

# Coding&Billing Quarterly

OCTOBER 2017

#### **EDITOR**

ALAN L. PLUMMER, MD ATS RUC Advisor

#### ADVISORY BOARD MEMBERS:

KEVIN KOVITZ, MD

Chair, ATS Clinical Practice Committee

KATINA NICOLACAKIS, MD

Member, ATS Clinical Practice Committee ATS Alternate RUC Advisorr

STEPHEN P. HOFFMANN, MD

Member, ATS Clinical Practice Committee ATS CPT Advisor

MICHAEL NELSON, MD

Member, ATS Clinical Practice Committee ATS Alternate CPT Advisor

STEVE G. PETERS. MD

Member, ATS Clinical Practice Committee

#### In This Issue

CMS Issues Proposed Rules for 2018, page 2

Medicare Physician Fee Schedule, page 7

NEW ICD-10-CM Codes for Pulmonary Hypertension begin October 1, 2017, page 15

Moderate Sedation Codes: Update, page 18

Welcome to the October issue of the ATS Coding and Billing Quarterly. The issue covers the perennial Medicare proposed rules that come out every summer, CMS's proposed 2018 rules for Hospital Outpatient Prospective Payment System and the Medicare Physician Fee Schedule. Unlike previous years, neither proposed rule includes policy changes that will dramatically affect coding, billing, coverage or reimbursement policies under the Medicare program. But both proposed rules do signal coming policy changes in the near future.



E/M Documentation. The proposed rule includes a discussion of the challenges of the current E/M documentation requirements, the burdens they create on physicians and how EMR technology is changing the usefulness of the current point counting system for determining the appropriate E/M level. The proposed rule does not endorse any specific policy options, and it is unlikely CMS will take any immediate action for the 2018 calendar year. It does, however, signal that CMS is seeking community input and is considering major policy changes to the current E/M documentation requirements. It also suggest changes in how providers choose the appropriate E/M level, recommending the choice be driven primarily by medical decision making. ATS members are encouraged to share their thoughts on how to improve the E/M system. Comments can be submitted to codingquestions@thoracic.org. Please use the heading "E/M Documentation" in the subject heading.

**Regulatory Burdens.** CMS also is actively seeking comments on regulatory burdens faced by physicians. The proposed rule signals CMS's new approach to use its executive authority to reduce unnecessary or harmful regulatory burdens. While no formal proposals were issued in the proposed rule, it does send a strong signal that CMS is open to considering steps the reduce physician regulatory burdens. ATS member are encouraged to send comments on reducing regulatory burdens to codingquestions@thoracic.org. Please use the heading "CMS Regulatory Burdens" in the subject heading.

The proposed rule does include a couple more routine proposed policy changes that will be of interest to ATS members (see CMS articles for more information).

The October issue also includes an article on correct use of the moderate sedation codes. Based on the number of questions the ATS is receiving on moderate sedation billing it is clear providers and payers are still adjusting to the changed CMS policy. We hope our article will help ATS members and their staff correctly use the relatively new moderate sedation codes.

continued on page 2

Starting in October, there will be revised ICD-10-CM codes for pulmonary hypertension. The new codes are a small success story for the ATS and PHA community. The previous PH codes used outdated descriptions of the disease and did not support diagnostic or clinical treatment realities. The ATS led the effort to update the PH code family. While the revised code family is not exactly what we had requested from the ICD Update Committee, it represents a marked improvement over the previous codes.

Lastly we include a selection of questions (and our answers) submitted by ATS members regarding pulmonary, critical care and sleep medicine. As always, we welcome your coding, billing, reimbursement and coverage questions. Questions can be sent to <a href="mailto:codingquestions@thoracic.org">codingquestions@thoracic.org</a>.

Sincerely,

Alan L. Plummer, MD Editor

# CMS ISSUES PROPOSED RULES FOR 2018

This summer, the Centers for Medicare and Medicaid Services released the proposed rules for both the Hospital Outpatient Prospective Payment System and the Medicare Physician Fee Schedule. While neither rule proposes major shifts in coding, billing or coverage for the Medicare program, both include policy changes that are of interest to pulmonary, critical care and sleep providers. Below is a quick summary of the key issues for ATS members;

## **Hospital Outpatients Prospective Payment Rule**

**Pulmonary Rehabilitation** – The ATS is disappointed that CMS did not propose moving pulmonary rehabilitation services (**G0424**) from APC 5733 to APC 5721. The ATS and our sister organizations had petitioned CMS to make the APC switch to address the inappropriately declining reimbursements for pulmonary rehabilitation services (**G0424**). The proposed rule continues the downward trend in Medicare reimbursement for pulmonary rehabilitation, proposing \$53.22 for 2018, a cut of \$1.33 or 2.0%.

The ATS strongly recommends that members who are involved in outpatient pulmonary rehabilitation programs contact their hospital billing department to learn the cost charge ratio for pulmonary rehabilitation (**G0424**). The best way to clarify the charge your hospital is submitting to Medicare for **G0424** is to review the UB-04 claim. If the

UB-04 claim does not include proper professional services fees, supplies and equipment, then your hospital is likely unreporting costs, which is ultimately reducing Medicare reimbursement for pulmonary rehabilitation.

The ATS will continue to work with CMS and the provider community to address lagging reimbursement for pulmonary rehabilitation.

**Lung Cancer Screening** – CMS is proposing small cuts for reimbursement for lung cancer screening **G0296** (-2%) and **G0297** (-1.0%). The ATS will work with our colleagues in sister societies as well as the oncology and radiology societies to address the cuts proposed by CMS.

Hospital Owned Physician Practices – CMS is proposing to cut reimbursement significantly for services provided under the Hospital Outpatient Prospective Payment System by hospital owned practices. Prior to 2016, there was an emerging trend of hospitals buying physician practices and then charging for office-based services under the hospital outpatient system – that typically reimburses better than the Medicare physician fee schedule. In 2016, Congress passed legislation requiring that starting 2017, any newly acquired physician practices would only be paid 50% of the HOPPS amount.

In the proposed rule, CMS is taking this issue one step further by dropping payment to hospital owned physician practice to 25% of the Medicare HOPPS level.

## 2017 July Compared to Proposed 2018 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

		Status APC	JUL CY	Proposed					
CPT/ HCPCS	CMS Short Description	CY 2017	CY 2018	CY 2017	CY 2018	2017 Payment Rate	CY 2018 Payment Rate	Dollar Change	Percent Change
31615	Visualization of windpipe	Т	Т	5162	5162	\$442.62	\$453.96	\$11.34	3%
31620	Endobronchial us add-on	NA	NA	NA	NA	NA	NA	NA	NA
31622	Dx bronchoscope/wash	J1	J1	5153	5153	\$1,269.79	\$1,263.62	(\$6.17)	0%
31623	Dx bronchoscope/brush	J1	J1	5153	5153	\$1,269.79	\$1,263.62	(\$6.17)	0%
31624	Dx bronchoscope/lavage	J1	J1	5153	5153	\$1,269.79	\$1,263.62	(\$6.17)	0%
31625	Bronchoscopy w/biopsy(s)	J1	J1	5153	5153	\$1,269.79	\$1,263.62	(\$6.17)	0%
31626	Bronchoscopy w/markers	J1	J1	5155	5155	\$4,362.95	\$4,628.89	\$265.94	6%
31627	Navigational bronchoscopy	N	N	NA	NA				
31628	Bronchoscopy/lung bx each	J1	J1	5154	5154	\$2,431.23	\$2,476.20	\$44.97	2%
31629	Bronchoscopy/needle bx each	J1	J1	5154	5154	\$2,431.23	\$2,476.20	\$44.97	2%
31630	Bronchoscopy dilate/fx repr	J1	J1	5154	5154	\$2,431.23	\$2,476.20	\$44.97	2%
31631	Bronchoscopy dilate w/stent	J1	J1	5155	5155	\$4,362.95	\$4,628.89	\$265.94	6%
31632	Bronchoscopy/lung bx addl	N	N					NA	NA
31633	Bronchoscopy/needle bx addl	N	Ν					NA	NA
31634	Bronch w/balloon occlusion	J1	J1	5155	5155	\$4,362.95	\$4,628.89	\$265.94	6%
31635	Bronchoscopy w/fb removal	J1	J1	5153	5153	\$1,269.79	\$1,263.62	(\$6.17)	0%
31636	Bronchoscopy bronch stents	J1	J1	5155	5155	\$4,362.95	\$4,628.89	\$265.94	6%
31637	Bronchoscopy stent add-on	N	N	N				NA	NA
31638	Bronchoscopy revise stent	J1	J1	5155	5155	\$4,362.95	\$4,628.89	\$265.94	6%
31640	Bronchoscopy w/tumor excise	J1	J1	5154	5154	\$2,431.23	\$2,476.20	\$44.97	2%
31641	Bronchoscopy treat blockage	J1	J1	5154	5154	\$2,431.23	\$2,476.20	\$44.97	2%
31643	Diag bronchoscope/catheter	J1	J1	5153	5153	\$1,269.79	\$1,263.62	(\$6.17)	0%
31645	Bronchoscopy clear airways	J1	J1	5153	5153	\$1,269.79	\$1,263.62	(\$6.17)	0%
31646	Bronchoscopy reclear airway	Т	Т	5152	5152	\$361.92	\$355.16	(\$6.76)	-2%
31647	Bronchial valve init insert	J1	J1	5155	5155	\$4,362.95	\$4,628.89	\$265.94	6%
31648	Bronchial valve remov init	J1	J1	5154	5154	\$2,431.23	\$2,476.20	\$44.97	2%
31649	Bronchial valve remov addl	Q2	Q2	5153	5153	\$1,269.79	\$1,263.62	(\$6.17)	0%
31651	Bronchial valve addl insert	N	N					NA	NA
31652	Bronch ebus samplng 1/2 node	J1	J1	5154	5154	\$2,431.23	\$2,476.20	\$44.97	2%
31653	Bronch ebus samplng 3/> node	J1	J1	5154	5154	\$2,431.23	\$2,476.20	\$44.97	2%
31654	Bronch ebus ivntj perph les	N	N					NA	NA
31660	Bronch thermoplsty 1 lobe	J1	J1	5155	5155	\$4,362.95	\$4,628.89	\$265.94	6%
31661	Bronch thermoplsty 2/> lobes	J1	J1	5155	5155	\$4,362.95	\$4,628.89	\$265.94	6%

continued on page 4

		Sta	tus	Α	PC	JUL CY	Proposed		
CPT/ HCPCS	CMS Short Description	CY 2017	CY 2018	CY 2017	CY 2018	2017 Payment Rate	CY 2018 Payment Rate	Dollar Change	Percent Change
32554	Aspirate pleura w/o imaging	T	Т	5181	5181	\$684.13	\$586.09	(\$98.04)	-14%
32555	Aspirate pleura w/ imaging	T	Т	5181	5181	\$684.13	\$586.09	(\$98.04)	-14%
32556	Insert cath pleura w/o image	J1	J1	5302	5302	\$1,334.83	\$1,375.03	\$40.20	3%
32557	Insert cath pleura w/ image	Т	Т	5181	5182	\$684.13	\$945.33	\$261.20	38%
94002 Single Code	Vent mgmt inpat init day (Single Code APC Assignment & Rate)	Q3	Q3	5801	5801	\$423.95	\$436.87	\$12.92	3%
94002 Composite	Vent mgmt inpat init day (Composite APC Assignment & Rate)	S	S	5041	5041	\$687.17	\$715.54	\$28.37	4%
94002 Composite	Vent mgmt inpat init day (Composite APC Assignment & Rate)	S	S	5045	5045	\$872.07	\$930.65	\$58.58	7%
94003 Single Code	Vent mgmt inpat subq day (Single Code APC Assignment & Rate)	Q3	Q3	5801	5801	\$423.95	\$436.87	\$12.92	3%
94003 Composite	Vent mgmt inpat subq day (Composite APC Assignment & Rate)	S	S	5041	5041	\$687.17	\$715.54	\$28.37	4%
94003 Composite	Vent mgmt inpat subq day (Composite APC Assignment & Rate)	S	S	5045	5045	\$872.07	\$930.65	\$58.58	7%
94010	Breathing capacity test	Q1	Q1	5721	5721	\$127.10	\$129.59	\$2.49	2%
94011	Spirometry up to 2 yrs old	Q1	Q1	5721	5721	\$127.10	\$129.59	\$2.49	2%
94012	Spirmtry w/brnchdil inf-2 yr	Q1	Q1	5722	5722	\$232.31	\$242.21	\$9.90	4%
94013	Meas lung vol thru 2 yrs	S	S	5723	5723	\$415.87	\$428.89	\$13.02	3%
94014	Patient recorded spirometry	Q1	Q1	5735	5735	\$263.61	\$265.20	\$1.59	1%
94015	Patient recorded spirometry	Q1	Q1	5722	5722	\$232.31	\$242.21	\$9.90	4%
94016	Review patient spirometry	Α	Α					NA	NA
94060	Evaluation of wheezing	S	S	5722	5722	\$232.31	\$242.21	\$9.90	4%
94070	Evaluation of wheezing	S	S	5722	5722	\$232.31	\$242.21	\$9.90	4%
94150	Vital capacity test	Q1	Q1	5721	5721	\$127.10	\$129.59	\$2.49	2%
94200	Lung function test (MBC/MVV)	Q1	Q1	5734	5734	\$100.02	\$94.27	(\$5.75)	-6%
94250	Expired gas collection	Q1	Q1	5733	5733	\$54.55	\$53.22	(\$1.33)	-2%
94375	Respiratory flow volume loop	Q1	Q1	5722	5722	\$232.31	\$242.21	\$9.90	4%
94400	CO2 breathing response curve	Q1	Q1	5721	5721	\$127.10	\$129.59	\$2.49	2%
94450	Hypoxia response curve	Q1	Q1	5721	5721	\$127.10	\$129.59	\$2.49	2%
94452	Hast w/report	Q1	Q1	5734	5734	\$100.02	\$94.27	(\$5.75)	-6%
94453	Hast w/oxygen titrate	Q1	Q1	5734	5734	\$100.02	\$94.27	(\$5.75)	-6%
94610	Surfactant admin thru tube	Q1	Q1	5791	5791	\$162.08	\$176.28	\$14.20	9%
94620	Pulmonary stress test/simple	Q1	D	5734	Deleted	\$100.02	\$94.27	NA	NA
94621	Pulm stress test/complex	S	S	5722	5722	\$232.31	\$242.21	\$9.90	4%
946X2	Exercise tst brncspsm	New		New		New		New	New
946X3	Pulmonary stress testing	New		New		New		New	New
94640	Airway inhalation treatment	Q1	Q1	5791	5791	\$162.08	\$176.28	\$14.20	9%
94642	Aerosol inhalation treatment	Q1	Q1	5791	5791	\$162.08	\$176.28	\$14.20	9%

		Sta	itus	A	PC	JUL CY	Proposed		
CPT/ HCPCS	CMS Short Description	CY 2017	CY 2018	CY 2017	CY 2018	2017 Payment Rate	CY 2018 Payment Rate	Dollar Change	Percent Change
94644	Cbt 1st hour	Q1	Q1	5734	5734	\$100.02	\$94.27	(\$5.75)	-6%
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	\$162.08	\$176.28	\$14.20	9%
94662 Single Code	Neg press ventilation cnp (Single Code APC Assignment & Rate)	Q3	Q3	5801	5801	\$423.95	\$436.87	\$12.92	3%
94662 Composite	Neg press ventilation cnp (Composite APC Assignment & Rate)	S	S	5041	5041	\$687.17	\$715.54	\$28.37	4%
94662 Composite	Neg press ventilation cnp (Composite APC Assignment & Rate)	S	S	5045	5045	\$872.07	\$930.65	\$58.58	7%
94664	Evaluate pt use of inhaler	Q1	Q1	5791	5791	\$162.08	\$176.28	\$14.20	9%
94667	Chest wall manipulation	Q1	Q1	5734	5734	\$100.02	\$94.27	(\$5.75)	-6%
94668	Chest wall manipulation	Q1	Q1	5733	5734	\$54.55	\$94.27	\$39.72	73%
94680	Exhaled air analysis o2	Q1	Q1	5721	5721	\$127.10	\$129.59	\$2.49	2%
94681	Exhaled air analysis o2/co2	Q1	Q1	5722	5722	\$232.31	\$242.21	\$9.90	4%
94690	Exhaled air analysis	Q1	Q1	5732	5732	\$28.38	\$29.65	\$1.27	4%
94726	Pulm funct tst plethysmograp	Q1	Q1	5722	5722	\$232.31	\$242.21	\$9.90	4%
94727	Pulm function test by gas	Q1	Q1	5721	5721	\$127.10	\$129.59	\$2.49	2%
94728	Pulm funct test oscillometry	Q1	Q1	5722	5722	\$232.31	\$242.21	\$9.90	4%
94729	Co/membane diffuse capacity	N	N					NA	NA
94750	Pulmonary compliance study	Q1	Q1	5721	5721	\$127.10	\$129.59	\$2.49	2%
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	\$127.10	\$129.59	\$2.49	2%
94762 Composite	Measure blood oxygen level (Composite APC Assignment & Rate)	S	S	5041	5041	\$687.17	\$715.54	\$28.37	4%
94762 Composite	Measure blood oxygen level (Composite APC Assignment & Rate)	S	S	5045	5045	\$872.07	\$930.65	\$58.58	7%
94770	Exhaled carbon dioxide test	S	S	5722	5722	\$232.31	\$242.21	\$9.90	4%
94772	Breath recording infant	S	S	5723	5723	\$415.87	\$428.89	\$13.02	3%
94774	Ped home apnea rec compl	В	В	NA	NA				
94775	Ped home apnea rec hk-up	S	S	5721	5721	\$127.10	\$129.59	\$2.49	2%
94776	Ped home apnea rec downld	S	S	5721	5721	\$127.10	\$129.59	\$2.49	2%
94777	Ped home apnea rec report	В	В	NA	NA				
94780	Car seat/bed test 60 min	Q1	Q1	5732	5732	\$28.38	\$29.65	\$1.27	4%
+ 94781	Car seat/bed test + 30 min	N	N	NA	NA				
94799	Pulmonary service/procedure Unlisted	Q1	Q1	5721	5721	\$127.10	\$129.59	\$2.49	2%
# 95782	Polysom <6 yrs 4/> paramtrs	S	S	5724	5724	\$864.54	\$877.67	\$13.13	2%
# 95783	Polysom <6 yrs cpap/bilvl	S	S	5724	5724	\$864.54	\$877.67	\$13.13	2%

		Sta	tus	A	PC	JUL CY	Proposed		
CPT/ HCPCS	CMS Short Description	CY 2017	CY 2018	CY 2017	CY 2018	2017 Payment Rate	CY 2018 Payment Rate	Dollar Change	Percent Change
# 95800	Slp stdy unattended	S	S	5721	5721	\$127.10	\$129.59	\$2.49	2%
# 95801	Slp stdy unatnd w/anal	Q1	Q1	5733	5734	\$54.55	\$94.27	\$39.72	73%
95803	Actigraphy testing	Q1	Q1	5733	5733	\$54.55	\$53.22	(\$1.33)	-2%
95805	Multiple sleep latency test	S	S	5724	5724	\$864.54	\$877.67	\$13.13	2%
95806	Sleep study unatt&resp efft	S	S	5721	5721	\$127.10	\$129.59	\$2.49	2%
95807	Sleep study attended	S	S	5723	5723	\$415.87	\$428.89	\$13.02	3%
95808	Polysom any age 1-3> param	S	S	5724	5724	\$864.54	\$877.67	\$13.13	2%
95810	Polysom 6/> yrs 4/> param	S	S	5724	5724	\$864.54	\$877.67	\$13.13	2%
95811	Polysom 6/>yrs cpap 4/> parm	S	S	5724	5724	\$864.54	\$877.67	\$13.13	2%
99291 Single Code	Critical care first hour (Single Code APC Assignment & Rate)	J2	J2	5041	5041	\$687.17	\$715.54	\$28.37	4%
99291 Comprehesive	Critical care first hour (Comprehensive APC Assignment & Rate)	S	S	8011	8011	\$2,222.64	\$2,289.33	\$66.69	3%
99292	Critical care each add 30 min	Ν	Ν	NA	NA				
99406	Behav chng smoking 3-10 min	S	S	5821	5821	\$25.23	\$26.67	\$1.44	6%
99407	Behav chng smoking > 10 min	S	S	5821	5821	\$25.23	\$26.67	\$1.44	6%
99487	Cmplx chron care w/o pt vsit	S	S	5822	5822	\$70.26	\$68.92	(\$1.34)	-2%
99489	Complx chron care addl30 min	Ν	N					NA	NA
99490	Chron care mgmt srvc 20 min"	S	S	5822	5822	\$70.26	\$68.92	(\$1.34)	-2%
99495	Trans care mgmt 14 day disch	V	V	5012	5012	\$106.61	\$109.58	\$2.97	3%
99496	Trans care mgmt 7 day disch	V	V	5012	5012	\$106.61	\$109.58	\$2.97	3%
99497	Advncd care plan 30 min	Q1	Q1	5822	5822	\$70.26	\$68.92	(\$1.34)	-2%
99498	Advncd care plan addl 30 min	N	N					NA	NA
G0237	Therapeutic procd strg endur	S	S	5732	5732	\$28.38	\$29.65	\$1.27	4%
G0238	Oth resp proc, indiv"	S	S	5732	5732	\$28.38	\$29.65	\$1.27	4%
G0239	Oth resp proc, group"	S	S	5732	5732	\$28.38	\$29.65	\$1.27	4%
G0296	Visit to determ LDCT elig	S	S	5822	5822	\$70.26	\$68.92	(\$1.34)	-2%
G0297	LDCT for Lung CA screen	S	S	5521	5521	\$59.86	\$59.17	(\$0.69)	-1%
G0379 Single Code	Direct refer hospital observ (Single Code APC Assignment & Rate)	J2	J2	5025	5025	\$488.74	\$505.85	\$17.11	4%
G0379 Comprehen- sive	Direct refer hospital observ (Comprehensive APC Assignment & Rate)	S	S	8011	8011	\$2,222.64	\$2,289.33	\$66.69	3%
G0384 Single Code	Lev 5 hosp type bed visit (Single Code APC Assignment & Rate)	J2	J2	5035	5035	\$367.89	\$275.66	(\$92.23)	-25%
G0384 Comprehensive	Lev 5 hosp type bed visit (Composite/ Comphrensive APC Assignment & Rate)	S	S	8011	8011	2222.64	2289.33	\$66.69	3%
G0390	Trauma respons w/hosp criti	S	S	5045	5045	\$872.07	\$930.65	\$58.58	7%
G0398	Home sleep test/type 2 porta	S	S	5721	5721	\$127.10	\$129.59	\$2.49	2%

		Sta	tus	Al	PC	JUL CY	Proposed		
CPT/ HCPCS	CMS Short Description	CY 2017	CY 2018	CY 2017	CY 2018	2017 Payment Rate	CY 2018 Payment Rate	Dollar Change	Percent Change
G0399	Home sleep test/type 3 porta	S	S	5721	5721	\$127.10	\$129.59	\$2.49	2%
G0424	Pulmonary rehab w exer	S	S	5733	5733	\$54.55	\$53.22	(\$1.33)	-2%
G0436	Tobacco-use counsel 3-10 min	NA	NA	NA	NA	NA	NA	NA	NA
G0508	Crit care telehea consult 60	В	В					NA	NA
G0509	Crit care telehea consult 50	В	В					NA	NA
G0463 Single Code	Hospital outpt clinic visit (Single Code APC Assignment & Rate)	J2	J2	5012	5012	\$106.61	\$109.58	\$2.97	3%
G0463 Comprehensive	Hospital outpt clinic visit (Composite/ Comprehensive APC Assignment & Rate)	S	S	8011	8011	\$2,222.64	\$2,289.33	\$66.69	3%
C-APC	Comprehensive Observation Services	S	S	8011	8011	\$2,222.64	\$2,289.33	\$66.69	3%

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.

#### MEDICARE PHYSICIAN FEE SCHEDULE

E/M documentation requirements – In the proposed rule, CMS has discussed the unnecessary burden associated with the 1995 and 1997 E/M guidelines, which may be potentially outdated. CMS believes this may particularly be true for the requirements for the patient history and the physical exam, because the guidelines have not been updated to account for changes in technology, especially use of electronic health records. Practitioners have told CMS that compliance with the guidelines is a source of significant audit vulnerability and administrative burden.

CMS believes that the guidelines should be substantially revised and that comprehensive reform would require multi-year, collaborative effort among stakeholders. In this rule, CMS asks for input on changes that should be undertaken and specifically on initial changes to the guidelines for the history and physical exam. CMS asks for comment on whether it would be appropriate to remove the documentation requirements for the history and

physical exam for all E/M visits at all levels, since CMS believes that medical decision-making and time are the more significant factors in distinguishing visit levels. Other topics that CMS specifically asks for comment on include how such reforms may differentially affect physicians of different specialties and whether CMS should leave it to the discretion of individual practitioner to what degree they should perform and document the history and physical exam. CMS does not propose any changes in this rule to the RVUs for E/M services that might be associated with changes to the requirements for the history and physical exam.

CMS also asked for comment on ways to further reduce the burden of reporting care management services, including through stronger alignment between CMS requirements and CPT guidance.

**Regulatory Burdens** – Also prominently featured in the proposal rule was a general call for administrative changes across the Medicare system that CMS could make to relieve

the regulatory burden faced by physicians, hospitals and other providers. ATS members are encouraged to share their ideas for reducing administrative burdens by emailing codingquestions@thoracic.org. Please use the heading "CMS Regulatory Burdens" in the subject heading.

**Medicare Telehealth Services** – CMS has proposed a number of codes to be added to the list of allowed services for telehealth reimbursements. Two codes are of interest to the pulmonary community;

- **G0296** Counseling visit to discuss need for lung cancer screening using low dose ct scan (ldct) (service is for eligibility determination and shared decision making)
- **G0506** Comprehensive assessment of and care planning for patients requiring chronic care management services

The ATS believes adding these services to the list of approved Medicare telehealth services will be of benefit to our patients and will submit comments in support of the proposed additions

#### Other Telehealth issues include

Elimination of GT Modifier: CMS proposed to change its requirements that telehealth services be reported with the modifier GT (via interactive audio and video telecommuications). CMS created a new place of service (POS) code effective January 1, 2017 that identifies services provided via telehealth. CMS believes that use of the modifier with the POS code is redundant and therefore is proposing to eliminate the required use of the GT modifier on professional claims. Practitioners billing under critical access hospital (CAH) Method II who report services on institutional claims will need to continue to use the GT modifier because institutional claims do not use POS codes.

**Requests for Comment:** CMS also solicited input on a range of topics, even though the agency did not make proposals in these areas. CMS asked for comment on:

- Ways that access to telehealth services could be further expanded within the current statutory authority;
- Whether to make separate payment for CPT codes that
  describe remote patient monitoring and is particularly
  interested in comments on circumstances in which
  99091Collection and interpretation of physiologic
  data (eg, ECG, blood pressure, glucose monitoring)
  digitally stored and/or transmitted by the patient and/or

caregiver to the physician of other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time could be reported for separate payment, including how to differentiate the time for this service from other services (including chronic care management), and the value to beneficiaries of those services, on which they would have to pay coinsurance.

• Inclusion in future rulemaking of other existing codes that describe extensive use of communications technology, including **99090** Analysis of clinical data stored in computers (eg, ECGs, blood pressures, hematologic data).

## Payment Accuracy for Prolonged Preventive Services (HCPCS codes GYYY1 and GYYY2)

CMS is proposing two new HCPCS G codes that could be billed along with the preventive service codes to reflect the differential resource costs more accurately when additional time is required to furnish a Medicare-covered preventive service. Beneficiary coinsurance and deductible would not apply to these codes (shown below) because the codes can only be reported to describe prolonged portions of services where beneficiary coinsurance and deductible are not applicable.

- **GYYY1:** Prolonged preventive service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes
- **GYYY2:** Prolonged preventive service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes

CMS proposes a work RVU of 1.17 and 30 minutes of total work time for these codes, which is one half of the current work RVUs and direct PE inputs for the prolonged E/M or psychotherapy services code (99354).

These codes are to report time beyond the typical service time of the primary procedure. CMS identifies the time requirements for all eligible preventive services as a download with the proposed rule (http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices.html). ICD-10 Updates

## July 2017 Compared to Proposed 2018 Rates

Medicare Physician Fee Schedule(MPFS) Endoscopy/Bronchoscopy, Pulmonary Diagnostic Testing & Therapies, Sleep Medicine Testing, Pulmonary Rehabilitation/Respiratory Therapy and Thoracentesis/Chest Tubes

		wedicine Testing, Pulmona	ily Kellabili	lalion/Resp	natory rife	rapy and	THOTACETILE	313/011631 11	ines	
	Modifier or CY		CY 2017 CF \$35.8043	CY 2018 CF \$35.8887	% Change	Dollar Change	CY 2017 CF \$35.8887	CY 2018 CF \$35.9903	% Change	Dollar Change
CPT/ HCPCS	2017 code	Short Description	2017 NF Allowable	2018 NF Allowable	NF Allowable	NF Allowable	2017 FAC Allowable	2018 FAC Allowable	FAC Allowable	FAC Allowable
31615		Visualization of windpipe	\$171.91	\$170.59	-1%	(\$1.31)	\$118.79	\$117.69	-1%	(\$1.10)
31622		Dx bronchoscope/wash	\$246.20	\$244.73	-1%	(\$1.46)	\$136.74	\$135.68	-1%	(\$1.05)
31623		Dx bronchoscope/brush	\$276.34	\$276.05	0%	(\$0.30)	\$138.89	\$137.84	-1%	(\$1.05)
31624		Dx bronchoscope/lavage	\$258.40	\$257.33	0%	(\$1.07)	\$140.68	\$139.64	-1%	(\$1.04)
31625		Bronchoscopy w/biopsy(s)	\$338.43	\$337.23	0%	(\$1.20)	\$162.58	\$161.96	0%	(\$0.62)
31626		Bronchoscopy w/markers	\$858.46	\$857.29	0%	(\$1.17)	\$206.72	\$204.78	-1%	(\$1.93)
31627		Navigational bronchoscopy	\$1,422.99	\$1,418.74	0%	(\$4.25)	\$101.21	\$100.05	-1%	(\$1.15)
31628		Bronchoscopy/lung bx each	\$358.89	\$357.74	0%	(\$1.14)	\$182.67	\$182.11	0%	(\$0.56)
31629		Bronchoscopy/needle bx each	\$443.58	\$441.60	0%	(\$1.98)	\$194.52	\$192.55	-1%	(\$1.97)
31630		Bronchoscopy dilate/fx repr	\$207.44	NA	NA	NA	\$207.44	\$204.42	-1%	(\$3.01)
31631		Bronchoscopy dilate w/stent	\$237.94	NA	NA	NA	\$237.94	\$235.38	-1%	(\$2.57)
31632		Bronchoscopy/lung bx addl	\$66.04	\$65.14	-1%	(\$0.89)	\$50.96	\$50.75	0%	(\$0.22)
31633		Bronchoscopy/needle bx addl	\$82.19	\$81.70	-1%	(\$0.49)	\$65.68	\$65.50	0%	(\$0.17)
31634		Bronch w/balloon occlusion	\$1,826.02	\$1,803.11	-1%	(\$22.90)	\$201.34	\$197.95	-2%	(\$3.39)
31635		Bronchoscopy w/fb removal	\$285.67	\$285.04	0%	(\$0.63)	\$181.96	\$181.03	-1%	(\$0.92)
31636		Bronchoscopy bronch stents	\$228.61	NA	NA	NA	\$228.61	\$226.74	-1%	(\$1.87)
31637		Bronchoscopy stent add-on	\$76.80	NA	NA	NA	\$76.80	\$76.30	-1%	(\$0.50)
31638		Bronchoscopy revise stent	\$260.55	NA	NA	NA	\$260.55	\$256.61	-2%	(\$3.94)
31640		Bronchoscopy w/tumor excise	\$261.99	NA	NA	NA	\$261.99	\$258.77	-1%	(\$3.22)
31641		Bronchoscopy treat blockage	\$267.37	NA	NA	NA	\$267.37	\$264.89	-1%	(\$2.48)
31643		Diag bronchoscope/catheter	\$183.75	NA	NA	NA	\$183.75	\$182.11	-1%	(\$1.64)
31645		Bronchoscopy clear airways	\$260.19	\$260.21	0%	\$0.02	\$154.68	\$150.80	-3%	(\$3.88)
31646		Bronchoscopy reclear airway	\$234.35	NA	NA	NA	\$132.07	\$145.76	10%	\$13.69
31647		Bronchial valve init insert	\$218.92	NA	NA	NA	\$218.92	\$218.10	0%	(\$0.82)
31648		Bronchial valve remov init	\$199.90	NA	NA	NA	\$199.90	\$208.02	4%	\$8.12
31649		Bronchial valve remov addl	\$72.14	\$69.82	-3%	(\$2.32)	\$72.14	\$69.82	-3%	(\$2.32)
31651		Bronchial valve addl insert	\$77.16	\$76.30	-1%	(\$0.86)	\$77.16	\$76.30	-1%	(\$0.86)
31652		Bronch ebus samplng 1/2 node	\$842.67	\$840.01	0%	(\$2.65)	\$230.41	\$228.54	-1%	(\$1.87)
31653		Bronch ebus samplng 3/> node	\$891.83	\$888.60	0%	(\$3.23)	\$255.17	\$253.01	-1%	(\$2.16)
31654		Bronch ebus ivntj perph les	\$128.84	\$127.41	-1%	(\$1.43)	\$70.34	\$69.46	-1%	(\$0.88)
31660		Bronch thermoplsty 1 lobe	\$203.13	NA	NA	NA	\$203.13	\$201.19	-1%	(\$1.94)
31661		Bronch thermoplsty 2/> lobes	\$214.26	NA	NA	NA	\$214.26	\$212.70	-1%	(\$1.55)
32554		Aspirate pleura w/o imaging	\$206.00	\$206.58	0%	\$0.58	\$92.95	\$92.50	0%	(\$0.46)
32555		Aspirate pleura w/ imaging	\$295.72	\$295.84	0%	\$0.12	\$116.64	\$116.97	0%	\$0.33
										1

continued	ontinued from page 9									
	Modifier or CY		CY 2017 CF \$35.8043	CY 2018 CF \$35.8887	% Change	Dollar Change	CY 2017 CF \$35.8887	CY 2018 CF \$35.9903	% Change	Dollar Change
CPT/ HCPCS	2017 code	Short Description	2017 NF Allowable	2018 NF Allowable	NF Allowable	NF Allowable	2017 FAC Allowable	2018 FAC Allowable	FAC Allowable	FAC Allowable
32556		Insert cath pleura w/o image	\$563.81	\$565.77	0%	\$1.96	\$127.76	\$127.05	-1%	(\$0.72)
32557		Insert cath pleura w/ image	\$521.10	\$519.70	0%	(\$1.40)	\$158.99	\$159.08	0%	\$0.09
94002		Vent mgmt inpat init day	\$94.39	NA	NA	NA	\$94.39	\$95.01	1%	\$0.63
94003		Vent mgmt inpat subq day	\$68.19	NA	NA	NA	\$68.19	\$67.66	-1%	(\$0.53)
94010			\$36.25	\$36.35	0%	\$0.10	\$36.25	NA	NA	NA
94010	26	Breathing capacity test	\$8.61	\$8.64	0%	\$0.02	\$8.61	\$8.64	0%	\$0.02
94010	TC		\$27.63	\$27.71	0%	\$0.08	\$27.63	NA	NA	NA
94011		Spirometry up to 2 yrs old	\$93.67	NA	NA	NA	\$93.67	\$91.42	-2%	(\$2.25)
94012		Spirmtry w/brnchdil inf-2 yr	\$150.73	NA	NA	NA	\$150.73	\$146.12	-3%	(\$4.61)
94013		Meas lung vol thru 2 yrs	\$20.46	NA	NA	NA	\$20.46	\$20.51	0%	\$0.06
94014		Patient recorded spirometry	\$57.42	\$57.58	0%	\$0.16	\$57.42	NA	NA	NA
94015		Patient recorded spirometry	\$31.58	\$31.31	-1%	(\$0.27)	\$31.58	NA	NA	NA
94016		Review patient spirometry	\$25.84	\$26.27	2%	\$0.43	\$25.84	\$26.27	2%	\$0.43
94060			\$61.73	\$61.90	0%	\$0.17	\$61.73	NA	NA	NA
94060	26	Evaluation of wheezing	\$13.28	\$13.32	0%	\$0.04	\$13.28	\$13.32	0%	\$0.04
94060	TC		\$48.45	\$48.59	0%	\$0.14	\$48.45	NA	NA	NA
94070			\$61.01	\$61.18	0%	\$0.17	\$61.01	NA	NA	NA
94070	26	Evaluation of wheezing	\$29.43	\$29.15	-1%	(\$0.28)	\$29.43	\$29.15	-1%	(\$0.28)
94070	TC		\$31.58	\$32.03	1%	\$0.45	\$31.58	NA	NA	NA
94150			\$25.48	\$25.55	0%	\$0.07	\$25.48	NA	NA	NA
94150	26	Vital capacity test	\$3.95	\$3.96	0%	\$0.01	\$3.95	\$3.96	0%	\$0.01
94150	TC		\$21.53	\$21.59	0%	\$0.06	\$21.53	NA	NA	NA
94200			\$26.20	\$27.35	4%	\$1.15	\$26.20	NA	NA	NA
94200	26	Lung function test (MBC/MVV)	\$5.74	\$5.76	0%	\$0.02	\$5.74	\$5.76	0%	\$0.02
94200	TC		\$20.46	\$21.59	6%	\$1.14	\$20.46	NA	NA	NA
94250			\$26.92	\$28.43	6%	\$1.52	\$26.92	NA	NA	NA
94250	26	Expired gas collection	\$5.74	\$5.76	0%	\$0.02	\$5.74	\$5.76	0%	\$0.02
94250	TC		\$21.17	\$22.67	7%	\$1.50	\$21.17	NA	NA	NA
94375			\$40.20	\$39.95	-1%	(\$0.25)	\$40.20	NA	NA	NA
94375	26	Respiratory flow volume loop	\$15.07	\$15.12	0%	\$0.04	\$15.07	\$15.12	0%	\$0.04
94375	TC		\$25.12	\$24.83	-1%	(\$0.29)	\$25.12	NA	NA	NA
94400			\$57.78	\$58.66	2%	\$0.88	\$57.78	NA	NA	NA
94400	26	CO2 breathing response curve	\$20.10	\$19.79	-2%	(\$0.30)	\$20.10	\$19.79	-2%	(\$0.30)
94400	TC		\$37.68	\$38.87	3%	\$1.19	\$37.68	NA	NA	NA
94450			\$70.34	\$72.34	3%	\$2.00	\$70.34	NA	NA	NA
94450	26	Hypoxia response curve	\$20.46	\$20.51	0%	\$0.06	\$20.46	\$20.51	0%	\$0.06
94450	TC		\$49.89	\$51.83	4%	\$1.94	\$49.89	NA	NA	NA
94452			\$58.50	\$58.66	0%	\$0.17	\$58.50	NA	NA	NA
										,

	Modifier		CY 2017 CF \$35.8043	CY 2018 CF \$35.8887	% Change	Dollar Change	CY 2017 CF \$35.8887	CY 2018 CF \$35.9903	% Change	Dollar Change
CPT/ HCPCS	or CY 2017 code	Short Description	2017 NF Allowable	2018 NF Allowable	NF Allowable	NF Allowable	2017 FAC Allowable	2018 FAC Allowable	FAC Allowable	FAC Allowable
94452	26	Hast w/report	\$14.71	\$14.76	0%	\$0.04	\$14.71	\$14.76	0%	\$0.04
94452	TC		\$43.78	\$43.91	0%	\$0.12	\$43.78	NA	NA	NA
94453			\$81.11	\$80.62	-1%	(\$0.49)	\$81.11	NA	NA	NA
94453	26	Hast w/oxygen titrate	\$19.38	\$19.07	-2%	(\$0.31)	\$19.38	\$19.07	-2%	(\$0.31)
94453	TC		\$61.73	\$61.54	0%	(\$0.19)	\$61.73	NA	NA	NA
94610		Surfactant admin thru tube	\$57.06	NA	NA	NA	\$57.06	\$56.86	0%	(\$0.20)
94620			\$57.06	NA	NA	NA	\$57.06	NA	NA	NA
94620	26	Pulmonary stress test/simple	\$31.22	NA	NA	NA	\$31.22	NA	NA	NA
94620	TC		\$25.84	NA	NA	NA	\$25.84	NA	NA	NA
94621			\$165.09	\$165.20	0%	\$0.11	\$165.09	NA	NA	NA
94621	26	Pulm stress test/complex	\$70.34	\$69.82	-1%	(\$0.52)	\$70.34	\$69.82	-1%	(\$0.52)
94621	TC		\$94.75	\$95.37	1%	\$0.63	\$94.75	NA	NA	NA
94640		Airway inhalation treatment	\$18.66	\$19.07	2%	\$0.41	\$18.66	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	\$44.86	\$45.71	2%	\$0.85	\$44.86	NA	NA	NA
94645		Cbt each addl hour	\$14.71	\$16.56	13%	\$1.84	\$14.71	NA	NA	NA
94660		Pos airway pressure cpap	\$64.60	\$65.86	2%	\$1.26	\$39.12	\$38.87	-1%	(\$0.25)
94662		Neg press ventilation cnp	\$35.89	NA	NA	NA	\$35.89	\$36.71	2%	\$0.82
94664		Evaluate pt use of inhaler	\$17.59	\$17.64	0%	\$0.05	\$17.59	NA	NA	NA
94667		Chest wall manipulation	\$26.92	\$26.99	0%	\$0.08	\$26.92	NA	NA	NA
94668		Chest wall manipulation	\$29.79	\$32.39	9%	\$2.60	\$29.79	NA	NA	NA
94680		·	\$57.78	\$59.38	3%	\$1.60	\$57.78	NA	NA	NA
94680	26	Exhaled air analysis o2	\$12.92	\$12.96	0%	\$0.04	\$12.92	\$12.96	0%	\$0.04
94680	TC		\$44.86	\$46.43	3%	\$1.57	\$44.86	NA	NA	NA
94681			\$54.91	\$57.94	6%	\$3.03	\$54.91	NA	NA	NA
94681	26	Exhaled air analysis o2/co2	\$10.41	\$10.44	0%	\$0.03	\$10.41	\$10.44	0%	\$0.03
94681	TC		\$44.50	\$47.51	7%	\$3.01	\$44.50	NA	NA	NA
94690			\$52.04	\$56.14	8%	\$4.11	\$52.04	NA	NA	NA
94690	26	Exhaled air analysis	\$3.95	\$3.96	0%	\$0.01	\$3.95	\$3.96	0%	\$0.01
94690	TC		\$48.09	\$52.19	9%	\$4.10	\$48.09	NA	NA	NA
94726			\$53.47	\$55.78	4%	\$2.31	\$53.47	NA	NA	NA
94726	26	Pulm funct tst plethysmograp	\$12.56	\$12.60	0%	\$0.04	\$12.56	\$12.60	0%	\$0.04
94726	TC		\$40.91	\$43.19	6%	\$2.28	\$40.91	NA	NA	NA
94727			\$42.71	\$44.99	5%	\$2.28	\$42.71	NA	NA	NA
94727	26	Pulm function test by gas	\$12.56	\$12.60	0%	\$0.04	\$12.56	\$12.60	0%	\$0.04
94727	TC		\$30.15	\$32.39	7%	\$2.24	\$30.15	NA	NA	NA
94728			\$40.20	\$42.11	5%	\$1.91	\$40.20	NA	NA	NA
94728	26	Pulm funct test oscillometry	\$12.92	\$12.96	0%	\$0.04	\$12.92	\$12.96	0%	\$0.04
94728	TC		\$27.28	\$29.15	7%	\$1.88	\$27.28	NA	NA	NA

continued	from page	11						ı		
	Modifier or CY		CY 2017 CF \$35.8043	CY 2018 CF \$35.8887	% Change	Dollar Change	CY 2017 CF \$35.8887	CY 2018 CF \$35.9903	% Change	Dollar Change
CPT/ HCPCS	2017 code	Short Description	2017 NF Allowable	2018 NF Allowable	NF Allowable	NF Allowable	2017 FAC Allowable	2018 FAC Allowable	FAC Allowable	FAC Allowable
94729			\$55.27	\$55.07	0%	(\$0.20)	\$55.27	NA	NA	NA
94729	26	Co/membane diffuse capacity	\$9.33	\$9.36	0%	\$0.03	\$9.33	\$9.36	0%	\$0.03
94729	TC		\$45.94	\$45.71	-1%	(\$0.23)	\$45.94	NA	NA	NA
94750			\$80.03	\$83.14	4%	\$3.11	\$80.03	NA	NA	NA
94750	26	Pulmonary compliance study	\$11.13	\$11.16	0%	\$0.03	\$11.13	\$11.16	0%	\$0.03
94750	TC		\$68.91	\$71.98	4%	\$3.07	\$68.91	NA	NA	NA
94760		Measure blood oxygen level	\$3.23	\$2.88	-11%	(\$0.35)	\$3.23	NA	NA	NA
94761		Measure blood oxygen level exercise	\$4.67	\$4.68	0%	\$0.01	\$4.67	NA	NA	NA
94762		Measure blood oxygen level	\$24.76	\$24.83	0%	\$0.07	\$24.76	NA	NA	NA
94770		Exhaled carbon dioxide test	\$7.54	NA	NA	NA	\$7.54	\$7.56	0%	\$0.02
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	\$60.29	\$54.35	-10%	(\$5.95)	\$25.12	\$24.47	-3%	(\$0.65)
94781		Car seat/bed test + 30 min	\$23.33	\$23.39	0%	\$0.07	\$8.97	\$9.00	0%	\$0.03
94799			\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA
94799	26	Pulmonary service/procedure Unlisted	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
94799	TC		\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA
95782			\$1,035.39	\$925.67	-11%	(\$109.72)	\$1,035.39	NA	NA	NA
95782	26	Polysom <6 yrs 4/> paramtrs	\$128.84	\$128.49	0%	(\$0.36)	\$128.84	\$128.49	0%	(\$0.36)
95782	TC		\$906.55	\$797.19	-12%	(\$109.36)	\$906.55	NA	NA	NA
95783			\$1,176.79	\$1,021.40	-13%	(\$155.39)	\$1,176.79	NA	NA	NA
95783	26	Polysom <6 yrs cpap/bilvl	\$146.43	\$141.08	-4%	(\$5.34)	\$146.43	\$141.08	-4%	(\$5.34)
95783	TC		\$1,030.36	\$880.32	-15%	(\$150.04)	\$1,030.36	NA	NA	NA
95800			\$180.88	\$179.23	-1%	(\$1.65)	\$180.88	NA	NA	NA
95800	26	Slp stdy unattended	\$53.12	\$52.91	0%	(\$0.21)	\$53.12	\$52.91	0%	(\$0.21)
95800	TC		\$127.76	\$126.33	-1%	(\$1.44)	\$127.76	NA	NA	NA
95801			\$92.23	\$92.50	0%	\$0.26	\$92.23	NA	NA	NA
95801	26	Slp stdy unatnd w/anal	\$50.24	\$50.75	1%	\$0.50	\$50.24	\$50.75	1%	\$0.50
95801	TC		\$41.99	\$41.75	-1%	(\$0.24)	\$41.99	NA	NA	NA
95803			\$142.84	\$145.04	2%	\$2.20	\$142.84	NA	NA	NA
95803	26	Actigraphy testing	\$44.50	\$44.63	0%	\$0.13	\$44.50	\$44.63	0%	\$0.13
95803	TC		\$98.34	\$100.41	2%	\$2.08	\$98.34	NA	NA	NA
00000			ψ00.0-	Ψ1001	<u>-</u> /0	Ψ2.00	ψ00.0-1	14/1	14/1	14/1

continued	! from page	12		<b>2</b> 1/22/2 <b>2</b>						
	Modifier or CY		CY 2017 CF \$35.8043	CY 2018 CF \$35.8887	% Change	Dollar Change	CY 2017 CF \$35.8887	CY 2018 CF \$35.9903	% Change	Dollar Change
CPT/ HCPCS	2017 code	Short Description	2017 NF Allowable	2018 NF Allowable	NF Allowable	NF Allowable	2017 FAC Allowable	2018 FAC Allowable	FAC Allowable	FAC Allowable
95805			\$433.89	\$437.28	1%	\$3.39	\$433.89	NA	NA	NA
95805	26	Multiple sleep latency test	\$60.29	\$60.46	0%	\$0.17	\$60.29	\$60.46	0%	\$0.17
95805	TC		\$373.60	\$376.82	1%	\$3.22	\$373.60	NA	NA	NA
95806			\$171.91	\$171.67	0%	(\$0.23)	\$171.91	NA	NA	NA
95806	26	Sleep study unatt & resp efft	\$62.45	\$62.26	0%	(\$0.18)	\$62.45	\$62.26	0%	(\$0.18)
95806	TC		\$109.46	\$109.41	0%	(\$0.05)	\$109.46	NA	NA	NA
95807			\$471.58	\$467.87	-1%	(\$3.70)	\$471.58	NA	NA	NA
95807	26	Sleep study attended	\$63.52	\$63.34	0%	(\$0.18)	\$63.52	\$63.34	0%	(\$0.18)
95807	TC		\$408.05	\$404.53	-1%	(\$3.52)	\$408.05	NA	NA	NA
95808			\$648.87	\$705.41	9%	\$56.54	\$648.87	NA	NA	NA
95808	26	Polysom any age 1-3> param	\$90.08	\$90.70	1%	\$0.61	\$90.08	\$90.70	1%	\$0.61
95808	TC		\$558.79	\$614.71	10%	\$55.93	\$558.79	NA	NA	NA
95810			\$631.28	\$633.07	0%	\$1.79	\$631.28	NA	NA	NA
95810	26	Polysom 6/> yrs 4/> param	\$124.17	\$124.17	0%	(\$0.01)	\$124.17	\$124.17	0%	(\$0.01)
95810	TC		\$507.11	\$508.90	0%	\$1.80	\$507.11	NA	NA	NA
95811			\$663.22	\$665.46	0%	\$2.24	\$663.22	NA	NA	NA
95811	26	Polysom 6/>yrs cpap 4/> parm	\$129.20	\$128.85	0%	(\$0.35)	\$129.20	\$128.85	0%	(\$0.35)
95811	TC		\$534.02	\$536.62	0%	\$2.59	\$534.02	NA	NA	NA
99151	99151	Mod sed same phys/qhp <5 yrs	\$78.24	\$78.82	1%	\$0.58	\$24.05	\$25.19	5%	\$1.15
99152	99152	Mod sed same phys/qhp 5/>yrs	\$52.04	\$52.19	0%	\$0.15	\$12.56	\$12.96	3%	\$0.40
99153	99153	Mod sed same phys/qhp ea	NA	\$11.16	NA	NA	\$11.13	NA	NA	NA
99155	99155	Mod sed oth phys/qhp <5 yrs	NA	NA	NA	NA	\$94.39	\$97.89	4%	\$3.51
99156	99156	Mod sed oth phys/qhp 5/>yrs	\$77.16	NA	NA	NA	NA	\$77.02	NA	NA
99157	99157	Mod sed other phys/qhp ea	NA	NA	NA	NA	\$58.50	\$58.66	0%	\$0.17
99291		Critical care first hour	\$278.14	\$277.49	0%	(\$0.65)	\$226.82	\$226.02	0%	(\$0.80)
99292		Critical care each add 30 min	\$124.53	\$124.17	0%	(\$0.37)	\$113.77	\$113.01	-1%	(\$0.76)
99406		Behav chng smoking 3-10 min	\$14.71	\$14.76	0%	\$0.04	\$12.56	\$12.60	0%	\$0.04
99407		Behav chng smoking > 10 min	\$28.35	\$28.43	0%	\$0.08	\$26.20	\$26.27	0%	\$0.07
99487		Cmplx chron care w/o pt vsit	\$93.67	\$95.01	1%	\$1.34	\$52.76	\$53.99	2%	\$1.23
99489		Complx chron care addl 30 min	\$47.01	\$47.15	0%	\$0.13	\$26.56	\$26.99	2%	\$0.44
99490		Chron care mgmt srvc 20 min	\$42.71	\$42.83	0%	\$0.12	\$32.66	\$33.11	1%	\$0.45
99495		Trans care mgmt 14 day disch	\$165.45	\$167.71	1%	\$2.27	\$111.97	\$113.73	2%	\$1.76

	Modifier or CY		CY 2017 CF \$35.8043	CY 2018 CF \$35.8887	% Change	Dollar Change	CY 2017 CF \$35.8887	CY 2018 CF \$35.9903	% Change	Dollar Change
CPT/ HCPCS	2017 code	Short Description	2017 NF Allowable	2018 NF Allowable	NF Allowable	NF Allowable	2017 FAC Allowable	2018 FAC Allowable	FAC Allowable	FAC Allowable
99496		Trans care mgmt 7 day disch	\$233.99	\$236.82	1%	\$2.82	\$162.22	\$164.84	2%	\$2.62
99497		Advncd care plan 30 min	\$82.90	\$87.10	5%	\$4.19	\$77.88	\$80.98	4%	\$3.10
99498		Advncd care plan addl 30 min	\$72.50	\$75.94	5%	\$3.44	\$72.50	\$75.58	4%	\$3.08
G0237		Therapeutic procd strg endur	\$10.05	\$9.72	-3%	(\$0.33)	\$10.05	NA	NA	NA
G0238		Oth resp proc, indiv"	\$10.41	\$10.44	0%	\$0.03	\$10.41	NA	NA	NA
G0239		Oth resp proc, group	\$13.28	\$13.32	0%	\$0.04	\$13.28	NA	NA	NA
G0296		Visit to determ LDCT elig	\$28.71	\$29.15	2%	\$0.44	\$26.92	\$26.99	0%	\$0.08
G0297			\$256.25	\$240.06	-6%	(\$16.19)	\$256.25	NA	NA	NA
G0297	26	LDCT for Lung CA screen	\$51.68	\$52.55	2%	\$0.87	\$51.68	\$52.55	2%	\$0.87
G0297	TC		\$204.57	\$187.51	-8%	(\$17.06)	\$204.57	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
G0424		Pulmonary rehab w exer	\$30.15	\$30.23	0%	\$0.09	\$14.00	\$14.40	3%	\$0.40
G0463		Hospital outpt clinic visit	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
G0501	G0501	Resource-inten svc during ov	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
G0500	G0500	Mod sedat endo service >5yrs	\$59.22	\$59.38	0%	\$0.17	\$5.74	\$6.12	7%	\$0.38
G0502	G0502	Init psych care manag, 70min	\$142.84	NA	NA	NA	\$90.08	NA	NA	NA
G0503	G0503	Subseq psych care man,60mi	\$126.33	NA	NA	NA	\$81.11	NA	NA	NA
G0504	G0504	Init/sub psych care add 30 m	\$66.04	NA	NA	NA	\$43.43	NA	NA	NA
G0505	G0505	Cog/func assessment outpt	\$238.30	NA	NA	NA	\$178.01	NA	NA	NA
G0506	G0506	Comp asses care plan ccm svc	\$63.88	\$64.78	1%	\$0.90	\$46.30	\$47.15	2%	\$0.85
G0507	G0507	Care manage serv minimum 20	\$47.73	NA	NA	NA	\$32.30	NA	NA	NA
G0508	G0508	Crit care telehea consult 60	\$201.34	NA	NA	NA	\$201.34	\$204.78	2%	\$3.45
G0509	G0509	Crit care telehea consult 50	\$194.16	NA	NA	NA	\$194.16	\$197.59	2%	\$3.43

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.

## NEW ICD-10-CM CODES FOR PULMONARY HYPERTENSION BEGIN OCTOBER 1, 2017

Now that ICD-10-CM has been instituted October 1, 2015, the committee which makes changes and adds new codes to ICD-10-CM has been meeting. New codes and changes in old codes have been published. As in the past with ICD-9-CM codes, the coding changes always take place on October 1st of the current year rather than on the first of January of the next year. This year the 2018 ICD-10-CM coding changes will begin on October 1, 2017.

Pulmonary and critical care specialists will see a few minor, technical changes in the ICD-10-CM J-codes, Diseases of the respiratory system for 2018. There are no new J-codes. The technical changes are not substantive and need not be elucidated.

However, there are new pulmonary hypertension ICD-10-CM codes which must be used starting October 1, 2017. These codes are listed under cardiology diseases as **I27** Other pulmonary heart diseases. **I27.0** Primary pulmonary hypertension is unchanged. Use this code for primary group 1 pulmonary hypertension patients.

**Code I27.2** Other secondary pulmonary hypertension is unchanged, but will exclude Eisenmenger's syndrome which will be listed under a new code, **I27.83**.

All other secondary pulmonary hypertension codes (I20.20-I22.29) are new.

**I27.20** Pulmonary hypertension, unspecified is a new code for pulmonary hypertension NOS (not otherwise specified).

**I27.21** Secondary Pulmonary arterial hypertension will be used for (associated) (drug-induced) (toxin-induced) (secondary) group 1 pulmonary hypertension. You should also code the associated conditions, if applicable, or adverse effects of drugs or toxins, such as: adverse effects of appetite depressants (**T50.5X5**), congenital heart disease (**Q20-Q28**), HIV disease (**B20**), polymyositis (**M33.2-**), portal hypertension (**K76.6**), rheumatoid arthritis (**M05.0-**), Schistosomiasis (**B65.-**), Sjogren syndrome (**M35.0-**), and systemic sclerosis (**M34.-**).

Another new code, **I27.22** Pulmonary hypertension due to left heart disease, for Group 2 pulmonary hypertension has been added. Associated left heart diseases such as multiple valve diseases (**I08.-**), rheumatic mitral valve diseases (**I05.-**),

and rheumatic aortic valve diseases (**I06.-**) should also be coded, if present.

Group 3 pulmonary hypertension will be coded with **I27.23** Pulmonary hypertension due to lung diseases and hypoxia. Codes for associated lung disease, if known, should also be added such as bronchiectasis (**J47.-**), CF with pulmonary manifestations (**E84.0**), interstitial lung disease (**J84.-**), pleural effusion (**J90**) and sleep apnea (**G47.3-**).

**I27.24** Chronic thromboembolic pulmonary hypertension will be used for Group 4 pulmonary hypertension. Associated pulmonary embolism (**I26.-, I27.82**) should be coded as well, if applicable.

Group 5 pulmonary hypertension will be coded with **I27.29**, Other secondary pulmonary hypertension. If known, other associated disorders should be coded such as: chronic myeloid leukemia (**C92.10-C92.22**), essential thrombocythemia (**D47.3**), Gaucher disease (**E75.22**), hypertensive chronic kidney disease with end stage renal disease (**I12.0**, **I12.11**, **I13.2**), hyperthyroidism (**E05.-**), hypothyroidism (**E00-E03**), polycythemia vera (**D45**) and sarcoidosis (**D86.-**).

The following are examples of how to use the new codes.

- A patient is diagnosed with primary pulmonary hypertension. Use code I27.0.
- A patient with HIV is to have pulmonary hypertension.
   For the secondary pulmonary hypertension, use I27.21.
   Also code B20 for the HIV.
- A patient with chronic obstructive bronchitis and emphysema has been diagnosed with pulmonary hypertension. Use code I27.23 for the secondary pulmonary hypertension and J44.9 for the underlying COPD.

There is also a new code for respiratory distress, **R06.03**. Hypercapnia will be listed under code **R06.89**, other abnormalities of breathing, instead of code **R06.4**.

As stated above, all of these ICD-10-CM coding changes will become effective October 1, 2017 and must be used, when applicable.

For complete information about new and revised ICD-10-CM codes for 2017, please visit the ICD10- guidelines at: https://www.cms.gov/Medicare/Coding/ICD10/Downloads/2018-ICD-10-CM-Coding-Guidelines.pdf

#### PULMONARY HYPERTENSION ICD-10-CM CODING

# New and revised ICD-10-CM coding effective for claims submitted with dates of service on or after October 1, 2017

#### I27.0 Primary pulmonary hypertension

Primary Group 1 pulmonary arterial hypertension

Primary pulmonary hypertension

Excludes secondary pulmonary hypertension

#### I27.2 Other secondary pulmonary hypertension

#### 127.20 Pulmonary hypertension, unspecified

Pulmonary hypertension NOS

#### I27.21 Secondary pulmonary arterial hypertension

Drug, toxin-induced pulmonary arterial hypertension NOS

Drug, toxin-induced secondary Group 1 pulmonary hypertension

Code also: associated conditions if applicable, or adverse effects of drugs or toxins

Adverse effect of appetite depressants (**T50.5X5**)

Congenital heart disease (Q20-Q28)

HIV (**B20**)

Portal hypertension (**K76.6**)

Collagen vascular disease (M33.2-, M34.-, M05.-)

Schistosomiasis (**B65.-**)

#### 127.22 Pulmonary hypertension due to left heart disease

Group 2 pulmonary hypertension

Code also associated left heart disease, if known, such as:

Multiple valve disease (**I08.-**)

Rheumatic mitral valve diseases (**I05.-**)

Rheumatic aortic valve diseases (**I06.-**)

#### 127.23 Pulmonary hypertension due to lung diseases and hypoxia

Group 3 pulmonary hypertension

**Code also** associated lung disease, if known, such as:

Bronchiectasis (**J47.-**)

Cystic fibrosis with pulmonary manifestations (E84.0)

Interstitial lung disease (J84.-)

Pleural effusion (**J90**)

Sleep apnea (**G47.3-**)

#### 127.24 Chronic thromboembolic pulmonary hypertension

Group 4 pulmonary hypertension

**Code also** associated pulmonary embolism, if applicable (*I26.-, I27.82*)

#### I27.29 Other secondary pulmonary hypertension

Group 5 pulmonary hypertension

continued on page 17

Pulmonary hypertension with unclear multifactorial mechanisms

Pulmonary hypertension due to hematologic disorders

Pulmonary hypertension due to metabolic disorders

Pulmonary hypertension due to other systemic disorders

Code also other associated disorders, if known, such as:

Chronic myeloid leukemia (C92.10-C92.22)

Essential thrombocythemia (D47.3)

Gaucher disease (E75.22)

Hypertensive chronic kidney disease with end stage renal disease (I12.0, I12.11, I13.2)

Hyperthyroidism (**E05.-**)

Hypothyroidism (E00-E03)

Polycythemia vera (D45)

Sarcoidosis (**D86.-**)

#### I27.8 Other specified pulmonary heart diseases

#### **I27.83** Eisenmenger's syndrome

Eisenmenger's complex

(Irreversible) Eisenmenger's disease

Pulmonary hypertension with right to left shunt related to congenital heart disease

Code also underlying heart defect, if known, such as:

Atrial septal defect (Q21.1)

Eisenmenger's defect (Q21.8)

Patent ductus arteriosus (Q25.0)

Ventricular septal defect (Q21.0)

#### 127.89 Other specified pulmonary heart diseases

Eisenmenger's complex

Eisenmenger's syndrome

Excludes Eisenmenger's defect (Q21.8)

# MODERATE SEDATION CODES: UPDATE

As previously described in the March CBQ, there are new codes that are required for the administration of moderate (conscious) sedation during pulmonary procedures, most notably bronchoscopy. The reimbursement for the work to provide moderate sedation was removed from the procedure beginning January 1, 2017. This change was made by CMS because patients were having procedures performed more and more commonly, especially GI procedures, during which moderate sedation was administered and billed by separate providers. CMS removed the expense of moderate sedation from the procedures of many specialties to account for this change in sedation delivery first identified for GI procedures. Interestingly, GI procedures were least impacted with the loss of 0.10 RVU per procedure if a separate provider was used to administer sedation. The remainder of the procedural specialties lost 0.25 RVU per procedure if a separate provider was used for sedation. The unbundling of moderate sedation will have a significant impact on many of procedures pulmonologists perform. Many of the therapeutic bronchoscopies, however, already had sedation delivered by a separate anesthesia provider and those codes are not affected by the CMS unbundling.

If the bronchoscopist provides the moderate sedation, the first 15 minutes (CPT code **99151** or **99152**) of work RVU (0.25) is credited to the provider. However, any subsequent time (captured in 15 minute intervals of service using CPT code **99153**) only provides practice expense to the facility and no further work RVUs to the proceduralist. In other words, if you are the proceduralist and supervise the moderate sedation, you perform the work for the entire

Table 1		Moderate sedation	on performed by
		Bronchoscopist	Second provider
Total intra- service time	Patient Age	Codes	Codes
Less than 10 minutes	Any age	Not reporte	d separately
15-22 minutes	< 5 years >5 years	99151 99152	99155 99156
23-37 minutes	< 5 years >5 years	99151 + 99153 99152 + 99153	99155 + 99157 99156 + 99157
38-52 minutes	< 5 years >5 years	99151 + 99153 x2 99152 + 99153 x2	99155 + 99157 x2 99156 + 99157 x2

time and report the appropriate codes. However, you are reimbursed only for the first 15 minutes of work which adds back the 0.25 RVUs removed by the unbundling. As always, the decision to provide moderate sedation by the proceduralist or by a separate provider should be explained to the patient and should be in the best interest of the patient. The patient, the proceduralist and whomever provides the moderate sedation must be aware of the financial impact on the patient as well as the complexity of the coding and billing on those who perform the procedure and the moderate sedation.

The changes in moderate sedation coding and reimbursement create significant concerns. First, there is the added burden and cost of billing and coding complexity. Second, while intended to drive down costs and avoid paying for duplicate sedation services, the change is more likely to increase overall costs by incentivizing the use of a separate anesthesia provider to decrease the hassle that, especially for GI, will not be worth the cost.