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Coding & Billing Quarterly



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Editor's Letter

Welcome to the September issue of the ATS Coding and Billing Quarterly. This issue covers the proposed changes to the Medicare Physician Fee Schedule (MPFS) released by the Centers for Medicare and Medicare Services in August. While not yet final, the ATS expects the majority of the proposed policy changes outlined in this issue to be finalized by CMS starting January 1, 2021.

In brief, the proposed rule makes several significant changes in E/M coding that will have positive and negative impacts, depending on what your service mix is. Those practices that rely on inpatient and procedural services will see the greatest reduction in reimbursement while office-based practices may see an increase in reimbursement. Below is a chart with CMS's 2021 projected payment changes by specialty.

Conversion Factor

The MPFS conversion factor is the reimbursement level set by CMS for one relative value unit (RVU) and changes each year, usually in a positive way. Since the repeal of the sustainable growth rate in 2015, healthcare providers have counted on relative stability in the conversion factor. In 2021, however, the conversion factor will go from \$36.09 to \$32.26, a 10.61% reduction absent congressional action or other legal authorities identified by the white house. CMS predicts a \$10.2 billion dollar increase in spending in certain areas and budget neutrality requires this be offset by reductions in other areas. Approximately half of the conversion factor reduction is necessary to pay for the increase in the RVUs related to the revaluing of the office E/M CPT codes and the remainder for other programs and services.

Critical Care Payment Cuts

The ATS is extremely concerned with the projected Medicare cuts in critical care reimbursement, particularly in the midst of a COVID pandemic and the added costs, risk and demands placed on critical care providers. The cuts to critical care are not caused by any changes in critical care but are entirely driven by the Medicare budget neutrality requirements. In short, the increased payments in E/M office visits and primary care payments are offset by cuts to every other service, including critical care. The ATS sent an urgent plea to HHS Secretary Azar, urging him to take action to avoid cuts to critical care payment – noting that critical care departments are an essential part of the response to COVID and that the projected cuts could have a significant destabilizing impact on intensive care providers.

To help our readers understand how the proposed rule may impact their practice, we have included tables with projected 2021 payment rates for common pulmonary, critical care and sleep medicine services.

I hope this information is helpful in preparing for the likely policy and payment changes for calendar year 2021.

Sincerely,

Alan L. Plummer MD

Editor, ATS Coding and Billing Quarterly

Evaluation and Management outpatient changes for 2021

Steve G. Peters MD

The evaluation and management (E/M) documentation guidelines were developed in 1995 and revised in 1997. Elements of the documentation include the history, presenting problem, examination, medical decision making (MDM), counseling, coordination of care and time. In addition to the history, examination and MDM, there are required elements from a review of systems, medical, family and social histories. These expectations lead to arcane and often frustrating E/M tables of guidelines and “bullet points” to determine the appropriate level of service. Over the past two years, the American Medical Association (AMA) Current Procedural Terminology (CPT) panel and the AMA/Specialty Society Relative Value System Update (RUC) worked with CMS to develop documentation guidelines that could decrease clerical burden and allow for resource-based reimbursement. These efforts are reflected in new guidelines for outpatient E/M that will become effective in 2021.[1] [2] Important elements of the new codes include the following:

- Deletion of CPT code **99201** and adoption of revised CPT descriptors for codes **99202** to **99215**,
- Elimination of the use of history and/or physical examination to select the code level. The visit would include a medically appropriate history and examination, when performed. History and physical elements will not be enumerated in the determination of the code level.
- Choice of time or MDM to determine the level of office/outpatient E/M.
- Payment for prolonged office/outpatient E/M visits using the revised CPT code, including separate payment for new CPT code **99417** (effective **January 2021**) and deletion of Healthcare Common Procedure Coding System (HCPCS) code **GPRO1**.
- Revision of the descriptor for HCPCS code **GPC1X** (a primary care add-on code for visit complexity inherent to E/M primary medical care services), and delete HCPCS code **GCG0X** (a complexity add-on code mainly intended for non-procedural specialties).

- Increased value for HCPCS code **GPC1X** and allow it to be reported with all office/outpatient E/M visit levels. There are no specialty restrictions on this code, and it is anticipated that it will be used by many specialists who provide ongoing services for a serious, chronic condition.

For CPT codes **99202** to **99215**, the E/M visit will include a medically appropriate history and examination. The number of findings in the review of systems and the physical examination would no longer apply to selecting a code level. The code would be selected on the basis of the level of MDM, or the total time personally spent on the day of the visit. Prolonged services will be coded in 15-min increments and code **99417** (*prolonged outpatient evaluation and management service(s), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes*) will be used only with **99205** and **99215**. Table 1 shows how time can be used as the criterion for coding outpatient E/M. Table 2 shows the appropriate use of the new time-based prolonged service code.

Table 1. Criteria for time spent when using time-based coding for the day of the encounter.

CPT Code	Time range (minutes)
99201	N/A
99202	15-29
99203	30-44
99204	45-59
99205	60-74
99211	0-9
99212	10-19
99213	20-29
99214	30-39
99215	40-54
99417	15 min. increments

Table 2. Criteria for coding using prolonged service codes (with base code 99205 or 99215).

Total Duration of New Patient Outpatient Services (use with 99205)	Code(s)
Less than 75 minutes	Not reported separately
75-89 minutes	99205 x 1 and 99417 x 1
90-104 minutes	99205 x 1 and 99417 x 2
105 or more	99205 x 1 and 99417 x 3 or more for each additional 15 minutes.

Total Duration of Established Patient Outpatient Services (use with 99215)	Code(s)
Less than 55 minutes	Not reported separately
55-69 minutes	99215 x 1 and 99417 x 1
70-84 minutes	99215 x 1 and 99417 x 2
85 or more	99215 x 1 and 99417 x 3 or more for each additional 15 minutes

Table 3. Current and recommended work values for outpatient E/M codes.

Code	Current work RVU	RUC rec work RVU
99201	0.48	N/A
99202	0.93	0.93
99203	1.42	1.60
99204	2.43	2.60
99205	3.17	3.50
99211	0.18	0.18
99212	0.48	0.70
99213	0.97	1.30
99214	1.50	1.92
99215	2.11	2.80
99417	N/A	0.61

When using medical decision making as the basis for coding, a new and hopefully simplified grid describes the criteria based on the amount of data reviewed, complexity and associated risks (Table 4):

Table 4. MDM criteria for E/M services.

Code	MDM Level	Number & complexity of problems	Amount and/or complexity of data to be reviewed	Risk of complications and/or morbidity or mortality
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	Minimal	Minimal or none	Minimal
99203 99213	Low	Low	Limited	Low
99204 99214	Moderate	Moderate	Moderate	Moderate
99205 99215	High	High	Extensive	High

While the implementation and impact of these code modifications remain to be seen, the changes have been well received so far. There has been a shared goal between practitioners and CMS to try to alleviate clerical burden associated with E/M coding. The proposal allows the clinician to review key elements in the history without repeating documentation. A major feature is the ability to use MDM or time as the criterion for the level of service. Further, time includes all face-to-face and non-face-to-face time during the day of service, an important acknowledgment of typical workflow, especially with extensive review of electronic health records (EHRs) and digital imaging. The modern EHR may facilitate compliance with several aspects by the use of documentation templates, automated time capture (although applicable time spent outside the EHR for the given patient would not be captured) and problem-oriented charting to demonstrate the decision making process. It is hoped that the end result is less redundant documentation and clearer communication. The prolonged service code should allow greater recognition for the care of complex patients or those who require extended visits.

Note that these changes apply only to outpatient E/M codes for 2021. Parallel efforts are under consideration for inpatient coding. Also, as we have learned with the Covid-19 pandemic, there is potential for much greater use of telehealth and remote management. There is room for optimism that both direct patient care and the associated administrative tasks can be improved.

References

1. CMS. Medicare Program; CY 2020 Revisions to Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies. [web page] 2019 12/20/2019]; Available from: <https://www.federalregister.gov/documents/2019/11/15/2019-24086/medicare-program-cy-2020-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other>.
2. Peters, S.G., New Billing Rules for Outpatient Office Visit Codes. Chest, 2020. **158**(1): p. 298-302.

GPC1X: New Add-on code for Visit Complexity

Katina Nicolacakis, MD

CMS has proposed the addition of a new add-on code **GPC1X** Visit Complexity, to be used with office/ outpatient E/M visits **99202-99215** beginning in 2021. “**GPC1X**” is a placeholder till the final 2021 Medicare Physician Fee Schedule is published later this year. The code description for **GPC1X** is long and has led to several questions.

“Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient’s single, serious, or complex chronic condition. (Add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established)”.

CMS has said in the proposed rule that “we believe the typical visit described by the revised code set still does not adequately describe or reflect the resources associated with primary care and certain types of specialty visits.”¹

The add-on code has been proposed in order to better describe the added complexity required to care for patients with complex chronic conditions. It is expected to be used by primary care and many non-procedural subspecialties who manage single, serious or complex chronic conditions and expect to see the patient on an ongoing basis once or multiple times a year. This code may be added to each E/M visit. The proposed wRVU is 0.33 and it is estimated that the add-on payment for **GPC1X** will be approximately \$11 per visit. CMS is currently soliciting comments on how they may better clarify the code. We await the final rule which is expected by December 1st for any further clarification. Pending this, we encourage the ATS membership to utilize this add-on code in 2021 for their complex patients in the office/outpatient setting.

Notes

- 1] CY 2020 Medicare Physician Fee Schedule. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1715-P.html>

Questions and Answers

Question: Code 99072 is stated as being applicable “during a Public Health Emergency (PHE).” What information should be used to verify when a PHE is in effect?

Answer: A PHE is in effect when declared by law by the officially designated relevant public health authority(ies).

Question: For what type of patient encounters or services should code 99072 be reported?

Answer: Code 99072 may be reported with an in-person patient encounter for an office visit or other non-facility service, in which the implemented guidelines related to mitigating the transmission of the respiratory disease for which the PHE was declared are required. Use of this code is not dependent on a specific patient diagnosis. For a list of POS codes with facility/non-facility designations that are available in the Medicare Claims Processing Manual, visit <https://www.cms.gov/Medicare/Coding/place-of-service-codes>

Question: What documentation is required to report code 99072 (*Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency as defined by law, due to respiratory-transmitted infectious disease*)?

Answer: Given that code 99072 may only be reported during a PHE, one would not report this code in conjunction with an evaluation and management (E/M) service or procedure when a PHE is not in effect. Therefore, code 99072 is reported justifiably only when health and safety conditions applicable to a PHE require the type of supplies and additional clinical staff time explained in the code descriptor. Documentation requirements may vary among third-party payers and insurers; therefore, they should be contacted to determine their specifications.

Question: May code 99072 be reported with code 99070 (*Supplies and materials (except spectacles) provided by the physician or other qualified health care professional over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies or materials provided)*)?

Answer: Yes, code 99072 may be reported with code 99070 when the requirements for both codes have been met. Note that eligibility for payment, as well as coverage policy, is determined by each individual insurer or third-party payer.

Rolling Back Expanded Telehealth Coverage Related to the COVID-19 Public Health Emergency

Amy M. Ahasic, MD, MPH, FCCP, ATSF

Throughout the United States, private insurers as well as Medicare and Medicaid providers offered expanded coverage for telehealth visits, most starting around March or April 2020. Examples of expanded coverage benefits that insurers have offered include: providers being able to provide telehealth from any location; providers being able to use non-secured platforms such as FaceTime or Skype when secured platforms were not available; payment parity with in-person visits; allowance for new patient visits via telehealth; and waivers of co-pays or cost-sharing for telehealth visits and for COVID-19 diagnostic and antibody testing. Audio-only visits have also seen expanded coverage or increased reimbursement rates by some insurers when video platforms are not available. While Medicare has not yet declared an end date to the COVID-19 public health emergency, many private insurers have begun to publish end dates to expanded coverage. These appear to vary both geographically and by payer, for instance with many insurers in the Northeast planning to end expanded coverage sometime between October and December where case rates have remained lower. Some insurers have already ended COVID-related coverage expansion. As the specifics of expanded coverage and proposed end dates vary widely, providers will need to be aware of these changes by checking with the insurers which provide coverage in their area.



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

[Click here for Link to References: CMS Website MPFS CY 2020 July Release \(Web Version RVU20C\)](#)

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

June 18, 2020 MPFS File for July 2020 & August 17, 2020 for Proposed 2021 MPFS Files

CPT/ HCPCS	Modifier	Short Description	CY 2020 CF	CY 2021 CF	% Change	Dollar Change	CY 2020 CF	CY 2021 CF	% Change	Dollar Change
			\$36.0896	\$32.26	NF	NF	FAC	FAC	FAC	FAC
			2020 NF Allowable	2021 NF Allowable	NF Allowable	NF Allowable	2020 FAC Allowable	2021 FAC Allowable	FAC Allowable	FAC Allowable
31615		Visualization of windpipe	\$176.12	\$171.30	-3%	(\$4.82)	\$118.37	\$110.33	-7%	(\$8.04)
31622		Dx bronchoscope/wash	\$248.66	\$241.63	-3%	(\$7.03)	\$136.78	\$124.85	-9%	(\$11.93)
31623		Dx bronchoscope/brush	\$276.45	\$271.63	-2%	(\$4.82)	\$137.86	\$124.85	-9%	(\$13.02)
31624		Dx bronchoscope/lavage	\$258.40	\$250.66	-3%	(\$7.74)	\$139.67	\$126.46	-9%	(\$13.21)
31625		Bronchoscopy w/biopsy(s)	\$353.68	\$349.70	-1%	(\$3.98)	\$162.40	\$147.75	-9%	(\$14.65)
31626		Bronchoscopy w/markers	\$859.65	\$844.57	-2%	(\$15.09)	\$205.71	\$186.46	-9%	(\$19.25)
31627		Navigational bronchoscopy	\$1,310.41	\$1,256.53	-4%	(\$53.89)	\$100.33	\$91.30	-9%	(\$9.03)
31628		Bronchoscopy/lung bx each	\$375.33	\$370.67	-1%	(\$4.66)	\$182.61	\$166.14	-9%	(\$16.47)
31629		Bronchoscopy/needle bx each	\$464.11	\$459.06	-1%	(\$5.05)	\$193.80	\$175.82	-9%	(\$17.98)
31630		Bronchoscopy dilate/fx repr	\$206.43	NA	NA	NA	\$206.43	\$188.08	-9%	(\$18.36)
31631		Bronchoscopy dilate w/stent	\$236.75	NA	NA	NA	\$236.75	\$215.50	-9%	(\$21.25)
31632		Bronchoscopy/lung bx addl	\$65.68	\$61.62	-6%	(\$4.07)	\$51.61	\$46.45	-10%	(\$5.15)
31633		Bronchoscopy/needle bx addl	\$81.56	\$76.78	-6%	(\$4.78)	\$65.68	\$59.68	-9%	(\$6.00)
31634		Bronch w/balloon occlusion	\$1,766.59	\$1,721.39	-3%	(\$45.19)	\$199.21	\$180.98	-9%	(\$18.24)
31635		Bronchoscopy w/fb removal	\$291.96	\$283.57	-3%	(\$8.40)	\$182.61	\$165.82	-9%	(\$16.80)
31636		Bronchoscopy bronch stents	\$228.45	NA	NA	NA	\$228.45	\$206.46	-10%	(\$21.98)
31637		Bronchoscopy stent add-on	\$80.12	NA	NA	NA	\$80.12	\$72.59	-9%	(\$7.53)
31638		Bronchoscopy revise stent	\$258.76	NA	NA	NA	\$258.76	\$234.85	-9%	(\$23.91)
31640		Bronchoscopy w/tumor excise	\$260.21	NA	NA	NA	\$260.21	\$235.50	-9%	(\$24.71)
31641		Bronchoscopy treat blockage	\$265.98	NA	NA	NA	\$265.98	\$241.63	-9%	(\$24.35)
31643		Diag bronchoscope/catheter	\$181.89	NA	NA	NA	\$181.89	\$164.53	-10%	(\$17.37)
31645		Bronchoscopy clear airways	\$271.39	\$264.53	-3%	(\$6.86)	\$152.66	\$138.40	-9%	(\$14.26)
31646		Bronchoscopy reclear airway	\$147.25	NA	NA	NA	\$147.25	\$133.23	-10%	(\$14.01)
31647		Bronchial valve init insert	\$219.06	NA	NA	NA	\$219.06	\$196.79	-10%	(\$22.28)
31648		Bronchial valve remov init	\$208.24	NA	NA	NA	\$208.24	\$188.08	-10%	(\$20.16)
31649		Bronchial valve remov addl	\$70.37	\$63.55	-10%	(\$6.82)	\$70.37	\$63.55	-10%	(\$6.82)
31651		Bronchial valve addl insert	\$76.87	\$71.29	-7%	(\$5.58)	\$76.87	\$71.29	-7%	(\$5.58)
31652		Bronch ebus sampling 1/2 node	\$1,128.16	\$1,247.49	11%	\$119.33	\$230.25	\$209.69	-9%	(\$20.56)
31653		Bronch ebus sampling 3/> node	\$1,176.88	\$1,293.95	10%	\$117.07	\$255.51	\$231.30	-9%	(\$24.21)
31654		Bronch ebus ivntj perph les	\$125.59	\$120.01	-4%	(\$5.58)	\$70.01	\$63.23	-10%	(\$6.78)
31660		Bronch thermoplasty 1 lobe	\$202.46	NA	NA	NA	\$202.46	\$184.85	-9%	(\$17.61)
31661		Bronch thermoplasty 2/> lobes	\$214.73	NA	NA	NA	\$214.73	\$195.17	-9%	(\$19.56)
32554		Aspirate pleura w/o imaging	\$228.45	\$229.37	0%	\$0.92	\$93.47	\$84.20	-10%	(\$9.27)
32555		Aspirate pleura w/ imaging	\$319.39	\$311.31	-3%	(\$8.08)	\$116.21	\$103.23	-11%	(\$12.98)
32556		Insert cath pleura w/o image	\$687.51	\$731.33	6%	\$43.83	\$128.48	\$116.46	-9%	(\$12.02)

CPT/ HCPCS	Modifier	Short Description	2020 NF Allowable	2021 NF Allowable	NF Allowable	NF Allowable	2020 FAC Allowable	2021 FAC Allowable	FAC Allowable	FAC Allowable
32557		Insert cath pleura w/ image	\$633.37	\$649.07	2%	\$15.70	\$158.79	\$140.33	-12%	(\$18.46)
94002		Vent mgmt inpat init day	\$94.92	NA	NA	NA	\$94.92	\$85.81	-10%	(\$9.10)
94003		Vent mgmt inpat subq day	\$68.57	NA	NA	NA	\$68.57	\$61.62	-10%	(\$6.95)
94010		Breathing capacity test	\$36.09	\$27.74	-23%	(\$8.35)	\$36.09	NA	NA	NA
94010	26		\$8.66	\$7.74	-11%	(\$0.92)	\$8.66	\$7.74	-11%	(\$0.92)
94010	TC		\$27.43	\$20.00	-27%	(\$7.43)	\$27.43	NA	NA	NA
94011		Spirometry up to 2 yrs old	\$88.78	NA	NA	NA	\$88.78	\$80.97	-9%	(\$7.81)
94012		Spimtry w/bmchdil inf-2 yr	\$144.72	NA	NA	NA	\$144.72	\$131.94	-9%	(\$12.78)
94013		Meas lung vol thru 2 yrs	\$19.85	NA	NA	NA	\$19.85	\$18.07	-9%	(\$1.78)
94014		Patient recorded spirometry	\$57.02	\$54.20	-5%	(\$2.82)	\$57.02	NA	NA	NA
94015		Patient recorded spirometry	\$31.04	\$30.65	-1%	(\$0.39)	\$31.04	NA	NA	NA
94016		Review patient spirometry	\$25.98	\$23.55	-9%	(\$2.43)	\$25.98	\$23.55	-9%	(\$2.43)
94060		Evaluation of wheezing	\$60.27	\$43.55	-28%	(\$16.72)	\$60.27	NA	NA	NA
94060	26		\$13.35	\$9.68	-28%	(\$3.68)	\$13.35	\$9.68	-28%	(\$3.68)
94060	TC		\$46.92	\$33.87	-28%	(\$13.04)	\$46.92	NA	NA	NA
94070		Evaluation of wheezing	\$60.27	\$60.00	0%	(\$0.27)	\$60.27	NA	NA	NA
94070	26		\$29.23	\$26.45	-10%	(\$2.78)	\$29.23	\$26.45	-10%	(\$2.78)
94070	TC		\$31.04	\$33.55	8%	\$2.51	\$31.04	NA	NA	NA
94150		Vital capacity test	\$25.62	\$24.20	-6%	(\$1.43)	\$25.62	NA	NA	NA
94150	26		\$3.97	\$3.55	-11%	(\$0.42)	\$3.97	\$3.55	-11%	(\$0.42)
94150	TC		\$21.65	\$20.65	-5%	(\$1.01)	\$21.65	NA	NA	NA
94200		Lung function test (MBC/MVV)	\$22.74	\$16.45	-28%	(\$6.28)	\$22.74	NA	NA	NA
94200	26		\$4.69	\$3.55	-24%	(\$1.14)	\$4.69	\$3.55	-24%	(\$1.14)
94200	TC		\$18.04	\$12.90	-28%	(\$5.14)	\$18.04	NA	NA	NA
94250 Deleted 2021		Expired gas collection	\$27.79	Deleted 2021	NA	NA	\$27.79	NA	NA	NA
	26		\$5.77		NA	NA	\$5.77	NA	NA	NA
	TC		\$22.01		NA	NA	\$22.01	NA	NA	NA
94375		Respiratory flow volume loop	\$39.70	\$38.07	-4%	(\$1.63)	\$39.70	NA	NA	NA
94375	26		\$15.16	\$13.87	-8%	(\$1.29)	\$15.16	\$13.87	-8%	(\$1.29)
94375	TC		\$24.54	\$24.20	-1%	(\$0.35)	\$24.54	NA	NA	NA
94400 Deleted 2021		CO2 breathing response curve	\$57.38	NA	NA	NA	\$57.38	NA	NA	NA
	26		\$19.85	NA	NA	NA	\$19.85	NA	NA	NA
	TC		\$37.53	NA	NA	NA	\$37.53	NA	NA	NA
94450		Hypoxia response curve	\$67.85	\$66.78	-2%	(\$1.07)	\$67.85	NA	NA	NA
94450	26		\$19.49	\$18.07	-7%	(\$1.42)	\$19.49	\$18.07	-7%	(\$1.42)
94450	TC		\$48.36	\$48.71	1%	\$0.35	\$48.36	NA	NA	NA
94452		Hast w/report	\$53.41	\$50.00	-6%	(\$3.41)	\$53.41	NA	NA	NA
94452	26		\$14.80	\$13.55	-8%	(\$1.25)	\$14.80	\$13.55	-8%	(\$1.25)
94452	TC		\$38.62	\$36.45	-6%	(\$2.16)	\$38.62	NA	NA	NA
94453		Hast w/oxygen titrate	\$73.26	\$68.39	-7%	(\$4.87)	\$73.26	NA	NA	NA
94453	26		\$19.49	\$17.74	-9%	(\$1.75)	\$19.49	\$17.74	-9%	(\$1.75)
94453	TC		\$53.77	\$50.65	-6%	(\$3.13)	\$53.77	NA	NA	NA
94610		Surfactant admin thru tube	\$57.38	NA	NA	NA	\$57.38	\$51.94	-9%	(\$5.44)
●94617		Exercise tst brncpsm	\$93.11	\$89.36	-4%	(\$3.75)	\$93.11	NA	NA	NA
●94617-26	26		\$34.29	\$30.65	-11%	(\$3.64)	\$34.29	\$30.65	-11%	(\$3.64)
●94617-TC	TC		\$58.83	\$58.71	0%	(\$0.11)	\$58.83	NA	NA	NA
●94618		Pulmonary stress testing	\$34.29	\$32.26	-6%	(\$2.03)	\$34.29	NA	NA	NA
●94618-26	26		\$23.46	\$21.29	-9%	(\$2.17)	\$23.46	\$21.29	-9%	(\$2.17)
●94618-TC	TC		\$10.83	\$10.97	1%	\$0.14	\$10.83	NA	NA	NA

CPT/ HCPCS	Modifier	Short Description	2020 NF Allowable	2021 NF Allowable	NF Allowable	NF Allowable	2020 FAC Allowable	2021 FAC Allowable	FAC Allowable	FAC Allowable
●946X0		Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)	NA	\$69.04	NA	NA	NA	NA	NA	NA
●946X0-26	26		NA	\$21.61	NA	NA	NA	\$21.61	NA	NA
●946X0-TC	TC		NA	\$47.42	NA	NA	NA	NA	NA	NA
94620		Pulmonary stress test/simple	Deleted. Replaced with 94617 & 94618	Deleted. Replaced with 94617 & 94618	NA	NA	Deleted. Replaced with 94617 & 94618	Deleted. Replaced with 94617 & 94618	NA	NA
94620	26		NA	NA	NA	NA	NA	NA	NA	NA
94620	TC		NA	NA	NA	NA	NA	NA	NA	NA
▲94621		Pulm stress test/complex	\$162.40	\$152.91	-6%	(\$9.49)	\$162.40	NA	NA	NA
▲94621	26		\$71.82	\$64.84	-10%	(\$6.98)	\$71.82	\$64.84	-10%	(\$6.98)
▲94621	TC		\$90.58	\$88.07	-3%	(\$2.52)	\$90.58	NA	NA	NA
94640		Airway inhalation treatment	\$18.04	\$12.90	-28%	(\$5.14)	\$18.04	NA	NA	NA
94642		Aerosol inhalation treatment	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
94644		Cbt 1st hour	\$54.50	\$60.00	10%	\$5.51	\$54.50	NA	NA	NA
94645		Cbt each addl hour	\$16.96	\$16.78	-1%	(\$0.19)	\$16.96	NA	NA	NA
94660		Pos airway pressure cpap	\$65.32	\$60.97	-7%	(\$4.35)	\$39.34	\$35.81	-9%	(\$3.53)
94662		Neg press ventilation cnp	\$37.17	NA	NA	NA	\$37.17	\$33.87	-9%	(\$3.30)
94664		Evaluate pt use of inhaler	\$16.96	\$16.78	-1%	(\$0.19)	\$16.96	NA	NA	NA
94667		Chest wall manipulation	\$25.26	\$21.94	-13%	(\$3.33)	\$25.26	NA	NA	NA
94668		Chest wall manipulation	\$29.23	\$33.55	15%	\$4.32	\$29.23	NA	NA	NA
94680		Exhaled air analysis o2	\$54.50	\$52.26	-4%	(\$2.23)	\$54.50	NA	NA	NA
94680	26		\$12.99	\$11.94	-8%	(\$1.06)	\$12.99	\$11.94	-8%	(\$1.06)
94680	TC		\$41.50	\$40.33	-3%	(\$1.18)	\$41.50	NA	NA	NA
94681		Exhaled air analysis o2/co2	\$53.77	\$50.33	-6%	(\$3.45)	\$53.77	NA	NA	NA
94681	26		\$10.47	\$9.36	-11%	(\$1.11)	\$10.47	\$9.36	-11%	(\$1.11)
94681	TC		\$43.31	\$40.97	-5%	(\$2.34)	\$43.31	NA	NA	NA
94690		Exhaled air analysis	\$51.61	\$42.26	-18%	(\$9.35)	\$51.61	NA	NA	NA
94690	26		\$3.97	\$3.55	-11%	(\$0.42)	\$3.97	\$3.55	-11%	(\$0.42)
94690	TC		\$47.64	\$38.71	-19%	(\$8.93)	\$47.64	NA	NA	NA
94726		Pulm funct tst plethysmograp	\$54.50	\$53.23	-2%	(\$1.27)	\$54.50	NA	NA	NA
94726	26		\$12.63	\$11.29	-11%	(\$1.34)	\$12.63	\$11.29	-11%	(\$1.34)
94726	TC		\$41.86	\$41.94	0%	\$0.07	\$41.86	NA	NA	NA
94727		Pulm function test by gas	\$44.39	\$42.58	-4%	(\$1.81)	\$44.39	NA	NA	NA
94727	26		\$12.63	\$11.29	-11%	(\$1.34)	\$12.63	\$11.29	-11%	(\$1.34)
94727	TC		\$31.76	\$31.29	-1%	(\$0.47)	\$31.76	NA	NA	NA
94728		Pulm funct test oscillometry	\$41.50	\$39.36	-5%	(\$2.15)	\$41.50	NA	NA	NA
94728	26		\$12.99	\$11.61	-11%	(\$1.38)	\$12.99	\$11.61	-11%	(\$1.38)
94728	TC		\$28.51	\$27.74	-3%	(\$0.77)	\$28.51	NA	NA	NA
94729		Co/membrane diffuse capacity	\$57.38	\$58.07	1%	\$0.69	\$57.38	NA	NA	NA
94729	26		\$9.38	\$8.39	-11%	(\$1.00)	\$9.38	\$8.39	-11%	(\$1.00)
94729	TC		\$48.00	\$49.68	4%	\$1.68	\$48.00	NA	NA	NA

CPT/ HCPCS	Modifier	Short Description	2020 NF Allowable	2021 NF Allowable	NF Allowable	NF Allowable	2020 FAC Allowable	2021 FAC Allowable	FAC Allowable	FAC Allowable
94750 Deleted 2021		Pulmonary compliance study	\$89.50	NA	NA	NA	\$89.50	NA	NA	NA
	26		\$11.19	NA	NA	NA	\$11.19	NA	NA	NA
	TC		\$78.31	NA	NA	NA	\$78.31	NA	NA	NA
94760		Measure blood oxygen level	\$2.53	\$2.26	-11%	(\$0.27)	\$2.53	NA	NA	NA
94761		Measure blood oxygen level exercise	\$3.97	\$3.23	-19%	(\$0.74)	\$3.97	NA	NA	NA
94762		Measure blood oxygen level	\$26.71	\$25.16	-6%	(\$1.54)	\$26.71	NA	NA	NA
94770 Deleted 2021		Exhaled carbon dioxide test	\$7.58	NA	NA	NA	\$7.58	NA	NA	NA
94772		Breath recording infant	\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA
94772	26		\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
94772	TC		\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA
94774		Ped home apnea rec compl	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
94775		Ped home apnea rec hk-up	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
94776		Ped home apnea rec downld	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
94777		Ped home apnea rec report	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
94780		Car seat/bed test 60 min	\$51.61	\$49.04	-5%	(\$2.57)	\$24.54	\$22.26	-9%	(\$2.28)
94781		Car seat/bed test + 30 min	\$20.21	\$19.36	-4%	(\$0.85)	\$8.66	\$7.74	-11%	(\$0.92)
94799		Pulmonary service/procedure Unlisted	\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA
94799	26		\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
94799	TC		\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA
#95782		Polysom <6 yrs 4/> paramtrs	\$919.92	\$918.44	0%	(\$1.48)	\$919.92	NA	NA	NA
#95782	26		\$129.56	\$117.75	-9%	(\$11.81)	\$129.56	\$117.75	-9%	(\$11.81)
#95782	TC		\$790.36	\$800.69	1%	\$10.33	\$790.36	NA	NA	NA
#95783		Polysom <6 yrs cpap/bilvl	\$978.03	\$973.28	0%	(\$4.74)	\$978.03	NA	NA	NA
#95783	26		\$140.75	\$127.75	-9%	(\$13.00)	\$140.75	\$127.75	-9%	(\$13.00)
#95783	TC		\$837.28	\$845.53	1%	\$8.26	\$837.28	NA	NA	NA
#95800		Slp stdy unattended	\$168.90	\$161.95	-4%	(\$6.95)	\$168.90	NA	NA	NA
#95800	26		\$42.59	\$38.39	-10%	(\$4.20)	\$42.59	\$38.39	-10%	(\$4.20)
#95800	TC		\$126.31	\$123.56	-2%	(\$2.76)	\$126.31	NA	NA	NA
#95801		Slp stdy unatnd w/anal	\$90.95	\$86.13	-5%	(\$4.81)	\$90.95	NA	NA	NA
#95801	26		\$42.59	\$38.39	-10%	(\$4.20)	\$42.59	\$38.39	-10%	(\$4.20)
#95801	TC		\$48.36	\$47.74	-1%	(\$0.62)	\$48.36	NA	NA	NA
#95803		Actigraphy testing	\$152.30	\$149.69	-2%	(\$2.61)	\$152.30	NA	NA	NA
#95803	26		\$45.83	\$41.62	-9%	(\$4.22)	\$45.83	\$41.62	-9%	(\$4.22)
#95803	TC		\$106.46	\$108.07	2%	\$1.61	\$106.46	NA	NA	NA
95805		Multiple sleep latency test	\$422.61	\$409.70	-3%	(\$12.91)	\$422.61	NA	NA	NA
95805	26		\$60.63	\$54.20	-11%	(\$6.43)	\$60.63	\$54.20	-11%	(\$6.43)
95805	TC		\$361.98	\$355.51	-2%	(\$6.47)	\$361.98	NA	NA	NA
95806		Sleep study unatt & resp efft	\$119.10	\$94.52	-21%	(\$24.57)	\$119.10	NA	NA	NA
95806	26		\$46.19	\$41.62	-10%	(\$4.58)	\$46.19	\$41.62	-10%	(\$4.58)
95806	TC		\$72.90	\$52.91	-27%	(\$19.99)	\$72.90	NA	NA	NA
95807		Sleep study attended	\$414.67	\$378.41	-9%	(\$36.26)	\$414.67	NA	NA	NA
95807	26		\$63.16	\$55.81	-12%	(\$7.35)	\$63.16	\$55.81	-12%	(\$7.35)
95807	TC		\$351.51	\$322.60	-8%	(\$28.91)	\$351.51	NA	NA	NA
95808		Polysom any age 1-3> param	\$664.77	\$651.97	-2%	(\$12.80)	\$664.77	NA	NA	NA
95808	26		\$89.86	\$81.30	-10%	(\$8.57)	\$89.86	\$81.30	-10%	(\$8.57)
95808	TC		\$574.91	\$570.68	-1%	(\$4.23)	\$574.91	NA	NA	NA
95810		Polysom 6/> yrs 4/> param	\$621.10	\$596.49	-4%	(\$24.61)	\$621.10	NA	NA	NA
95810	26		\$124.51	\$111.94	-10%	(\$12.57)	\$124.51	\$111.94	-10%	(\$12.57)

CPT/ HCPCS	Modifier	Short Description	2020 NF Allowable	2021 NF Allowable	NF Allowable	NF Allowable	2020 FAC Allowable	2021 FAC Allowable	FAC Allowable	FAC Allowable
95810	TC		\$496.59	\$484.55	-2%	(\$12.05)	\$496.59	NA	NA	NA
95811			\$648.89	\$622.62	-4%	(\$26.27)	\$648.89	NA	NA	NA
95811	26	Polysom 6/>yrs cpap 4/> parm	\$129.20	\$116.14	-10%	(\$13.06)	\$129.20	\$116.14	-10%	(\$13.06)
95811	TC		\$519.69	\$506.48	-3%	(\$13.21)	\$519.69	NA	NA	NA
▲99201		Deleted in 2021	\$46.56	NA	NA	NA	\$27.07	NA	NA	NA
▲99202		Office/outpatient visit new	\$77.23	\$69.04	-11%	(\$8.20)	\$51.61	\$46.13	-11%	(\$5.48)
▲99203		Office o/p new sf 15-29 min	\$109.35	\$106.14	-3%	(\$3.22)	\$77.23	\$78.07	1%	\$0.84
▲99204		Office o/p new low 30-44 min	\$167.09	\$159.36	-5%	(\$7.73)	\$132.09	\$127.75	-3%	(\$4.34)
▲99205		Office o/p new mod 45-59 min	\$211.12	\$210.66	0%	(\$0.47)	\$172.51	\$173.88	1%	\$1.37
▲99211		Office o/p new hi 60-74 min	\$23.46	\$22.26	-5%	(\$1.20)	\$9.38	\$8.71	-7%	(\$0.67)
▲99212		Office o/p est minimal prob	\$46.19	\$54.20	17%	\$8.00	\$26.35	\$34.20	30%	\$7.85
▲99213		Office o/p est sf 10-19 min	\$76.15	\$86.78	14%	\$10.63	\$52.33	\$63.23	21%	\$10.90
▲99214		Office o/p est low 20-29 min	\$110.43	\$122.91	11%	\$12.48	\$80.48	\$93.23	16%	\$12.75
▲99215		Office o/p est mod 30-39 min	\$148.33	\$172.27	16%	\$23.94	\$113.68	\$137.75	21%	\$24.07
●GPC1X		Complex visit w med care svcs	NA	\$15.81	NA	NA	NA	\$15.81	NA	NA
99151		Mod sed same phys/qhp <5 yrs	\$75.79	\$84.20	11%	\$8.41	\$24.18	\$24.20	0%	\$0.01
99152		Mod sed same phys/qhp 5/>yrs	\$51.61	\$50.65	-2%	(\$0.96)	\$12.63	\$11.94	-6%	(\$0.70)
99153		Mod sed same phys/qhp ea	\$10.83	\$10.65	-2%	(\$0.18)	\$10.83	NA	NA	NA
99155		Mod sed oth phys/qhp <5 yrs	\$87.70	NA	NA	NA	\$87.70	\$78.07	-11%	(\$9.63)
99156		Mod sed oth phys/qhp 5/>yrs	\$80.12	NA	NA	NA	\$80.12	\$71.62	-11%	(\$8.50)
99157		Mod sed other phys/qhp ea	\$65.32	NA	NA	NA	\$65.32	\$59.36	-9%	(\$5.96)
99291		Critical care first hour	\$284.75	\$264.85	-7%	(\$19.89)	\$226.64	\$205.17	-9%	(\$21.47)
99292		Critical care each add 30 min	\$125.95	\$115.17	-9%	(\$10.78)	\$114.04	\$102.59	-10%	(\$11.46)
G0508		Crit care telehea consult 60	\$214.37	NA	NA	NA	\$214.37	\$194.53	-9%	(\$19.84)
G0509		Crit care telehea consult 50	\$197.77	NA	NA	NA	\$197.77	\$176.14	-11%	(\$21.63)
99358		Prolong service w/o contact	\$113.68	\$103.88	-9%	(\$9.81)	\$113.68	\$103.88	-9%	(\$9.81)
99359		Prolong serv w/o contact add	\$55.58	\$50.33	-9%	(\$5.25)	\$55.58	\$50.33	-9%	(\$5.25)
99406		Behav chng smoking 3-10 min	\$15.52	\$14.52	-6%	(\$1.00)	\$12.63	\$11.61	-8%	(\$1.02)
99407		Behav chng smoking > 10 min	\$29.59	\$27.10	-8%	(\$2.50)	\$26.71	\$24.20	-9%	(\$2.51)
99421		Ol dig e/m svc 5-10 min	\$15.52	\$13.87	-11%	(\$1.65)	\$13.35	\$11.94	-11%	(\$1.42)
99422		Ol dig e/m svc 11-20 min	\$31.04	\$27.74	-11%	(\$3.29)	\$27.43	\$24.20	-12%	(\$3.23)
99423		Ol dig e/m svc 21+ min	\$50.16	\$45.16	-10%	(\$5.00)	\$43.67	\$39.03	-11%	(\$4.63)
G2064		MDa mang high risk dx 30	\$92.03	\$85.17	-7%	(\$6.86)	\$78.68	\$71.62	-9%	(\$7.06)
G2065		Nonclin mang h risk dx 30	\$39.70	\$36.45	-8%	(\$3.24)	\$39.70	\$36.45	-8%	(\$3.24)
99441		Phone e/m phys/qhp 5-10 min	\$46.19	\$54.20	17%	\$8.00	\$26.35	\$34.20	30%	\$7.85
99442		Phone e/m phys/qhp 11-20 min	\$76.15	\$87.10	14%	\$10.95	\$52.33	\$63.55	21%	\$11.22
99443		Phone e/m phys/qhp 21-30 min	\$110.43	\$123.56	12%	\$13.12	\$80.48	\$93.88	17%	\$13.40
99446		Ntrprof ph1/ntmet/ehr 5-10	\$18.41	\$17.10	-7%	(\$1.31)	\$18.41	\$17.10	-7%	(\$1.31)
99447		Ntrprof ph1/ntmet/ehr 11-20	\$37.17	\$32.26	-13%	(\$4.91)	\$37.17	\$32.26	-13%	(\$4.91)
99448		Ntrprof ph1/ntmet/ehr 21-30	\$55.58	\$50.00	-10%	(\$5.57)	\$55.58	\$50.00	-10%	(\$5.57)
99449		Ntrprof ph1/ntmet/ehr 31/>	\$73.98	\$68.39	-8%	(\$5.59)	\$73.98	\$68.39	-8%	(\$5.59)
99451		Ntrprof ph1/ntmet/ehr 5/>	\$37.53	\$33.87	-10%	(\$3.66)	\$37.53	\$33.87	-10%	(\$3.66)
99452		Ntrprof ph1/ntmet/ehr rfrl	\$37.53	\$33.87	-10%	(\$3.66)	\$37.53	\$33.87	-10%	(\$3.66)
99457		Rem physiol mntr 1st 20 min	\$51.61	\$48.39	-6%	(\$3.22)	\$32.84	\$29.68	-10%	(\$3.16)
99458		Rem physiol mntr ea addl 20	\$42.22	\$38.71	-8%	(\$3.51)	\$32.84	\$29.68	-10%	(\$3.16)
99483		Assmt & care pln pt cog imp	\$265.26	\$267.76	1%	\$2.50	\$184.78	\$185.50	0%	\$0.72
99484		Care mgmt svc bhvl hlth cond	\$48.00	\$44.52	-7%	(\$3.48)	\$32.84	\$28.71	-13%	(\$4.13)
99487		Cmplx chron care w/o pt vsit	\$92.39	\$88.39	-4%	(\$4.00)	\$53.41	\$49.04	-8%	(\$4.38)
99489		Cmplx chron care addl 30 min	\$44.75	\$41.29	-8%	(\$3.46)	\$26.35	\$23.87	-9%	(\$2.47)
99490		Chron care mgmt srvc 20 min	\$42.22	\$39.03	-8%	(\$3.19)	\$32.84	\$29.68	-10%	(\$3.16)
99417		CCM add 20min	\$37.89	\$35.81	-6%	(\$2.09)	\$28.51	\$26.45	-7%	(\$2.06)

CPT/ HCPCS	Modifier	Short Description	2020 NF Allowable	2021 NF Allowable	NF Allowable	NF Allowable	2020 FAC Allowable	2021 FAC Allowable	FAC Allowable	FAC Allowable
99491		Chmc care mgmt svc 30 min	\$84.09	\$77.75	-8%	(\$6.34)	\$84.09	\$77.75	-8%	(\$6.34)
99495		Trans care mgmt 14 day disch	\$187.67	\$197.43	5%	\$9.77	\$125.59	\$135.81	8%	\$10.22
99496		Trans care mgmt 7 day disch	\$247.94	\$267.11	8%	\$19.18	\$165.65	\$184.85	12%	\$19.20
99497		Advncd care plan 30 min	\$86.98	\$80.33	-8%	(\$6.65)	\$80.48	\$73.23	-9%	(\$7.25)
99498		Advncd care plan addl 30 min	\$76.15	\$69.04	-9%	(\$7.11)	\$75.79	\$68.71	-9%	(\$7.07)
G0237		Therapeutic procd strg endur	\$9.38	\$9.68	3%	\$0.29	\$9.38	NA	NA	NA
G0238		Oth resp proc, indiv	\$9.74	\$10.00	3%	\$0.26	\$9.74	NA	NA	NA
G0239		Oth resp proc, group	\$12.27	\$12.26	0%	(\$0.01)	\$12.27	NA	NA	NA
•G0296		Visit to determ LDCT elig	\$29.95	\$27.10	-10%	(\$2.86)	\$27.79	\$24.52	-12%	(\$3.27)
•G0297			\$241.80	NA	NA	NA	\$241.80	NA	NA	NA
•G0297	26	LDCT for Lung CA screen	\$52.33	NA	NA	NA	\$52.33	NA	NA	NA
•G0297	TC		\$189.47	NA	NA	NA	\$189.47	NA	NA	NA
•712X0			\$241.80	\$141.30	-42%	(\$100.50)	\$241.80	NA	NA	NA
•712X0		Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	\$52.33	\$48.71	-7%	(\$3.62)	\$52.33	\$48.71	-7%	(\$3.62)
•712X0			\$189.47	\$92.59	-51%	(\$96.88)	\$189.47	NA	NA	NA
G0379		Direct refer hospital observ	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
G0384		Lev 5 hosp type bed visit	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
G0390		Trauma respons w/hosp criti	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
G0398		Home sleep test/type 2 porta	\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA
G0398	26	Home sleep test/type 2 porta	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
G0398	TC	Home sleep test/type 2 porta	\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA
G0399		Home sleep test/type 3 porta	\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA
G0399	26	Home sleep test/type 3 porta	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
G0399	TC	Home sleep test/type 3 porta	\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA
G0400		Home sleep test/type 4 porta	\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA
G0400	26	Home sleep test/type 4 porta	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
G0400	TC	Home sleep test/type 4 porta	\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA
G0424		Pulmonary rehab w exer	\$30.32	\$28.71	-5%	(\$1.60)	\$14.44	\$12.90	-11%	(\$1.53)
G0463		Hospital outpt clinic visit	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
G0501		Resource-inten svc during ov	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
G0500		Mod sedat endo service >5yrs	\$57.74	\$56.13	-3%	(\$1.61)	\$5.77	\$5.16	-11%	(\$0.61)
G0506		Comp asses care plan ccm svc	\$63.52	\$59.04	-7%	(\$4.48)	\$46.56	\$42.58	-9%	(\$3.97)
G0508		Crit care telehea consult 60	\$214.37	NA	NA	NA	\$214.37	\$194.53	-9%	(\$19.84)
G0509		Crit care telehea consult 50	\$197.77	NA	NA	NA	\$197.77	\$176.14	-11%	(\$21.63)
G0513		Prolong prev svcs, first 30m	\$66.77	\$61.29	-8%	(\$5.47)	\$62.80	\$57.42	-9%	(\$5.37)
G0514		Prolong prev svcs, addl 30m	\$66.40	\$61.29	-8%	(\$5.11)	\$62.80	\$57.42	-9%	(\$5.37)
G2010		Remote pt submit record	\$12.27	\$11.61	-5%	(\$0.66)	\$9.38	\$8.71	-7%	(\$0.67)
G2012		Brief check in by mdl/ghp	\$14.80	\$13.55	-8%	(\$1.25)	\$13.35	\$12.26	-8%	(\$1.09)
G2086		Off base opioid tx 70 min	\$413.23	\$368.41	-11%	(\$44.82)	\$301.35	\$265.50	-12%	(\$35.85)
G2087		Off base opioid tx, 60 m	\$368.47	\$327.44	-11%	(\$41.04)	\$293.77	\$259.37	-12%	(\$34.40)
G2088		Off base opioid tx, add 30	\$70.01	\$62.58	-11%	(\$7.43)	\$35.01	\$30.97	-12%	(\$4.04)
99417 see 99358, 99359		Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)	NA	\$31.29	NA	NA	NA	\$30.32	NA	NA
GCOL1		Init/sub psych care m 1st 30	NA	\$61.29	NA	NA	NA	\$36.13	NA	NA
GMAT1		Initiat med assist tx in ER	NA	\$64.52	NA	NA	NA	\$61.29	NA	NA

CPT/ HCPCS	Modifier	Short Description	2020 NF Allowable	2021 NF Allowable	NF Allowable	NF Allowable	2020 FAC Allowable	2021 FAC Allowable	FAC Allowable	FAC Allowable
GOTP1		Take úhom sup nasal naloxone	NA	\$0.00	NA	NA	NA	\$0.00	NA	NA
GOTP2		Tak ú hom auto inject naloxo	NA	\$0.00	NA	NA	NA	\$0.00	NA	NA

Disclaimer
The information provided herein was current at the time of this communication. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference. The opinions referenced are those of the members of the ATS 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.



2020 Corrected July Compared to Proposed 2021 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 2020 July Correction Addendum B](#)

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

Corrected July 2020 HOPPS File & Proposed 2021 HOPPS File

CPT/ HCPCS	CMS Short Description Description	Status		APC		July CY 2020	Proposed CY 2021	Dollar	Percent
		CY 2020	CY 2021	CY 2020	CY 2021	Payment Rate	Payment Rate	Change	Change
31615	Visualization of windpipe	T	T	5162	5162	\$441.72	\$456.81	\$15.09	3%
31622	Dx bronchoscope/wash	J1	J1	5153	5153	\$1,430.61	\$1,518.73	\$88.12	6%
31623	Dx bronchoscope/brush	J1	J1	5153	5153	\$1,430.61	\$1,518.73	\$88.12	6%
31624	Dx bronchoscope/lavage	J1	J1	5153	5153	\$1,430.61	\$1,518.73	\$88.12	6%
31625	Bronchoscopy w/biopsy(s)	J1	J1	5153	5153	\$1,430.61	\$1,518.73	\$88.12	6%
31626	Bronchoscopy w/markers	J1	J1	5155	5155	\$5,440.36	\$5,898.73	\$458.37	8%
31627	Navigational bronchoscopy	N	N					NA	NA
31628	Bronchoscopy/lung bx each	J1	J1	5154	5154	\$2,936.91	\$3,135.17	\$198.26	7%
31629	Bronchoscopy/needle bx each	J1	J1	5154	5154	\$2,936.91	\$3,135.17	\$198.26	7%
31630	Bronchoscopy dilate/fx repr	J1	J1	5154	5154	\$2,936.91	\$3,135.17	\$198.26	7%
31631	Bronchoscopy dilate w/stent	J1	J1	5155	5155	\$5,440.36	\$5,898.73	\$458.37	8%
31632	Bronchoscopy/lung bx addl	N	N					NA	NA
31633	Bronchoscopy/needle bx addl	N	N					NA	NA
31634	Bronch w/balloon occlusion	J1	J1	5155	5155	\$5,440.36	\$5,898.73	\$458.37	8%
31635	Bronchoscopy w/fb removal	J1	J1	5153	5153	\$1,430.61	\$1,518.73	\$88.12	6%
31636	Bronchoscopy bronch stents	J1	J1	5155	5155	\$5,440.36	\$5,898.73	\$458.37	8%
31637	Bronchoscopy stent add-on	N	N					NA	NA
31638	Bronchoscopy revise stent	J1	J1	5155	5155	\$5,440.36	\$5,898.73	\$458.37	8%
31640	Bronchoscopy w/tumor excise	J1	J1	5154	5154	\$2,936.91	\$3,135.17	\$198.26	7%
31641	Bronchoscopy treat blockage	J1	J1	5154	5154	\$2,936.91	\$3,135.17	\$198.26	7%
31643	Diag bronchoscope/catheter	J1	J1	5153	5153	\$1,430.61	\$1,518.73	\$88.12	6%
31645	Bronchoscopy clear airways	J1	J1	5153	5153	\$1,430.61	\$1,518.73	\$88.12	6%
31646	Bronchoscopy reclear airway	T	T	5152	5152	\$377.89	\$383.30	\$5.41	1%
31647	Bronchial valve init insert	J1	J1	5155	5155	\$5,440.36	\$5,898.73	\$458.37	8%
31648	Bronchial valve remov init	J1	J1	5154	5154	\$2,936.91	\$3,135.17	\$198.26	7%
31649	Bronchial valve remov addl	Q2	Q2	5153	5153	\$1,430.61	\$1,518.73	\$88.12	6%
31651	Bronchial valve addl insert	N	N					NA	NA
31652	Bronch ebus sampling 1/2 node	J1	J1	5154	5154	\$2,936.91	\$3,135.17	\$198.26	7%
31653	Bronch ebus sampling 3/> node	J1	J1	5154	5154	\$2,936.91	\$3,135.17	\$198.26	7%
31654	Bronch ebus ivntj perph les	N	N					NA	NA
31660	Bronch thermoplasty 1 lobe	J1	J1	5155	5155	\$5,440.36	\$5,898.73	\$458.37	8%
31661	Bronch thermoplasty 2/> lobes	J1	J1	5155	5155	\$5,440.36	\$5,898.73	\$458.37	8%
C9751	Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including fluoroscopic guidance, when performed, with computed tomography acquisition(s) and 3-D rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (for example, aspiration(s)/biopsy(ies)) and all mediastinal and/or hilar lymph node stations or structures and therapeutic intervention(s)).	T	CH-T	1571	1563 change based on claims data (4 claims in 2019)	\$8,250.50	\$4,250.50	(\$4,000.00)	-48%
32554	Aspirate pleura w/o imaging	T	T	5181	5181	\$630.51	\$549.57	(\$80.94)	-13%
32555	Aspirate pleura w/ imaging	T	T	5181	5181	\$630.51	\$549.57	(\$80.94)	-13%
32556	Insert cath pleura w/o image	J1	J1	5302	5302	\$1,557.40	\$1,645.54	\$88.14	6%
32557	Insert cath pleura w/ image	J1	J1	5182	5182	\$1,631.13	\$1,404.33	(\$226.80)	-14%

CPT/ HCPCS	CMS Short Description Description	Status		APC		July CY 2020	Proposed CY 2021	Dollar	Percent
		CY 2020	CY 2021	CY 2020	CY 2021	Payment Rate	Payment Rate	Change	Change
94002 Single Code	Vent mgmt inpat init day (Single Code APC Assignment & Rate)	Q3	Q3	5801	5801	\$464.53	\$495.31	\$30.78	7%
94002 Composite	Vent mgmt inpat init day (Composite APC Assignment & Rate)	S	S	5041	5041	\$666.66	\$708.57	\$41.91	6%
94002 Composite	Vent mgmt inpat init day (Composite APC Assignment & Rate)	S	S	5045	5045	\$891.15	\$936.29	\$45.14	5%
94003 Single Code	Vent mgmt inpat subq day (Single Code APC Assignment & Rate)	Q3	Q3	5801	5801	\$464.53	\$495.31	\$30.78	7%
94003 Composite	Vent mgmt inpat subq day (Composite APC Assignment & Rate)	S	S	5041	5041	\$666.66	\$708.57	\$41.91	6%
94003 Composite	Vent mgmt inpat subq day (Composite APC Assignment & Rate)	S	S	5045	5045	\$891.15	\$936.29	\$45.14	5%
94010	Breathing capacity test	Q1	Q1	5721	5721	\$138.35	\$141.75	\$3.40	2%
94011	Spirometry up to 2 yrs old	Q1	Q1	5721	5721	\$138.35	\$141.75	\$3.40	2%
94012	Spirmtly w/bmchdl inf-2 yr	Q1	Q1	5722	5722	\$253.10	\$269.85	\$16.75	7%
94013	Meas lung vol thru 2 yrs	S	S	5723	5723	\$485.61	\$497.96	\$12.35	3%
94014	Patient recorded spirometry	Q1	Q1	5735	5735	\$363.59	\$284.24	(\$79.35)	-22%
94015	Patient recorded spirometry	Q1	Q1	5722	5722	\$253.10	\$269.85	\$16.75	7%
94016	Review patient spirometry	A	A					NA	NA
94060	Evaluation of wheezing	S	S	5722	5722	\$253.10	\$269.85	\$16.75	7%
94070	Evaluation of wheezing	S	S	5722	5722	\$253.10	\$269.85	\$16.75	7%
94150	Vital capacity test	Q1	Q1	5721	5721	\$138.35	\$141.75	\$3.40	2%
94200 RUC Survey 2018	Lung function test (MBC/MVV)	Q1	Q1	5733	5733	\$55.01	\$56.50	\$1.49	3%
94250 Deleted 2021	Expired gas collection	Q1	D	5733		\$55.01		NA	NA
94375	Respiratory flow volume loop	Q1	Q1	5722	5722	\$253.10	\$269.85	\$16.75	7%
94400 Deleted 2021	CO2 breathing response curve	Q1	D	5721		\$138.35		NA	NA
94450	Hypoxia response curve	Q1	Q1	5721	5722	\$138.35	\$269.85	\$131.50	95%
94452	Hast w/report	Q1	Q1	5734	5734	\$109.03	\$113.23	\$4.20	4%
94453	Hast w/oxygen titrate	Q1	Q1	5734	5734	\$109.03	\$113.23	\$4.20	4%
94610	Surfactant admin thru tube	Q1	Q1	5791	5791	\$183.96	\$190.84	\$6.88	4%
94620	Pulmonary stress test/simple	D	D	D	D	D	D		
94621	Pulm stress test/complex	S	S	5722	5722	\$253.10	\$269.85	\$16.75	7%
94617	Exercise tst bmcpsm	Q1	Q1	5734	5734	\$109.03	\$113.23	\$4.20	4%
94618	Pulmonary stress testing	Q1	Q1	5734	5734	\$109.03	\$113.23	\$4.20	4%
946X0	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)	New in 2021	Q1	New	5733	New	\$56.50	New	New
94640	Airway inhalation treatment	Q1	Q1	5791	5791	\$183.96	\$190.84	\$6.88	4%
94642	Aerosol inhalation treatment	Q1	Q1	5791	5791	\$183.96	\$190.84	\$6.88	4%
94644	Cbt 1st hour	Q1	Q1	5734	5734	\$109.03	\$113.23	\$4.20	4%
94645	Cbt each addl hour	N	N					NA	NA
94660 Single Code	Pos airway pressure cpap (Single Code APC Assignment & Rate)	Q1	Q1	5791	5791	\$183.96	\$190.84	\$6.88	4%
94662 Single Code	Neg press ventilation cnp (Single Code APC Assignment & Rate)	Q3	Q3	5801	5801	\$464.53	\$495.31	\$30.78	7%
94662 Composite	Neg press ventilation cnp (Composite APC Assignment & Rate)	S	S	5041	5041	\$666.66	\$708.57	\$41.91	6%
94662 Composite	Neg press ventilation cnp (Composite APC Assignment & Rate)	S	S	5045	5045	\$891.15	\$936.29	\$45.14	5%
94664	Evaluate pt use of inhaler	Q1	Q1	5791	5791	\$183.96	\$190.84	\$6.88	4%
94667	Chest wall manipulation	Q1	Q1	5734	5734	\$109.03	\$113.23	\$4.20	4%
94668	Chest wall manipulation	Q1	Q1	5734	5734	\$109.03	\$113.23	\$4.20	4%
94680	Exhaled air analysis o2	Q1	Q1	5721	5721	\$138.35	\$141.75	\$3.40	2%
94681	Exhaled air analysis o2/co2	Q1	Q1	5722	5722	\$253.10	\$269.85	\$16.75	7%
94690	Exhaled air analysis	Q1	Q1	5732	5733	\$33.43	\$56.50	\$23.07	69%
94726	Pulm funct tst plethysmograp	Q1	Q1	5722	5722	\$253.10	\$269.85	\$16.75	7%
94727	Pulm function test by gas	Q1	Q1	5721	5721	\$138.35	\$141.75	\$3.40	2%
94728	Pulm funct test oscillometry	Q1	Q1	5722	5722	\$253.10	\$269.85	\$16.75	7%
94729	Co/membrane diffuse capacity	N	N					NA	NA
94750 Deleted 2021	Pulmonary compliance study	Q1	D	5721		\$138.35		NA	NA

CPT/ HCPCS	CMS Short Description Description	Status		APC		July CY 2020	Proposed CY 2021	Dollar	Percent
		CY 2020	CY 2021	CY 2020	CY 2021	Payment Rate	Payment Rate	Change	Change
94760	Measure blood oxygen level	N	N					NA	NA
94761	Measure blood oxygen level	N	N					NA	NA
94762 Single Code	Measure blood oxygen level (Single Code APC Assignment & Rate)	Q3	Q3	5721	5721	\$138.35	\$141.75	\$3.40	2%
94762 Composite	Measure blood oxygen level (Composite APC Assignment & Rate)	S	S	5041	5041	\$666.66	\$708.57	\$41.91	6%
94762 Composite	Measure blood oxygen level (Composite APC Assignment & Rate)	S	S	5045	5045	\$891.15	\$936.29	\$45.14	5%
94770 Deleted 2021	Exhaled carbon dioxide test	S	D	5721		\$138.35		NA	NA
94772	Breath recording infant	S	S	5723	5723	\$485.61	\$497.96	\$12.35	3%
94774	Ped home apnea rec compl	B	B					NA	NA
94775	Ped home apnea rec hk-up	S	S	5721	5721	\$138.35	\$141.75	\$3.40	2%
94776	Ped home apnea rec downld	S	S	5721	5721	\$138.35	\$141.75	\$3.40	2%
94777	Ped home apnea rec report	B	B					NA	NA
94780	Car seat/bed test 60 min	Q1	Q1	5732	5732	\$33.43	\$34.42	\$0.99	3%
+ 94781	Car seat/bed test + 30 min	N	N					NA	NA
94799	Pulmonary service/procedure Unlisted	Q1	Q1	5721	5721	\$138.35	\$141.75	\$3.40	2%
# 95782	Polysom <6 yrs 4/> paramtrs	S	S	5724	5724	\$908.95	\$936.70	\$27.75	3%
# 95783	Polysom <6 yrs cpap/bivl	S	S	5724	5724	\$908.95	\$936.70	\$27.75	3%
# 95800	Slp stdy unattended	S	S	5721	5721	\$138.35	\$141.75	\$3.40	2%
# 95801	Slp stdy unatnd w/anal	Q1	Q1	5734	5734	\$109.03	\$113.23	\$4.20	4%
95803	Actigraphy testing	Q1	Q1	5733	5733	\$55.01	\$56.50	\$1.49	3%
95805	Multiple sleep latency test	S	S	5723	5723	\$485.61	\$497.96	\$12.35	3%
95806	Sleep study unatt&resp efft	S	S	5721	5721	\$138.35	\$141.75	\$3.40	2%
95807	Sleep study attended	S	S	5723	5723	\$485.61	\$497.96	\$12.35	3%
95808	Polysom any age 1-3> param	S	S	5724	5724	\$908.95	\$936.70	\$27.75	3%
95810	Polysom 6/> yrs 4/> param	S	S	5724	5724	\$908.95	\$936.70	\$27.75	3%
95811	Polysom 6/>yrs cpap 4/> parm	S	S	5724	5724	\$908.95	\$936.70	\$27.75	3%
99202	Office/outpatient visit new	B	B					NA	NA
99203	Office o/p new sf 15-29 min	B	B					NA	NA
99204	Office o/p new low 30-44 min	B	B					NA	NA
99205	Office o/p new mod 45-59 min	B	B					NA	NA
99211	Office o/p new hi 60-74 min	B	B					NA	NA
99212	Office o/p est minimal prob	B	B					NA	NA
99213	Office o/p est sf 10-19 min	B	B					NA	NA
99214	Office o/p est low 20-29 min	B	B					NA	NA
99215	Office o/p est mod 30-39 min	B	B					NA	NA
99291 Single Code	Office o/p est hi 40-54 min	J2	J2	5041	5041	\$666.66	\$708.57	\$41.91	6%
99291 Comprehensive	Critical care first hour (Comprehensive APC Assignment & Rate)	J2	J2	8011	8011	\$2,203.60	\$2,316.41	\$112.81	5%
99292	Critical care each add 30 min	N	N					NA	NA
99358	Prolong service w/o contact	N	N					NA	NA
99359	Prolong serv w/o contact add	N	N					NA	NA
99406	Behav chng smoking 3-10 min	S	S	5821	5821	\$27.32	\$27.95	\$0.63	2%
99407	Behav chng smoking > 10 min	S	S	5821	5821	\$27.32	\$27.95	\$0.63	2%
99421	Ol dig e/m svc 5-10 min	B	B					NA	NA
99422	Ol dig e/m svc 11-20 min	B	B					NA	NA
99423	Ol dig e/m svc 21+ min	B	B					NA	NA
G2064	MDá mang high risk dx 30	M	M					NA	NA
G2065	Nonclin mang h risk dx 30	S	S	5822	5822	\$78.54	\$75.26	(\$3.28)	-4%
99441	Phone e/m phys/ghp 5-10 min	B	B					NA	NA
99442	Phone e/m phys/ghp 11-20 min	B	B					NA	NA
99443	Phone e/m phys/ghp 21-30 min	B	B					NA	NA
99446	Ntrprof ph1/ntmet/ehr 5-10	M	M					NA	NA
99447	Ntrprof ph1/ntmet/ehr 11-20	M	M					NA	NA
99448	Ntrprof ph1/ntmet/ehr 21-30	M	M					NA	NA
99449	Ntrprof ph1/ntmet/ehr 31/>	M	M					NA	NA
99451	Ntrprof ph1/ntmet/ehr 5/>	M	M					NA	NA
99452	Ntrprof ph1/ntmet/ehr rft	M	M					NA	NA
99457	Rem physiол mntr 1st 20 min	B	B					NA	NA
99458	Rem physiол mntr ea addl 20	B	B					NA	NA

CPT/ HCPCS	CMS Short Description Description	Status		APC		July CY 2020	Proposed CY 2021	Dollar	Percent
		CY 2020	CY 2021	CY 2020	CY 2021	Payment Rate	Payment Rate	Change	Change
99483	Assmt & care pln pt cog imp								
99484	Care mgmt svc bhvl hlth cond								
99487	Cmplx chron care w/o pt vst	S	S	5822	5823	\$78.54	\$134.45	\$55.91	71%
99489	Complx chron care addl30 min	N	N					NA	NA
99490	Chron care mgmt srvc 20 min	S	S	5822	5822	\$78.54	\$75.26	(\$3.28)	-4%
99491	Chrmc care mgmt svc 30 min	M	M					NA	NA
99495	Trans care mgmt 14 day disch	V	V	5012	5012	\$115.93	\$120.88	\$4.95	4%
99496	Trans care mgmt 7 day disch	V	V	5012	5012	\$115.93	\$120.88	\$4.95	4%
99497	Advncd care plan 30 min	Q1	Q1	5822	5822	\$78.54	\$75.26	(\$3.28)	-4%
99498	Advncd care plan addl 30 min	N	N					NA	NA
G0237	Therapeutic procd strg endur	S	S	5731	5731	\$22.99	\$25.27	\$2.28	10%
G0238	Oth resp proc, indiv	S	S	5731	5731	\$22.99	\$25.27	\$2.28	10%
G0239	Oth resp proc, group	S	S	5732	5732	\$33.43	\$34.42	\$0.99	3%
G0296	Visit to determ LDCT elig	S	S	5822	5822	\$78.54	\$75.26	(\$3.28)	-4%
G0297 Deleted 2021	LDCT for Lung CA screen	S	D	5521		\$79.81		NA	NA
712X0	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	New in 2021		5521		\$79.81		NA	NA
G0379 Single Code	Direct refer hospital observ (Single Code APC Assignment & Rate)	J2	J2	5025	5025	\$504.51	\$535.13	\$30.62	6%
G0379 Comprehensive	Direct refer hospital observ (Comprehensive APC Assignment & Rate)	J2	J2	8011	8011	\$2,203.60	\$2,316.41	\$112.81	5%
G0384 Single Code	Lev 5 hosp type bed visit (Single Code APC Assignment & Rate)	J2	J2	5035	5035	\$308.98	\$298.90	(\$10.08)	-3%
G0384 Comprehensive	Lev 5 hosp type bed visit (Composite/Comprehensive APC Assignment & Rate)	J2	J2	8011	8011	\$2,203.60	\$2,316.41	\$112.81	5%
G0390	Trauma respons w/hosp criti	S	S	5045	5045	\$891.15	\$936.29	\$45.14	5%
G0398	Home sleep test/type 2 porta	S	S	5721	5721	\$138.35	\$141.75	\$3.40	2%
G0399	Home sleep test/type 3 porta	S	S	5721	5721	\$138.35	\$141.75	\$3.40	2%
G0400	Home sleep test/type 4 porta	S	S	5721	5722	\$138.35	\$269.85	\$131.50	95%
G0424	Pulmonary rehab w exer	S	S	5733	5733	\$55.01	\$56.50	\$1.49	3%
G0463 Single Code	Hospital outpt clinic visit (Single Code APC Assignment & Rate)	J2	J2	5012	5012	\$115.93	\$120.88	\$4.95	4%
G0463 Comprehensive	Hospital outpt clinic visit (Composite/Comprehensive APC Assignment & Rate)	J2	J2	8011	8011	\$2,203.60	\$2,316.41	\$112.81	5%
G0508	Crit care telehea consult 60	B	B					NA	NA
G0509	Crit care telehea consult 50	B	B					NA	NA
G0513	Prolong prev svcs, first 30m	N	N					NA	NA
G0514	Prolong prev svcs, addl 30m	N	N					NA	NA
G2010	Remot image submit by pt	A	A					NA	NA
G2012	Brief check in by MD/QHP	A	A					NA	NA
C-APC	Comprehensive Observation Services	J2	J2	8011	8011	\$2,203.60	\$2,316.41	\$112.81	5%
G2058 Deleted 2021	CCM add 20min	N	D					NA	NA
994XX previously G2058	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	New in 2021	N	New	N	New	Packaged into major Procedure	New	New
G2086	Off base opioid tx 70 min	S	S	5823	5823	\$131.36	\$134.45	\$3.09	2%
G2087	Off base opioid tx, 60 m	S	S	5823	5823	\$131.36	\$134.45	\$3.09	2%
G2088	Off base opioid tx, add 30	N	N					NA	NA

CPT/ HCPCS	CMS Short Description Description	Status		APC		July CY 2020	Proposed CY 2021	Dollar	Percent
		CY 2020	CY 2021	CY 2020	CY 2021	Payment Rate	Payment Rate	Change	Change
99417 add on code	Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)	New in 2021	N	New	N	New	Packaged into major Procedure	New	New
GCOL1	Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional	New in 2021	S	New	5822	New	\$75.26	New	New
GMAT1	Initiation of medication assisted treatment in the emergency department setting, including assessment, referral to ongoing care, and arranging access to supportive services (List separately in addition to code for primary procedure)	New in 2021	N	New	N	New	Packaged into major Procedure	New	New
GOTP1	Take-home supply of nasal naloxone (provision of the services by a Medicare-enrolled Opioid Treatment Program); List separately in addition to code for primary procedure	New in 2021	E1	New	N	New	E1	New	New
GOTP2	Take-home supply of auto-injector naloxone (provision of the services by a Medicare-enrolled Opioid Treatment Program); List separately in addition to code for primary procedure	New in 2021	E1	New	N	New	E1	New	New

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.