.19	27%
31630	Bronchoscopy dilate/fx repr	\$1,572.20	\$2,000.39	\$428.19	27%
31631	Bronchoscopy dilate w/stent	\$1,572.20	\$2,000.39	\$428.19	27%
31632	Bronchoscopy/lung bx addl	\$763.88	\$0.00	-\$763.88	-100%
31633	Bronchoscopy/needle bx addl	\$763.88	\$0.00	-\$763.88	-100%
31634	Bronch w/balloon occlusion	\$1,572.20	\$2,000.39	\$428.19	27%
31635	Bronchoscopy w/fb removal	\$763.88	\$951.62	\$187.74	25%
31636	Bronchoscopy bronch stents	\$1,572.20	\$2,000.39	\$428.19	27%
31637	Bronchoscopy stent add-on	\$763.88	\$0.00	-\$763.88	-100%
31638	Bronchoscopy revise stent	\$1,572.20	\$2,000.39	\$428.19	27%
31640	Bronchoscopy w/tumor excise	\$1,572.20	\$2,000.39	\$428.19	27%
31641	Bronchoscopy treat blockage	\$1,572.20	\$2,000.39	\$428.19	27%
31643	Diag bronchoscope/catheter	\$763.88	\$951.62	\$187.74	25%
31645	Bronchoscopy clear airways	\$763.88	\$951.62	\$187.74	25%
31646	Bronchoscopy reclear airway	\$763.88	\$951.62	\$187.74	25%
• 31647	Bronchial valve init insert	\$1,572.20	\$2,000.39	\$428.19	27%
• 31648	Bronchial valve remov init	\$1,572.20	\$2,000.39	\$428.19	27%
• 31649	Bronchial valve remov addl	\$763.88	\$951.62	\$187.74	25%
• 31651	Bronchial valve addl insert	\$1,572.20	\$0.00	-\$1,572.20	-100%
• 31660	Bronch thermoplasty 1 lobe	\$1,572.20	\$2,000.39	\$428.19	27%
• 31661	Bronch thermoplasty 2/> lobes	\$1,572.20	\$2,000.39	\$428.19	27%
94002	Vent mgmt inpat init day	\$247.41	\$349.21	\$101.80	41%
94003	Vent mgmt inpat subq day	\$247.41	\$349.21	\$101.80	41%
94010	Breathing capacity test	\$62.87	\$88.74	\$25.87	41%
94011	Spirometry up to 2 yrs old	\$45.06	\$57.37	\$12.31	27%
94012	Spirometry w/brnchdil inf-2 yr	\$45.06	\$88.74	\$43.68	97%
94013	Meas lung vol thru 2 yrs	\$179.86	\$243.71	\$63.85	35%
▲ 94014	Patient recorded spirometry	\$62.87	\$88.74	\$25.87	41%
94015	Patient recorded spirometry	\$62.87	\$88.74	\$25.87	41%
▲ 94016	Review patient spirometry	\$0.00	\$0.00	\$0.00	N/A
94060	Evaluation of wheezing	\$100.94	\$135.40	\$34.46	34%
94070	Evaluation of wheezing	\$179.86	\$243.71	\$63.85	35%
94150	Vital capacity test	\$45.06	\$57.37	\$12.31	27%
94200	Lung function test (MBC/MVV)	\$45.06	\$57.37	\$12.31	27%
94250	Expired gas collection	\$45.06	\$57.37	\$12.31	27%
94375	Respiratory flow volume loop	\$45.06	\$88.74	\$43.68	97%
94400	CO2 breathing response curve	\$45.06	\$88.74	\$43.68	97%
94450	Hypoxia response curve	\$62.87	\$88.74	\$25.87	41%
▲ 94452	Hast w/report	\$62.87	\$88.74	\$25.87	41%
▲ 94453	Hast w/oxygen titrate	\$62.87	\$88.74	\$25.87	41%
▲ 94610	Surfactant admin thru tube	\$35.09	\$78.19	\$43.10	123%
94620	Pulmonary stress test/simple	\$62.87	\$88.74	\$25.87	41%

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CPT/ HCPCS	CMS Short Description Description	FINAL RULE CY 2013 Payment Rate	FINAL RULE CY 2014 Payment Rate	Dollar Change	Percent Change
94621	Pulm stress test/complex	\$179.86	\$243.71	\$63.85	35%
94640	Airway inhalation treatment	\$35.09	\$78.19	\$43.10	123%
94642	Aerosol inhalation treatment	\$100.94	\$135.40	\$34.46	34%
94644	Cbt 1st hour	\$49.64	\$98.25	\$48.61	98%
94645	Cbt each addl hour	\$49.64	\$0.00	-\$49.64	-100%
94660	Pos airway pressure cpap	\$100.94	\$78.19	-\$22.75	-23%
94662	Neg press ventilation cnp	\$247.41	\$349.21	\$101.80	41%
Composite	Critical Care	\$535.86	\$634.94	\$99.08	18%
Composite	Trauma Response with Critical Care	\$914.47	\$961.51	\$47.04	5%
94664	Evaluate pt use of inhaler	\$35.09	\$78.19	\$43.10	123%
94667	Chest wall manipulation	\$35.09	\$78.19	\$43.10	123%
94668	Chest wall manipulation	\$35.09	\$39.35	\$4.26	12%
94680	Exhaled air analysis o2	\$179.86	\$88.74	-\$91.12	-51%
94681	Exhaled air analysis o2/co2	\$179.86	\$243.71	\$63.85	35%
94690	Exhaled air analysis	\$45.06	\$22.11	-\$22.95	-51%
94726	Pulm funct tst plethysmograp	\$45.06	\$88.74	\$43.68	97%
94727	Pulm function test by gas	\$45.06	\$88.74	\$43.68	97%
94728	Pulm funct test oscillometry	\$45.06	\$88.74	\$43.68	97%
94729	Co/membrane diffuse capacity	\$62.87	\$0.00	-\$62.87	-100%
94750	Pulmonary compliance study	\$45.06	\$57.37	\$12.31	27%
94760	Measure blood oxygen level	\$0.00	\$0.00	\$0.00	N/A
94761	Measure blood oxygen level	\$0.00	\$0.00	\$0.00	N/A
94762	Measure blood oxygen level	\$66.52	\$131.06	\$64.54	97%
94770	Exhaled carbon dioxide test	\$179.86	\$243.71	\$63.85	35%
94772	Breath recording infant	\$179.86	\$243.71	\$63.85	35%
▲ 94774	Ped home apnea rec compl	\$0.00	\$0.00	\$0.00	N/A
94775	Ped home apnea rec hk-up	\$66.52	\$70.18	\$3.66	6%
94776	Ped home apnea rec downld	\$66.52	\$70.18	\$3.66	6%
▲ 94777	Ped home apnea rec report	\$0.00	\$0.00	\$0.00	N/A
94780	Car seat/bed test 60 min	\$49.64	\$53.44	\$3.80	8%
+ 94781	Car seat/bed test + 30 min	\$49.64	\$0.00	-\$49.64	-100%
94799	Pulmonary service/procedure Unlisted	\$45.06	\$57.37	\$12.31	27%
95012	Exhaled nitric oxide meas	\$45.06	\$57.37	\$12.31	27%
# • 95782	Polysom <6 yrs 4/> paramtrs	\$806.13	\$440.12	-\$366.01	-45%
# • 95783	Polysom <6 yrs cpap/bilvl	\$806.13	\$440.12	-\$366.01	-45%
# 95800	Slp stdy unattended	\$172.61	\$181.60	\$8.99	5%
# 95801	Slp stdy unatnd w/anal	\$172.61	\$181.60	\$8.99	5%
95803	Actigraphy testing	\$79.83	\$53.44	-\$26.39	-33%
95805	Multiple sleep latency test	\$806.13	\$862.51	\$56.38	7%
95806	Sleep study unatt&resp efft	\$172.61	\$181.60	\$8.99	5%
95807	Sleep study attended	\$806.13	\$440.12	-\$366.01	-45%
▲ 95808	Polysom any age 1-3> param	\$806.13	\$862.51	\$56.38	7%
▲ 95810	Polysom 6/> yrs 4/> param	\$806.13	\$862.51	\$56.38	7%
▲ 95811	Polysom 6/>yrs cpap 4/> parm	\$806.13	\$862.51	\$56.38	7%
99291	Critical care first hour	\$535.86	\$634.94	\$99.08	18%

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CPT/ HCPCS	CMS Short Description Description	FINAL RULE CY 2013 Payment Rate	FINAL RULE CY 2014 Payment Rate	Dollar Change	Percent Change
99292	Critical care addl 30 min	\$0.00	\$0.00	\$0.00	0%
G0424	Pulmonary rehab w exer	\$39.31	\$39.35	\$0.04	0%
G0237	Therapeutic procd strg endur	\$35.09	\$39.35	\$4.26	12%
G0238	Oth resp proc, indiv	\$35.09	\$39.35	\$4.26	12%
G0239	Oth resp proc, group	\$35.09	\$39.35	\$4.26	12%
• 32554	Aspirate pleura w/o imaging	\$412.39	\$485.19	\$72.80	18%
• 32555	Aspirate pleura w/ imaging	\$412.39	\$485.19	\$72.80	18%
• 32556	Insert cath pleura w/o image	\$412.39	\$485.19	\$72.80	18%
• 32557	Insert cath pleura w/ image	\$412.39	\$485.19	\$72.80	18%

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QUALITY MEASURES

In the Medicare Physician Fee Schedule, CMS released the final list of quality measures for 2014 and issued policy addressing quality measures. ATS members should be aware that 2014 is the last year physicians can qualify for the Physician Quality Reporting System bonus of 0.5%. Additionally, 2014 is the year CMS will use to measure the 2016 penalty adjust (if you don't meet the 2014 criteria satisfactorily, your 2016 payments will be cut 2%). Starting 2015 there will be no bonus for successfully reporting on PQRS measures and instead there will be penalties for failure to successfully report PQRS measures satisfactorily. On the plus side CMS did lower the threshold for successful reporting from 80 to 50 percent.

ATS members should be aware that Congress, as part of the legislation to repeal the Sustainable Growth Rate formula, is considering a number of changes to the Medicare quality measure system, including eliminating penalties for not reporting in 2016. So the above information reflects current law and CMS policy, but may change significantly if a SGR bill is enacted.

Other important changes in the quality measure program include:

- For individual participation, CMS finalized its plan to increase the number of measures from three to nine measures that must be reported for incentive purposes. The measures must cover at least three of the National Quality Strategy (NQS) domains.

- CMS will no longer recognize the reporting of one measure or one measures group, or the election of Administrative Claims reporting conducted by CMS as viable reporting options for avoiding a PQRS penalty. However, physicians may report on ONLY three measures on 50 percent of their applicable patients to avoid the 2016 PQRS penalty.
- PQRS measures groups in 2014 will only be reportable through a registry.
- CMS finalized its proposal to allow groups of 25 or more eligible providers (EPs) to count reporting of CG-CAHPS survey measures towards meeting the criteria for satisfactory reporting for the 2014 PQRS incentive and avoiding the 2016 PQRS penalties. If a practice of 25-99 EPs chooses to report CG-CAHPS to earn an incentive, they will need to report all CG-CAHPS survey measures via a certified vendor, AND report at least six measures covering at least two of the NQS domains using a qualified registry, direct EHR product, EHR data submission vendor, or GPRO web interface reporting mechanisms. Unfortunately, CMS will only bear the cost of administering the CG-CAHPS survey for group practices of 100 or more EPs registered to utilize the GPRO web interface for PQRS reporting.
- For group practices reporting individual measures via registry, CMS finalized its proposal to increase the number of measures that must be reported from three to nine measures and proposes a 50 percent threshold instead of

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an 80 percent threshold, which it also finalized for the individual satisfactory reporting criteria for the 2014 PQRS incentive.

PQRS Qualified Clinical Data Registries

CMS finalized its proposal to add a new clinical data registry option permitting physicians and other PQRS-eligible professionals to report quality measures within a clinical data registry instead of those on the PQRS measures list. To earn an incentive through a qualified clinical data registry in 2014, the EP must report at least nine measures and one measure must be an outcomes measure covering at least three NQS domains AND report each measure for at least 50 percent of an EP's applicable patients seen during the reporting period (Jan. 1-Dec. 31, 2014) to which the measure applies. CMS did not adopt its proposal to require the reporting of nine measures to avoid the payment adjustment. For purposes of avoiding the payment adjustment, an EP must report at

least three measures covering at least one NQS domain for at least 50 percent of EPs applicable patients seen during the reporting period to which the measure applies through a qualified clinical data registry. Furthermore, CMS did not finalize its proposal, for purposes of avoiding the payment adjustment, to require the EP to report on at least one outcome measure.

For the pulmonary, critical care, and sleep community, the only major change in available reporting measures was the deletion of two individual measures: Anticoagulation for acute pulmonary embolus patients (0503/253), and Smoking and Tobacco Use Cessation, Medical Assistance (0027/38). The pulmonary embolus measure was deleted because it was no longer supported by the measure developer. The smoking measure was deleted because tobacco use and smoking cessation are captured in several other current PQRS measures.

Measure Groups for 2014

NQF/PQRS	Measure Title and Description Asthma Measures Group	Measure Developer
0047/53	Asthma: Pharmacologic Therapy for Persistent Asthma – Ambulatory Care Setting: Percentage of patients aged 5 through 64 years with a diagnosis of persistent asthma who were prescribed long-term control medication	AMA- PCPI/ NCQA
0001/64	Asthma: Assessment of Asthma Control – Ambulatory Care Setting: Percentage of patients aged 5 through 64 years with a diagnosis of asthma who were evaluated at least once during the measurement period for asthma control (comprising asthma impairment and asthma risk)	AMA- PCPI/ NCQA
N/A/231	Asthma: Tobacco Use: Screening – Ambulatory Care Setting: Percentage of patients aged 5 through 64 years with a diagnosis of asthma (or their primary caregiver) who were queried about tobacco use and exposure to second hand smoke within their home environment at least once during the one-year measurement period	AMA- PCPI/ NCQA
N/A/232	Asthma: Tobacco Use: Intervention – Ambulatory Care Setting: Percentage of patients aged 5 through 64 years with a diagnosis of asthma who were identified as tobacco users (or their primary caregiver) who received tobacco cessation intervention at least once during the one-year measurement period.	AMA- PCPI/ NCQA
NQF/PQRS	Measure Title and Description: COPD Measures Group	Measure Developer
0091/51	Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation: Percentage of patients aged 18 years and older with a diagnosis of COPD who had spirometry evaluation results documented	AMA- PCPI
0102/52	Chronic Obstructive Pulmonary Disease (COPD): Inhaled Bronchodilator Therapy: Percentage of patients aged 18 years and older with a diagnosis of COPD and who have an FEV1/FVC less than 60% and have symptoms who were prescribed an inhaled bronchodilator	AMA- PCPI
0041/110	Preventive Care and Screening: Influenza Immunization: Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization	AMA- PCPI
0043/111	Pneumonia Vaccination Status for Older Adults: Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine	NCQA
0028/226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention: Percentage of patients 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	AMA- PCPI

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NQF/PQRS	Measure Title and Description: Sleep Apnea Measures Group	Measure Developer
N/A/276	Sleep Apnea: Assessment of Sleep Symptoms: Percentage of visits for patients aged 18 years and older with a diagnosis of obstructive sleep apnea that includes documentation of an assessment of sleep symptoms, including presence or absence of snoring and daytime sleepiness	AMA-PCPI/ NCQA
N/A/277	Sleep Apnea: Severity Assessment at Initial Diagnosis: Percentage of patients aged 18 years and older with a diagnosis of obstructive sleep apnea who had an apnea hypopnea index (AHI) or a respiratory disturbance index (RDI) measured at the time of initial diagnosis	AMA-PCPI/ NCQA
N/A/278	Sleep Apnea: Positive Airway Pressure Therapy Prescribed: Percentage of patients aged 18 years and older with a diagnosis of moderate or severe obstructive sleep apnea who were prescribed positive airway pressure therapy	AMA-PCPI/ NCQA
N/A/279	Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy: Percentage of visits for patients aged 18 years and older with a diagnosis of obstructive sleep apnea who were prescribed positive airway pressure therapy who had documentation that adherence to positive airway pressure therapy was objectively measured	AMA-PCPI/ NCQA

Physician Quality Reporting System Recommended Core Measures for 2014 and Beyond

NQF/PQRS	CMS E-Measure ID	NQS Domain	Measure Title and Description	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
0028/226	138v2	Community/Population Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention: Percentage of patients 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	AMAPCPI	X	X	X	X	X	M2 ACO Million Hearts
0036/311	126v2	Effective Clinical Care	Use of Appropriate Medications for Asthma: Percentage of patients 5-64 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period	NCQA			X			MU2

Final Individual Quality Measures and Those Included in Measures Groups for the Physician Quality Reporting System to be Available for Satisfactory Reporting via Claims, Registry or EHR beginning 2014

NQF/PQRS	CMS E-Measure ID	NQS Domain	Measure Title and Description	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
0326/47		Communication and Care Coordination	Advance Care Plan: Percentage of patients aged 65 year and older who have an advanced care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but that the patient did not wish or was not able to name a surrogate decision maker or provide an advanced care plan *The HER-based reporting mechanism is no longer available for reporting this measure for 2014 and beyond							

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NQF/ PQRS	CMS E-Measure ID	NQS Domain	Measure Title and Description	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
0091/51		Effective Clinical Care	COPD: Spirometry Evaluation: Percentage of patients aged 18 years and older with a diagnosis of COPD who had spirometry evaluation results documented	AMA/PCPI	X	X			X	
102/52		Effective Clinical Care	COPD: Inhaled Bronchodilator Therapy: Percentage of patients aged 18 and older with a diagnosis of COPD and who have an FEV1/FVC less than 60% and have symptoms who were prescribed an inhaled bronchodilator	AMA/PCPI	X	X			X	
0047/53		Effective Clinical Care	Asthma: Pharmacologic Therapy for Persistent Asthma – Ambulatory Care Setting: Percentage of patients aged 5-64 years with a diagnosis of persistent asthma who were prescribed long-term control medication	AMA-PCPI/ NCQA		X			X	
0001/64		Effective Clinical Care	Asthma: Assessment of Asthma Control – Ambulatory Care Setting: Percentage of patients aged 5 through 64 years with a diagnosis of asthma who were evaluated at least once during the measurement period for asthma control (comprising asthma impairment and asthma risk) *The claims-based and EHR-based reporting options are no longer available for reporting this measure for 2014 and beyond	AMA-PCPI/ NCQA		X			X	
0041/110	147v2	Community/ Population Health	Preventive Care and Screening: Influenza Immunization: Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization	AMA-PCPI	X	X	X	X	X	MU2 ACO
0043/111	127v2	Effective Clinical Care	Pneumonia Vaccination Status for Older Adults: Percentage of patients 65 years and older who have ever received a pneumococcal vaccine	NCQA	X	X	X	X	X	MU2 ACO
0058/116		Efficiency and Cost Reduction	Antibiotic Treatment for Adults with Acute Bronchitis: Avoidance of Inappropriate Use: Percentage of adults 18 through 64 years of age with a diagnosis of acute bronchitis who were not prescribed or dispensed an antibiotic prescription on or 3 days after the episode The claim based reporting option is no longer available for reporting this measure for 2014 and beyond	NCQA		X				

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NQF/ PQRS	CMS E-Measure ID	NQS Domain	Measure Title and Description	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
0028/226	138v2	Community/ Population Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention: Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	AMA-PCPI	X	X	X	X	X	MU2 ACO Million Hearts
N/A/231		Effective Clinical Care	Asthma: Tobacco Screening- Ambulatory Care Setting: Percentage of patients aged 5 through 64 years with a diagnosis of asthma (or their primary caregiver) who were queried about tobacco use and exposure to second hand smoke within the home environment at least once during the one-year measurement period	AMA-PCPI	X	X			X	
N/A/232		Effective Clinical Care	Asthma: Tobacco Use: Intervention- Ambulatory Care Setting: Percentage of patients aged 5 through 64 years with a diagnosis of asthma who were identified as tobacco users (or their primary caregiver) who received tobacco cessation intervention at least once during the one-year measurement period	AMAPCPI/ NCQA	X	X			X	
N/A/276		Effective Clinical Care	Sleep Apnea: Assessment of Sleep Symptoms: Percentage of visits for patients aged 18 years and older with a diagnosis of obstructive sleep apnea that includes documentation of an assessment of sleep symptoms, including presence or absence of snoring and daytime sleepiness	AMA- PCPI/ NCQA					X	
N/A/277		Effective Clinical Care	Sleep Apnea: Positive Airway Pressure Therapy Prescribed: Percentage of patients aged 18 years and older with a diagnosis of moderate or severe obstructive sleep apnea who were prescribed positive airway pressure therapy.	AMA- PCPI/ NCQA						
N/A/278		Effective Clinical Care	Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy: Percentage of visits for patients aged 18 years and older with a diagnosis of obstructive sleep apnea who were prescribed positive airway pressure who had documentation that adherence to positive airway pressure therapy was objectively measured	AMA- PCPI/ NCQA					X	
0036/311	126v2	Effective Clinical Care	Use of Appropriate Medications for Asthma: Percentage of patients 5-64 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period	NCQA			X			MU2

ICD-10-CM IS IN YOUR FUTURE!

As reported in the September 2013 issue of CBQ, ICD-10-CM will replace our current diagnostic coding system, ICD-9-CM, on October 1, 2014. It is an entirely different coding system, with approximately 69,000 codes compared to around 13,600 codes in ICD-9-CM, which will require time, money, and a lot of effort by pulmonologists to incorporate into their practices. It is now January 2014 and, hopefully, preparations to initiate ICD-10 should be well underway.

Referring to Table 1, a high level overview of ICD-10-CM should have been undertaken and preparations for implementation should be underway (Step One). The oversight of the project should be assigned to a team which

has the power to use all the resources available to facilitate implementation (Step Two). That team should put together a timeline to address Steps Three through Seven, so that there is a deliberate progression through each step. Remember that all your vendors will also be required to use ICD-10-CM on October 1, 2014, as well, so they will have to be contacted to be sure they are ready by that deadline. Vendors as well as physicians and medical staffs will need to be educated about the new coding system. That should be accomplished by August 1, 2014, to ensure success. As promised there will be further articles and updates about ICD-10-CM in each issue of CBQ during 2014.

Table 1: Steps to Prepare for Implementation of ICD-10-CM*

Step One:	Conduct a high level overview of ICD-10-CM and seek buy-in to prepare for implementation.
Step Two:	Assign individuals or a team to oversee the implementation and empower them to use all resources available.
Step Three:	Assess all areas of practice and determine the changes necessary with an in-depth analysis including documentation evaluations.
Step Four:	Plan the implementation including staff training, vendor communication, policy, and document changes, and budgets with scheduled time tables.
Step Five:	Prepare by updating processes, policies, training materials, and begin changes with vendors and outside partners.
Step Six:	Train staff and providers on the new policies, processes, code set, software upgrades, anatomy and physiology plus specificity requirements for ICD-10-CM.
Step Seven:	Test all changes for ICD-10-CM prior to implementation and verify at least 90% accuracy in documentation and coding.
Step Eight:	Implement October 1, 2014
Step Nine:	Evaluate the implementation results including review of denied claims, documentation, and coding accuracy. Analyze all changes and examine for gaps between expectations and actual results to determine areas which will need adjustments, then implement them.

**Modified from ICD-10: The History, the Impact and the Keys to Success. WhitePaper. www.aapc.com
For addition information see the link above as well as the following CMS link: <http://www.cms.gov/Medicare/Coding/ICD-10MythsandFacts.pdf>*

TRANSITIONAL CARE MANAGEMENT

Are you aware of the new Transitional Care Management (TCM) codes, 99495 and 99496? Have you started using these codes in your practice yet? Do you think these are only for primary care? ATS members most certainly are able to use these codes as patients are transitioned out of an acute care setting and back to the community. Here are some of the things you need to know.

Medicare began reimbursing for TCM in January of 2013 in the hopes of improving the transition of care from the hospital, nursing home, long-term acute care hospital, inpatient rehab, or skilled nursing facility back to the home (home, domiciliary, rest home, or assisted living). The codes cover the work that is done to coordinate this transition for 30 days after discharge. There are specific requirements for each of the two codes that differ slightly.

The key elements for 99495 are as follows:

- Communication with the patient or caregiver within 2 days of discharge
- Certain non-face-to-face services
- A face to face visit within 14 days of discharge of at least moderate medical decision complexity (location not specified)

The key elements for 99496 are as follows:

- Communication with the patient or caregiver within 2 days of discharge
- Certain non-face-to-face services
- A face to face visit within 7 days of discharge of high medical decision complexity (location not specified)

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TCM services may be provided by physicians (any specialty) as well as the following non-physician practitioners (NPP) who are qualified in their respective states to provide care: certified nurse-midwives, clinical nurse specialists, nurse practitioners, and physician assistants. TCM may be reported by one health care professional for each discharge. The interactive contact with the patient or caregiver must be made within 2 business days of discharge. This may be via telephone, email, or face to face and must be documented. The required non face-to-face services may be provided by physicians or qualified NPPs, and/or the clinical office staff from the following possible options:

Physicians or NPPs

- Obtain and review discharge information
- Review pending diagnostic tests and treatments
- Interact with other health care professionals
- Provide education to the patient, family and/or caregiver
- Establish or re-establish referrals and any needed community resources
- Assist in scheduling follow-up appointments

Licensed Clinical Staff under the direction of a physician or NPP

- Communicate with agencies and community services used by the patient
- Provide education to the patient, family, and/or caregiver to support self-management, independent living, and ADLs
- Assess and support treatment regimen adherence and medication management
- Identify available community resources

- Assist the patient and/or family in assessing the need for additional community services.

The required face-to-face visit is part of the TCM service and is not reported separately.

Another thing to note is that the service is reported once per patient during the TCM period and by only one physician or NPP. For example TCM cannot be reported by the PCP and the subspecialist. If however the subspecialist is the primary provider for the patient and provides the transitional care management as described above, the subspecialist can bill for these services.

Documentation that is needed in the patient record includes the date of discharge, the date of the interactive contact, the date of the face-to-face visit, and the complexity of the medical decision making. The date of service is the 30th day after discharge at which time you should submit your bill. The place of service is the location of the face-to-face visit.

If you are an ATS member who manages complex patients requiring inpatient acute care and then also manages the transition back to the community, you have an option to bill for these services. CPT Code **99495** – Transitional care management services with moderate medical decision complexity or CPT Code **99496** – Transitional care management services with high medical decision complexity are available to you now. Consider using these codes to bill for these services for your complex patients.

For additional information see the following CMS link: <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Transitional-Care-Management-Services-Fact-Sheet-ICN908628.pdf>