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Coding & Billing Quarterly



Editor's Letter

Welcome to the February issue of the ATS Coding and Billing Quarterly. There are several important updates about the final Medicare rules for 2020 that will be important for pulmonary, critical care and sleep providers. Additionally, there is discussion of E/M documentation rules that will be coming in 2021 that practices might need some time to prepare for, and as always, we will answer coding, billing and regulatory compliance questions submitted from ATS members. If you are looking for a more interactive way to learn about the 2020 Medicare final rules, there is a [webinar on the ATS website that covers key parts of the Medicare final rules](#).

But before we get to all this important information, I have a request for your help.

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ATS Needs Your Help – Recent Invoices for Bronchoscopes and PFT Lab Spirometers

The ATS is looking for invoices for recently purchased bronchoscopes and PFT lab spirometer. These invoices will be used by the ATS to present practice expense cost equipment to CMS to help establish appropriate reimbursement rates for physician services using this equipment.

- **Invoices** should not include education or **service contract** as those are overhead and cannot be considered by CMS for this portion of the formula and payment rates.
- Invoices can be up to five years old.
- Invoices cannot be quotes and must be paid invoices.
- Monthly rental invoices are not acceptable to CMS, as they are not representative of purchase prices.
- We will de-identify or you can de-identify when sending to us.

If you have made a recent purchase of a bronchoscope or PFT lab spirometer, please consider sending a PDF of the equipment invoice to gewart@thoracic.org.

Alan L. Plummer MD
Editor
ATS Coding and Billing Quarterly

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CMS Final MPFS Rule

Gary Ewart MHS, Denise Merlino CPC, MBA, CNMT

The Centers for Medicare and Medicaid Services (CMS) has finalized several important payment rules for the 2020 calendar year, including the Medicare Physician Fee Schedule and the Outpatient Prospective Payment Rule. The below text provides a brief summary of key final rules that will impact ATS members.

Conversion Factor – The final CMS conversion factor for calendar year 2020 is \$36.09 – a \$0.05 increase over the 2019 conversion factor.

Medical Record Documentation – The final rule allows physicians, PAs or ARPNs who are both documenting services and eligible to be paid by CMS under the Medicare Physician Fee Schedule to review and verify medical records, rather than re-document notes made in the medical record by other providers. This is a change in CMS document and verification policy.

Care Management Services – CMS is seeking to expand the use of transitional care management services in the Medicare program. To help promote the use of transitional care management services, CMS is implementing the following policies:

- **Transitional Care Management (TCM) services** – CMS has finalized policy to allow TCM CPT codes **99495, 99496** to be used in tandem with other codes (on-line digital management service codes **99421, 99422, 99423, 98970, 98971** and **98972 (G0261, G0262, G0263)**). CMS has also increased the payment rate for the two Transitional Care Codes based on AMA RUC surveys. We thank our members who participated.
- **Chronic Care Management (CCM)** – CMS finalized a new 20 minute add-on code (**G2058** for non-complex chronic care management CCM to allow physicians to incrementally note additional staff time and resources that are needed for managing certain patients. The G code is allowed to be billed in conjunction with CPT **99490**, when 40 minutes or more of clinical staff time occurs.

Principal Care Management (PCM) – CMS finalized two codes for PCM service to pay physicians for managing patients with a single, serious/high-risk condition. The previous codes had required the

management of two or more serious conditions before the PCM codes could be used. CMS expects this policy will result in a \$125 million increase in Medicare spending for PCM codes.

Immunization Administration – The proposed rule had an error in the reimbursement rates for immunizations, resulting in payment cuts from 2019. CMS has acknowledged the error and has pledged to ensure immunization payment rates remain at the 2019 payment rate.

Medicare Telehealth – CMS has added three new telehealth codes (as **G2086, G2087** and **G2088**) to describe a monthly bundled service for opioid disorders. The bundled code includes care coordination, individual therapy and group therapy/counseling.

Open Payments – In the final rule, CMS has expanded the list of covered recipients covered by the Open Payments rule to include PAs, NPs, Clinical Nurse Specialist, Certified Registered Nurse Anesthetists and Certified Nurse Midwives. Open Payment reporting for newly covered providers will begin January 2022. Open Payment reporting for newly covered providers will begin January 2022. CMS has also expanded the definition of covered payments to include debt forgiveness, long-term medical supply or device loan and acquisitions.

E/M Documentation and Coding – Changes for 2021

Denise Merlino CPC, MBA, CNMT

In 2018, Medicare announced its plans for revamping the Evaluation and Management coding structure and was met with a rapid response from the medical community, including the AMA and ATS. As a result, the Medicare changes implemented in 2019 were mostly documentation-related changes that generally benefited providers but were not necessarily accepted and implemented by all payers.

The AMA CPT and RUC in an unprecedented move released the 2021 E/M changes in an effort to give providers and third party payers time to update systems. You can find the new 2021 CPT codes and guidelines at <https://www.ama-assn.org/practice-management/cpt/cpt-evaluation-and-management>.

Below is a summary of the changes and we will have more in future CBQs.

E/M Codes Affected

The new AMA CPT E/M changes are specific only to Office or Other Outpatient Services (99201-99205 and 99211-99215) codes. To date, there are no changes to the inpatient or observation codes. Unless the AMA makes further modifications, the below changes will be included in the 2021 CPT codebook. They include:

- Deletion of 99201.
- New guidelines specific to 99202-99215.
- Changes in component scoring for both new and established patient codes (99202-99215).
- Changes to the medical decision-making table.
- Changes to the typical times associated with each E/M code (99202-99215).

Changes in determining E/M code levels

Although documentation of history and physical examination will still need to be medically appropriate, the amount of history or number of elements examined and documented will not factor into the scoring used to determine the overall E/M level of service. Instead, the basis for code selection will be the level of MDM performed or the total time spent performing the service on the day of the encounter.

New Guidelines

The AMA will be changing the definition of the time element associated with codes 99202-99215 from typical face-to-face time to total time spent on the day of the encounter, and changing the amount of time associated with each code. What hasn't changed is that medical necessity for the level of service must be identifiable within the documentation.

The changes to the titles of the subcategories and time are in the MDM and Time table below.

CPT	Medical Decision Making (MDM)			Time
2019	Number of Diagnoses or Management Options	Amount and/or Complexity of Data to be Reviewed	Risk of Complications and/or Morbidity or Mortality	Typical Time (with a summary of face-to-face counseling/coordination care)
2021	Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient Management	Total Time

These are the CPT changes; however, any payer contracts (e.g., Medicare or payers that follow Medicare guidelines) may require calculation in another way, so be mindful of those contracts when implementing E/M changes in 2021. The AMA is working with payers in 2020 in many outreach efforts to try to eliminate differences in payers coding guidance from CPT. Since this is an ongoing process, look for updates often and throughout the year from ATS and the AMA.

Moving forward it might be a good idea to begin informing providers and staff of the upcoming changes to both CPT and Medicare and then follow closely for additional announcements from both the AMA and Medicare.

Questions and Answers

Bronchoscopy – What is the difference between subsequent and initial therapeutic bronchoscopy? Is there a time period between the two of them?

Answer: Initial therapeutic bronchoscopy is the first procedure during any hospitalization and is reported with CPT code 31645. A subsequent therapeutic bronchoscopy, later the same day or another day, but during the same hospitalization, is defined as subsequent and is reported with CPT code 31646. All therapeutic bronchoscopies done in the outpatient setting, code 31645.

Chart Review – If a colleague sends me a patient chart to review and make suggestions for patient care plan, what code do I use and is it impacted by the degree of care plan changes I recommend?

Answer: There are a series of CPT codes, 99446-99449, available for these electronic consultations. They are defined by time and work RVUs. The lowest time code is for 5 -10 mins, 0.35 RVUs. The highest time code is more than 30 minutes and 1.4 RVUs. Pick the appropriate code

in the series based on the amount of time it takes you to review that information. There are several requirements: (1) There needs to be a written request from a colleague. (2) You need to send something in writing back to colleague, as well as verbally respond to them within 24 hours. (3) You're not allowed to have face to face encounter with the patient 14 days before or 14 days after.

Time Documentation – Do we leave the note open unsigned and add to note after the phone calls or can we append an already signed and closed note?

Answer: You can do it either way. It is recommended that you close the note. Even if you know there will be a subsequent call, close the note and then put in an amendment / addendum to it to reflect a phone call. That locks downs and preserves the integrity of the record.

Time Documentation – Under new outpatient E/M rules for 2021, I see a patient and I bill certain time and level, but then I receive records a few days later, do I go back and re-code the initial visit?

Answer: No, the new in 2021 CPT codes are selected based on the time spent on the day of service. Therefore, the choice of the CPT code is locked into the time and MDM for that date of the service. If you completed the AMA RUC survey for these codes, they did survey for time before and time after the date of service, this allowed participants in the survey to tell us typically how much additional time was necessary for each CPT code range.

Providers may consider using the current non-face to face prolonged care code (99358). However, CMS has indicated that CPT codes 99358-99359 (prolonged services before and after direct patient contact) will not be payable in association with office/outpatient E/M visits beginning in 2021. Look for more guidance from payers and the AMA regarding the new E/M codes for 2021.

Time Documentation – Does the time involved in the E&M include time writing your note?

Answer: For 2020, to include your note time, it has to be face to face time in the office. The time writing your note can be included if more than ½ of total time is spent counseling and coordinating with patient instead of writing your note.

After Jan. 1, 2021, the time writing your note can be included, face to face is no longer a requirement for the office visit codes.

Time Documentation – What is the requirement for documenting time? When is time used for new codes and do I have to record, or document stop and start times?

Answers: There are two answers – one for current time in 2020 and one for on or after Jan. 1, 2021:

In 2020, you must document one of the following options: “I spent more than half of visit lasting [insert number] minutes, discussing, counseling, coordinating care about [insert issue]”. Alternatively, “30 minutes, more than half the time for counseling was spent [insert issue].” This has been the guideline for time and will remain in effect thru Dec.31, 2020.

As of Jan. 1, 2021, the provider will need to document the total time spent on the calendar day of the visit. It can be stop/start time if it is continuous, but most providers do DIS-CONTINUOUS time. You are allowed to include time before and after the face-2-face visit if the time is directly linked to the visit. All time, on the same day of the service, needs to be aggregated and documented in the note for code selection. Note that the time needs to be medically necessary/clinically appropriate. Use good judgement and do not over-record time (e.g. 80 minutes on a common cold).

Remote monitoring – I review remote data for patient on a home ventilator. After reviewing the data, I do NOT make any changes in the ventilator setting or in the home care plan. What code do I report? And does the code change if I DO make changes to ventilator setting or the home care plan?

Answer: There are several answers / options. 1) For home monitoring of ventilator care, there is an existing CPT code (94005) that has a 30-minute minimum per calendar month and can be billed once per month, but Medicare and most other payers do not pay it. Physicians with large home ventilator practices may be able to contract with private payers and get CPT 94005 paid. 2) The next option considers what the data reflects. If the patient is sending video screen shots to the physician or qualified health care professional (QHP), you can use the existing code for patient information (e.g. images /videos submitted by patient, code G2010). 3) The third option is to use the new codes going into effect Jan. 1, 2020 for Digital Evaluation and Management Services. These codes are 99421, 99422, 99423. Code 99421 reflects minimum

of 5 minutes and up to 10 minutes; **99422** allows 11 to 20 minutes; and code **99423** allows for 21 or more minutes. Ostensibly, review of ventilator data and response back to patient could be considered an Evaluation and Management Services. Note that option #1 – reporting CPT code **94005** requires at least 30 minutes of time, so perhaps if you don't reach those 30 minutes, you could employ the third option. Note that the principle of CPT coding is that you're supposed to select the most appropriate code. As there are several options, we recommend you discuss with your local Medicare Administrative Contractor (MAC) and local payers. Also, of note, CMS made the decision to bundle CPT **94005** in the final rule, Vol. 71, No. 231 / Friday, Dec. 1, 2006. Since that time, CMS has approved many non-face to face services, therefore the past decision seems outdated and inconsistent with current CMS policy so the code and payment policy should be revisited much like recent addition of payments for the telephone consultation CPT codes.

Reporting – Can we use the new 2021 E&M documentation guidelines for 2020?

Answer: No. That is part of reason why we are emphasizing that these guidelines will not go into effect until January 2021 for those office visits. Even though document requirements will change, please make sure to document what is medically necessary and what is sufficient from a medical legal perspective. Documenting what is enough for billing may not be enough for documenting proper care.

See data on next page →



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October 2019 Compared to Final 2020 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 2019 October Release \(Web Version RVU18D\)](#)

[Click here for Link to References: CMS Website MPFS CY 2020 Final Rule](#)

August 2, 2019 MPFS File for October 2019 & November 15, 2019 for Final 2020 MPFS Files

CPT/ HCPCS	Modifier	Short Description	CY 2019 CF	CY 2020 CF	% Change	Dollar Change	CY 2019 CF	CY 2020 CF	% Change	Dollar Change
			\$36.0391	\$36.0896			\$36.0391	\$36.0896		
			2019 NF Allowable	2020 NF Allowable	NF Allowable	NF Allowable	2019 FAC Allowable	2020 FAC Allowable	FAC Allowable	FAC Allowable
31615		Visualization of windpipe	\$174.07	\$176.12	1%	\$2.05	\$118.57	\$118.37	0%	(\$0.19)
31622		Dx bronchoscope/wash	\$246.51	\$248.66	1%	\$2.15	\$136.23	\$136.78	0%	\$0.55
31623		Dx bronchoscope/brush	\$270.65	\$276.45	2%	\$5.79	\$137.31	\$137.86	0%	\$0.55
31624		Dx bronchoscope/lavage	\$255.88	\$258.40	1%	\$2.52	\$139.11	\$139.67	0%	\$0.56
31625		Bronchoscopy w/biopsy(s)	\$345.61	\$353.68	2%	\$8.06	\$161.82	\$162.40	0%	\$0.59
31626		Bronchoscopy w/markers	\$862.78	\$859.65	0%	(\$3.12)	\$206.14	\$205.71	0%	(\$0.43)
31627		Navigational bronchoscopy	\$1,363.00	\$1,310.41	-4%	(\$52.59)	\$100.91	\$100.33	-1%	(\$0.58)
31628		Bronchoscopy/lung bx each	\$366.88	\$375.33	2%	\$8.45	\$182.36	\$182.61	0%	\$0.26
31629		Bronchoscopy/needle bx each	\$453.73	\$464.11	2%	\$10.38	\$193.89	\$193.80	0%	(\$0.09)
31630		Bronchoscopy dilate/fx repr	\$205.78	NA	NA	NA	\$205.78	\$206.43	0%	\$0.65
31631		Bronchoscopy dilate w/stent	\$237.14	NA	NA	NA	\$237.14	\$236.75	0%	(\$0.39)
31632		Bronchoscopy/lung bx addl	\$65.23	\$65.68	1%	\$0.45	\$50.82	\$51.61	2%	\$0.79
31633		Bronchoscopy/needle bx addl	\$81.81	\$81.56	0%	(\$0.25)	\$65.95	\$65.68	0%	(\$0.27)
31634		Bronch w/balloon occlusion	\$1,780.33	\$1,766.59	-1%	(\$13.75)	\$199.30	\$199.21	0%	(\$0.08)
31635		Bronchoscopy w/fb removal	\$289.39	\$291.96	1%	\$2.57	\$182.36	\$182.61	0%	\$0.26
31636		Bronchoscopy bronch stents	\$228.85	NA	NA	NA	\$228.85	\$228.45	0%	(\$0.40)
31637		Bronchoscopy stent add-on	\$80.01	NA	NA	NA	\$80.01	\$80.12	0%	\$0.11
31638		Bronchoscopy revise stent	\$259.84	NA	NA	NA	\$259.84	\$258.76	0%	(\$1.08)
31640		Bronchoscopy w/tumor excise	\$260.20	NA	NA	NA	\$260.20	\$260.21	0%	\$0.00
31641		Bronchoscopy treat blockage	\$266.33	NA	NA	NA	\$266.33	\$265.98	0%	(\$0.35)
31643		Diag bronchoscope/catheter	\$183.44	NA	NA	NA	\$183.44	\$181.89	-1%	(\$1.55)
31645		Bronchoscopy clear airways	\$267.41	\$271.39	1%	\$3.98	\$151.72	\$152.66	1%	\$0.93
31646		Bronchoscopy reclear airway	\$147.40	NA	NA	NA	\$147.40	\$147.25	0%	(\$0.15)
31647		Bronchial valve init insert	\$219.84	NA	NA	NA	\$219.84	\$219.06	0%	(\$0.77)
31648		Bronchial valve remov init	\$209.03	NA	NA	NA	\$209.03	\$208.24	0%	(\$0.79)
31649		Bronchial valve remov addl	\$69.92	\$70.37	1%	\$0.46	\$69.92	\$70.37	1%	\$0.46
31651		Bronchial valve addl insert	\$76.76	\$76.87	0%	\$0.11	\$76.76	\$76.87	0%	\$0.11
31652		Bronch ebus sampling 1/2 node	\$988.19	\$1,128.16	14%	\$139.97	\$230.29	\$230.25	0%	(\$0.04)
31653		Bronch ebus sampling 3/> node	\$1,035.40	\$1,176.88	14%	\$141.48	\$255.16	\$255.51	0%	\$0.36
31654		Bronch ebus ivntj perph les	\$127.22	\$125.59	-1%	(\$1.63)	\$69.92	\$70.01	0%	\$0.10
31660		Bronch thermoplasty 1 lobe	\$202.54	NA	NA	NA	\$202.54	\$202.46	0%	(\$0.08)
31661		Bronch thermoplasty 2/> lobes	\$213.71	NA	NA	NA	\$213.71	\$214.73	0%	\$1.02
32554		Aspirate pleura w/o imaging	\$216.59	\$228.45	5%	\$11.85	\$92.98	\$93.47	1%	\$0.49
32555		Aspirate pleura w/ imaging	\$306.69	\$319.39	4%	\$12.70	\$116.05	\$116.21	0%	\$0.16
32556		Insert cath pleura w/ image	\$627.44	\$687.51	10%	\$60.07	\$127.94	\$128.48	0%	\$0.54
32557		Insert cath pleura w/ image	\$578.43	\$633.37	9%	\$54.94	\$158.21	\$158.79	0%	\$0.58
94002		Vent mgmt inpat init day	\$95.14	NA	NA	NA	\$95.14	\$94.92	0%	(\$0.23)
94003		Vent mgmt inpat subq day	\$68.11	NA	NA	NA	\$68.11	\$68.57	1%	\$0.46
94010			\$36.04	\$36.09	0%	\$0.05	\$36.04	NA	NA	NA
94010	26	Breathing capacity test	\$8.65	\$8.66	0%	\$0.01	\$8.65	\$8.66	0%	\$0.01
94010	TC		\$27.39	\$27.43	0%	\$0.04	\$27.39	NA	NA	NA

CPT/ HCPCS	Modifier	Short Description	2019 NF Allowable	2020 NF Allowable	NF Allowable	NF Allowable	2019 FAC Allowable	2020 FAC Allowable	FAC Allowable	FAC Allowable
94011		Spirometry up to 2 yrs old	\$89.02	NA	NA	NA	\$89.02	\$88.78	0%	(\$0.24)
94012		Spimtry w/bmchdil inf-2 yr	\$144.52	NA	NA	NA	\$144.52	\$144.72	0%	\$0.20
94013		Meas lung vol thru 2 yrs	\$19.82	NA	NA	NA	\$19.82	\$19.85	0%	\$0.03
94014		Patient recorded spirometry	\$56.94	\$57.02	0%	\$0.08	\$56.94	NA	NA	NA
94015		Patient recorded spirometry	\$30.99	\$31.04	0%	\$0.04	\$30.99	NA	NA	NA
94016		Review patient spirometry	\$25.95	\$25.98	0%	\$0.04	\$25.95	\$25.98	0%	\$0.04
94060		Evaluation of wheezing	\$60.55	\$60.27	0%	(\$0.28)	\$60.55	NA	NA	NA
94060	26		\$13.33	\$13.35	0%	\$0.02	\$13.33	\$13.35	0%	\$0.02
94060	TC		\$47.21	\$46.92	-1%	(\$0.29)	\$47.21	NA	NA	NA
94070			\$60.91	\$60.27	-1%	(\$0.64)	\$60.91	NA	NA	NA
94070	26	Evaluation of wheezing	\$29.55	\$29.23	-1%	(\$0.32)	\$29.55	\$29.23	-1%	(\$0.32)
94070	TC		\$31.35	\$31.04	-1%	(\$0.32)	\$31.35	NA	NA	NA
94150		Vital capacity test	\$25.95	\$25.62	-1%	(\$0.32)	\$25.95	NA	NA	NA
94150	26		\$3.96	\$3.97	0%	\$0.01	\$3.96	\$3.97	0%	\$0.01
94150	TC		\$21.98	\$21.65	-2%	(\$0.33)	\$21.98	NA	NA	NA
94200		Lung function test (MBC/MVV)	\$28.11	\$22.74	-19%	(\$5.37)	\$28.11	NA	NA	NA
94200	26		\$5.77	\$4.69	-19%	(\$1.07)	\$5.77	\$4.69	-19%	(\$1.07)
94200	TC		\$22.34	\$18.04	-19%	(\$4.30)	\$22.34	NA	NA	NA
94250		Expired gas collection	\$28.11	\$27.79	-1%	(\$0.32)	\$28.11	NA	NA	NA
94250	26		\$5.77	\$5.77	0%	\$0.01	\$5.77	\$5.77	0%	\$0.01
94250	TC		\$22.34	\$22.01	-1%	(\$0.33)	\$22.34	NA	NA	NA
94375		Respiratory flow volume loop	\$40.36	\$39.70	-2%	(\$0.67)	\$40.36	NA	NA	NA
94375	26		\$15.14	\$15.16	0%	\$0.02	\$15.14	\$15.16	0%	\$0.02
94375	TC		\$25.23	\$24.54	-3%	(\$0.69)	\$25.23	NA	NA	NA
94400		CO2 breathing response curve	\$58.02	\$57.38	-1%	(\$0.64)	\$58.02	NA	NA	NA
94400	26		\$20.18	\$19.85	-2%	(\$0.33)	\$20.18	\$19.85	-2%	(\$0.33)
94400	TC		\$37.84	\$37.53	-1%	(\$0.31)	\$37.84	NA	NA	NA
94450		Hypoxia response curve	\$74.24	\$67.85	-9%	(\$6.39)	\$74.24	NA	NA	NA
94450	26		\$20.54	\$19.49	-5%	(\$1.05)	\$20.54	\$19.49	-5%	(\$1.05)
94450	TC		\$53.70	\$48.36	-10%	(\$5.34)	\$53.70	NA	NA	NA
94452		Hast w/report	\$55.86	\$53.41	-4%	(\$2.45)	\$55.86	NA	NA	NA
94452	26		\$14.78	\$14.80	0%	\$0.02	\$14.78	\$14.80	0%	\$0.02
94452	TC		\$41.08	\$38.62	-6%	(\$2.47)	\$41.08	NA	NA	NA
94453		Hast w/oxygen titrate	\$77.12	\$73.26	-5%	(\$3.86)	\$77.12	NA	NA	NA
94453	26		\$19.46	\$19.49	0%	\$0.03	\$19.46	\$19.49	0%	\$0.03
94453	TC		\$57.66	\$53.77	-7%	(\$3.89)	\$57.66	NA	NA	NA
94610		Surfactant admin thru tube	\$57.30	NA	NA	NA	\$57.30	\$57.38	0%	\$0.08
●94617		Exercise tst brncpsm	\$95.86	\$93.11	-3%	(\$2.75)	\$95.86	NA	NA	NA
●94617-26	26		\$34.24	\$34.29	0%	\$0.05	\$34.24	\$34.29	0%	\$0.05
●94617-TC	TC		\$61.63	\$58.83	-5%	(\$2.80)	\$61.63	NA	NA	NA
●94618		Pulmonary stress testing	\$34.60	\$34.29	-1%	(\$0.31)	\$34.60	NA	NA	NA
●94618-26	26		\$23.43	\$23.46	0%	\$0.03	\$23.43	\$23.46	0%	\$0.03
●94618-TC	TC		\$11.17	\$10.83	-3%	(\$0.35)	\$11.17	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	NA
▲94621		Pulm stress test/complex	\$163.62	\$162.40	-1%	(\$1.21)	\$163.62	NA	NA	NA
▲94621	26		\$70.64	\$71.82	2%	\$1.18	\$70.64	\$71.82	2%	\$1.18
▲94621	TC		\$92.98	\$90.58	-3%	(\$2.40)	\$92.98	NA	NA	NA
94640		Airway inhalation treatment	\$18.38	\$18.04	-2%	(\$0.34)	\$18.38	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	\$50.45	\$54.50	8%	\$4.04	\$50.45	NA	NA	NA
94645		Cbt each addl hour	\$16.94	\$16.96	0%	\$0.02	\$16.94	NA	NA	NA
94660		Pos airway pressure cpap	\$65.23	\$65.32	0%	\$0.09	\$39.28	\$39.34	0%	\$0.06

CPT/ HCPCS	Modifier	Short Description	2019 NF Allowable	2020 NF Allowable	NF Allowable	NF Allowable	2019 FAC Allowable	2020 FAC Allowable	FAC Allowable	FAC Allowable
94662		Neg press ventilation cnp	\$37.12	NA	NA	NA	\$37.12	\$37.17	0%	\$0.05
94664		Evaluate pt use of inhaler	\$17.30	\$16.96	-2%	(\$0.34)	\$17.30	NA	NA	NA
94667		Chest wall manipulation	\$25.59	\$25.26	-1%	(\$0.33)	\$25.59	NA	NA	NA
94668		Chest wall manipulation	\$33.16	\$29.23	-12%	(\$3.92)	\$33.16	NA	NA	NA
94680		Exhaled air analysis o2	\$56.58	\$54.50	-4%	(\$2.09)	\$56.58	NA	NA	NA
94680	26		\$12.97	\$12.99	0%	\$0.02	\$12.97	\$12.99	0%	\$0.02
94680	TC		\$43.61	\$41.50	-5%	(\$2.10)	\$43.61	NA	NA	NA
94681		Exhaled air analysis o2/co2	\$55.86	\$53.77	-4%	(\$2.09)	\$55.86	NA	NA	NA
94681	26		\$10.45	\$10.47	0%	\$0.01	\$10.45	\$10.47	0%	\$0.01
94681	TC		\$45.41	\$43.31	-5%	(\$2.10)	\$45.41	NA	NA	NA
94690		Exhaled air analysis	\$53.70	\$51.61	-4%	(\$2.09)	\$53.70	NA	NA	NA
94690	26		\$3.96	\$3.97	0%	\$0.01	\$3.96	\$3.97	0%	\$0.01
94690	TC		\$49.73	\$47.64	-4%	(\$2.10)	\$49.73	NA	NA	NA
94726		Pulm funct tst plethysmograp	\$54.78	\$54.50	-1%	(\$0.28)	\$54.78	NA	NA	NA
94726	26		\$12.61	\$12.63	0%	\$0.02	\$12.61	\$12.63	0%	\$0.02
94726	TC		\$42.17	\$41.86	-1%	(\$0.30)	\$42.17	NA	NA	NA
94727		Pulm function test by gas	\$44.33	\$44.39	0%	\$0.06	\$44.33	NA	NA	NA
94727	26		\$12.61	\$12.63	0%	\$0.02	\$12.61	\$12.63	0%	\$0.02
94727	TC		\$31.71	\$31.76	0%	\$0.04	\$31.71	NA	NA	NA
94728		Pulm funct test oscillometry	\$41.44	\$41.50	0%	\$0.06	\$41.44	NA	NA	NA
94728	26		\$12.97	\$12.99	0%	\$0.02	\$12.97	\$12.99	0%	\$0.02
94728	TC		\$28.47	\$28.51	0%	\$0.04	\$28.47	NA	NA	NA
94729		Co/membrane diffuse capacity	\$56.22	\$57.38	2%	\$1.16	\$56.22	NA	NA	NA
94729	26		\$9.37	\$9.38	0%	\$0.01	\$9.37	\$9.38	0%	\$0.01
94729	TC		\$46.85	\$48.00	2%	\$1.15	\$46.85	NA	NA	NA
94750		Pulmonary compliance study	\$86.49	\$89.50	3%	\$3.01	\$86.49	NA	NA	NA
94750	26		\$11.17	\$11.19	0%	\$0.02	\$11.17	\$11.19	0%	\$0.02
94750	TC		\$75.32	\$78.31	4%	\$2.99	\$75.32	NA	NA	NA
94760		Measure blood oxygen level	\$2.52	\$2.53	0%	\$0.00	\$2.52	NA	NA	NA
94761		Measure blood oxygen level exercise	\$4.32	\$3.97	-8%	(\$0.35)	\$4.32	NA	NA	NA
94762		Measure blood oxygen level	\$25.59	\$26.71	4%	\$1.12	\$25.59	NA	NA	NA
94770		Exhaled carbon dioxide test	\$7.57	NA	NA	NA	\$7.57	\$7.58	0%	\$0.01
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	\$52.26	\$51.61	-1%	(\$0.65)	\$24.51	\$24.54	0%	\$0.03
94781		Car seat/bed test + 30 min	\$20.54	\$20.21	-2%	(\$0.33)	\$8.65	\$8.66	0%	\$0.01
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	\$924.40	\$919.92	0%	(\$4.48)	\$924.40	NA	NA	NA
95782	26		\$129.02	\$129.56	0%	\$0.54	\$129.02	\$129.56	0%	\$0.54
95782	TC		\$795.38	\$790.36	-1%	(\$5.02)	\$795.38	NA	NA	NA
95783		Polysom <6 yrs cpap/bilvl	\$984.23	\$978.03	-1%	(\$6.20)	\$984.23	NA	NA	NA
95783	26		\$140.55	\$140.75	0%	\$0.20	\$140.55	\$140.75	0%	\$0.20
95783	TC		\$843.68	\$837.28	-1%	(\$6.40)	\$843.68	NA	NA	NA
95800		Slp stdy unattended	\$172.63	\$168.90	-2%	(\$3.73)	\$172.63	NA	NA	NA
95800	26		\$43.25	\$42.59	-2%	(\$0.66)	\$43.25	\$42.59	-2%	(\$0.66)
95800	TC		\$129.38	\$126.31	-2%	(\$3.07)	\$129.38	NA	NA	NA
95801		Slp stdy unatnd w/anal	\$92.62	\$90.95	-2%	(\$1.67)	\$92.62	NA	NA	NA
95801	26		\$42.89	\$42.59	-1%	(\$0.30)	\$42.89	\$42.59	-1%	(\$0.30)

CPT/ HCPCS	Modifier	Short Description	2019 NF Allowable	2020 NF Allowable	NF Allowable	NF Allowable	2019 FAC Allowable	2020 FAC Allowable	FAC Allowable	FAC Allowable
95801	TC		\$49.73	\$48.36	-3%	(\$1.37)	\$49.73	NA	NA	NA
95803			\$146.32	\$152.30	4%	\$5.98	\$146.32	NA	NA	NA
95803	26	Actigraphy testing	\$45.05	\$45.83	2%	\$0.78	\$45.05	\$45.83	2%	\$0.78
95803	TC		\$101.27	\$106.46	5%	\$5.19	\$101.27	NA	NA	NA
95805			\$427.78	\$422.61	-1%	(\$5.17)	\$427.78	NA	NA	NA
95805	26	Multiple sleep latency test	\$60.55	\$60.63	0%	\$0.08	\$60.55	\$60.63	0%	\$0.08
95805	TC		\$367.24	\$361.98	-1%	(\$5.26)	\$367.24	NA	NA	NA
95806			\$140.55	\$119.10	-15%	(\$21.46)	\$140.55	NA	NA	NA
95806	26	Sleep study unatt & resp efft	\$50.82	\$46.19	-9%	(\$4.62)	\$50.82	\$46.19	-9%	(\$4.62)
95806	TC		\$89.74	\$72.90	-19%	(\$16.84)	\$89.74	NA	NA	NA
95807			\$437.88	\$414.67	-5%	(\$23.21)	\$437.88	NA	NA	NA
95807	26	Sleep study attended	\$63.43	\$63.16	0%	(\$0.27)	\$63.43	\$63.16	0%	(\$0.27)
95807	TC		\$374.45	\$351.51	-6%	(\$22.93)	\$374.45	NA	NA	NA
95808			\$683.30	\$664.77	-3%	(\$18.53)	\$683.30	NA	NA	NA
95808	26	Polysom any age 1-3> param	\$90.10	\$89.86	0%	(\$0.23)	\$90.10	\$89.86	0%	(\$0.23)
95808	TC		\$593.20	\$574.91	-3%	(\$18.30)	\$593.20	NA	NA	NA
95810			\$625.28	\$621.10	-1%	(\$4.18)	\$625.28	NA	NA	NA
95810	26	Polysom 6/> yrs 4/> param	\$124.33	\$124.51	0%	\$0.17	\$124.33	\$124.51	0%	\$0.17
95810	TC		\$500.94	\$496.59	-1%	(\$4.35)	\$500.94	NA	NA	NA
95811			\$655.55	\$648.89	-1%	(\$6.66)	\$655.55	NA	NA	NA
95811	26	Polysom 6/>yrs cpap 4/> parm	\$129.02	\$129.20	0%	\$0.18	\$129.02	\$129.20	0%	\$0.18
95811	TC		\$526.53	\$519.69	-1%	(\$6.84)	\$526.53	NA	NA	NA
99151		Mod sed same phys/ghp <5 yrs	\$76.40	\$75.79	-1%	(\$0.61)	\$25.95	\$24.18	-7%	(\$1.77)
99152		Mod sed same phys/ghp 5/>yrs	\$51.90	\$51.61	-1%	(\$0.29)	\$12.61	\$12.63	0%	\$0.02
99153		Mod sed same phys/ghp ea	\$10.81	\$10.83	0%	\$0.02	\$10.81	NA	NA	NA
99155		Mod sed oth phys/ghp <5 yrs	\$91.54	NA	NA	NA	\$91.54	\$87.70	-4%	(\$3.84)
99156		Mod sed oth phys/ghp 5/>yrs	\$80.73	NA	NA	NA	\$80.73	\$80.12	-1%	(\$0.61)
99157		Mod sed other phys/ghp ea	\$65.59	NA	NA	NA	\$65.59	\$65.32	0%	(\$0.27)
99291		Critical care first hour	\$281.83	\$284.75	1%	\$2.92	\$226.33	\$226.64	0%	\$0.32
99292		Critical care each add 30 min	\$124.70	\$125.95	1%	\$1.26	\$113.52	\$114.04	0%	\$0.52
99358		Prolong service w/o contact	\$113.52	\$113.68	0%	\$0.16	\$113.52	\$113.68	0%	\$0.16
99359		Prolong serv w/o contact add	\$54.78	\$55.58	1%	\$0.80	\$54.78	\$55.58	1%	\$0.80
99406		Behav chng smoking 3-10 min	\$15.14	\$15.52	3%	\$0.38	\$12.61	\$12.63	0%	\$0.02
99407		Behav chng smoking > 10 min	\$28.83	\$29.59	3%	\$0.76	\$26.31	\$26.71	2%	\$0.40
99441		Phone e/m phys/ghp 5-10 min	\$14.06	\$14.44	3%	\$0.38	\$12.97	\$13.35	3%	\$0.38
99446		Ntrprof ph1/ntmet/ehr 5-10	\$18.38	\$18.41	0%	\$0.03	\$18.38	\$18.41	0%	\$0.03
99447		Ntrprof ph1/ntmet/ehr 11-20	\$36.40	\$37.17	2%	\$0.77	\$36.40	\$37.17	2%	\$0.77
99448		Ntrprof ph1/ntmet/ehr 21-30	\$54.78	\$55.58	1%	\$0.80	\$54.78	\$55.58	1%	\$0.80
99449		Ntrprof ph1/ntmet/ehr 31/>	\$72.80	\$73.98	2%	\$1.18	\$72.80	\$73.98	2%	\$1.18
99451		Ntrprof ph1/ntmet/ehr 5/>	\$37.48	\$37.53	0%	\$0.05	\$37.48	\$37.53	0%	\$0.05
99452		Ntrprof ph1/ntmet/ehr rftl	\$37.48	\$37.53	0%	\$0.05	\$37.48	\$37.53	0%	\$0.05
99457		Rem physiol mntr 1st 20 min	\$51.54	\$51.61	0%	\$0.07	\$32.44	\$32.84	1%	\$0.41
99458		Rem physiol mntr ea addl 20	NA	\$42.22	NA	NA	NA	\$32.84	NA	NA
99483		Assmt & care pln pt cog imp	\$263.81	\$265.26	1%	\$1.45	\$183.44	\$184.78	1%	\$1.34
99484		Care mgmt svc bhvl hlth cond	\$48.65	\$48.00	-1%	(\$0.65)	\$32.80	\$32.84	0%	\$0.05
99487		Cmplx chron care w/o pt visit	\$92.98	\$92.39	-1%	(\$0.59)	\$52.98	\$53.41	1%	\$0.44
99489		Complx chron care addl 30 min	\$46.49	\$44.75	-4%	(\$1.74)	\$26.67	\$26.35	-1%	(\$0.32)
99490		Chron care mgmt svcs 20 min	\$42.17	\$42.22	0%	\$0.06	\$32.44	\$32.84	1%	\$0.41
99491		Chrc care mgmt svc 30 min	\$83.97	\$84.09	0%	\$0.12	\$83.97	\$84.09	0%	\$0.12
99495		Trans care mgmt 14 day disch	\$166.50	\$187.67	13%	\$21.17	\$112.08	\$125.59	12%	\$13.51
99496		Trans care mgmt 7 day disch	\$234.97	\$247.94	6%	\$12.96	\$162.54	\$165.65	2%	\$3.11
99497		Advncd care plan 30 min	\$86.49	\$86.98	1%	\$0.48	\$80.37	\$80.48	0%	\$0.11
99498		Advncd care plan addl 30 min	\$76.04	\$76.15	0%	\$0.11	\$75.68	\$75.79	0%	\$0.11
G0237		Therapeutic proced strg endure	\$9.73	\$9.38	-4%	(\$0.35)	\$9.73	NA	NA	NA
G0238		Oth resp proc, indiv	\$10.09	\$9.74	-3%	(\$0.35)	\$10.09	NA	NA	NA
G0239		Oth resp proc, group	\$12.61	\$12.27	-3%	(\$0.34)	\$12.61	NA	NA	NA
•G0296		Visit to determ LDCT elig	\$29.19	\$29.95	3%	\$0.76	\$27.03	\$27.79	3%	\$0.76

CPT/ HCPCS	Modifier	Short Description	2019 NF Allowable	2020 NF Allowable	NF Allowable	NF Allowable	2019 FAC Allowable	2020 FAC Allowable	FAC Allowable	FAC Allowable
•G0297			\$241.10	\$241.80	0%	\$0.70	\$241.10	NA	NA	NA
•G0297	26	LDCT for Lung CA screen	\$52.62	\$52.33	-1%	(\$0.29)	\$52.62	\$52.33	-1%	(\$0.29)
•G0297	TC		\$188.48	\$189.47	1%	\$0.99	\$188.48	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	\$29.91	\$30.32	1%	\$0.40	\$14.06	\$14.44	3%	\$0.38
G0463		Hospital outpt clinic visit	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
G0501		Resource-inten svc during ov	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
G0500		Mod sedat endo service >5yrs	\$58.74	\$57.74	-2%	(\$1.00)	\$5.77	\$5.77	0%	\$0.01
G0506		Comp asses care plan ccm svc	\$63.43	\$63.52	0%	\$0.09	\$46.49	\$46.56	0%	\$0.07
G0508		Crit care telehea consult 60	\$212.63	NA	NA	NA	\$212.63	\$214.37	1%	\$1.74
G0509		Crit care telehea consult 50	\$200.74	NA	NA	NA	\$200.74	\$197.77	-1%	(\$2.97)
G0513		Prolong prev svcs, first 30m	\$65.95	\$66.77	1%	\$0.81	\$62.35	\$62.80	1%	\$0.45
G0514		Prolong prev svcs, addl 30m	\$65.95	\$66.40	1%	\$0.45	\$62.35	\$62.80	1%	\$0.45
G2010		Remote pt submit record	\$12.61	\$12.27	-3%	(\$0.34)	\$9.37	\$9.38	0%	\$0.01
G2012		Brief check in by md/ghp	\$14.78	\$14.80	0%	\$0.02	\$13.33	\$13.35	0%	\$0.02
9X0X1		Ol dig e/m svc 5-10 min	NA	NA	NA	NA	NA	NA	NA	NA
9X0X2		Ol dig e/m svc 11-20 min	NA	NA	NA	NA	NA	NA	NA	NA
9X0X3		Ol dig e/m svc 21+ min	NA	NA	NA	NA	NA	NA	NA	NA
9XXX0		Ther ivntj ea addl 15 min	NA	NA	NA	NA	NA	NA	NA	NA
GCCC1		Not finalized. See code 99490.	NA	NA	NA	NA	NA	NA	NA	NA
•G2058		CCM add 20min	NA	\$37.89	NA	NA	NA	\$28.51	NA	NA
GCCC3		See code 99487	NA	NA	NA	NA	NA	NA	NA	NA
GCCC4		See code 99489	NA	NA	NA	NA	NA	NA	NA	NA
GNPP1		Qual nonMD est pt 5-10m	NA	NA	NA	NA	NA	NA	NA	NA
GNPP2		Qual nonMD est pt 11-20m	NA	NA	NA	NA	NA	NA	NA	NA
GNPP3		Qual nonMD est pt 21>min	NA	NA	NA	NA	NA	NA	NA	NA
•99422		Ol dig e/m svc 11-20 min	NA	\$31.04	NA	NA	NA	\$27.43	NA	NA
•99423		Ol dig e/m svc 21+ min	NA	\$50.16	NA	NA	NA	\$43.67	NA	NA
•G2086		Off base opioid tx 70 min	NA	\$413.23	NA	NA	NA	\$301.35	NA	NA
•G2087		Off base opioid tx, 60 m	NA	\$368.47	NA	NA	NA	\$293.77	NA	NA
•G2088		Off base opioid tx, add 30	NA	\$70.01	NA	NA	NA	\$35.01	NA	NA

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American Thoracic Society

2019 October Compared to Final 2020 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 2019 October Addendum B](#)

[Click here for Link to References: CMS Website HOPPS CY 2020 Final Addendum B](#)

Corrected October 2019 HOPPS File & Final 2020 HOPPS File

CPT/ HCPCS	CMS Short Description Description	Status		APC		Oct CY 2019	Final CY 2020	Dollar	Percent
		CY 2019	CY 2020	CY 2019	CY 2020	Payment Rate	Payment Rate	Change	Change
31615	Visualization of windpipe	T	T	5162	5162	\$487.13	\$441.67	(\$45.46)	-9%
31620	Endobronchial us add-on	NA	NA	NA	NA	NA	NA	NA	NA
31622	Dx bronchoscope/wash	J1	J1	5153	5153	\$1,369.29	\$1,430.45	\$61.16	4%
31623	Dx bronchoscope/brush	J1	J1	5153	5153	\$1,369.29	\$1,430.45	\$61.16	4%
31624	Dx bronchoscope/lavage	J1	J1	5153	5153	\$1,369.29	\$1,430.45	\$61.16	4%
31625	Bronchoscopy w/biopsy(s)	J1	J1	5153	5153	\$1,369.29	\$1,430.45	\$61.16	4%
31626	Bronchoscopy w/markers	J1	J1	5155	5155	\$5,147.57	\$5,439.75	\$292.18	6%
31627	Navigational bronchoscopy	N	N					NA	NA
31628	Bronchoscopy/lung bx each	J1	J1	5154	5154	\$2,740.66	\$2,936.58	\$195.92	7%
31629	Bronchoscopy/needle bx each	J1	J1	5154	5154	\$2,740.66	\$2,936.58	\$195.92	7%
31630	Bronchoscopy dilate/fx repr	J1	J1	5154	5154	\$2,740.66	\$2,936.58	\$195.92	7%
31631	Bronchoscopy dilate w/stent	J1	J1	5155	5155	\$5,147.57	\$5,439.75	\$292.18	6%
31632	Bronchoscopy/lung bx addl	N	N					NA	NA
31633	Bronchoscopy/needle bx addl	N	N					NA	NA
31634	Bronch w/balloon occlusion	J1	J1	5155	5155	\$5,147.57	\$5,439.75	\$292.18	6%
31635	Bronchoscopy w/fb removal	J1	J1	5153	5153	\$1,369.29	\$1,430.45	\$61.16	4%
31636	Bronchoscopy bronch stents	J1	J1	5155	5155	\$5,147.57	\$5,439.75	\$292.18	6%
31637	Bronchoscopy stent add-on	N	N					NA	NA
31638	Bronchoscopy revise stent	J1	J1	5155	5155	\$5,147.57	\$5,439.75	\$292.18	6%
31640	Bronchoscopy w/tumor excise	J1	J1	5154	5154	\$2,740.66	\$2,936.58	\$195.92	7%
31641	Bronchoscopy treat blockage	J1	J1	5154	5154	\$2,740.66	\$2,936.58	\$195.92	7%
31643	Diag bronchoscope/catheter	J1	J1	5153	5153	\$1,369.29	\$1,430.45	\$61.16	4%
31645	Bronchoscopy clear airways	J1	J1	5153	5153	\$1,369.29	\$1,430.45	\$61.16	4%
31646	Bronchoscopy reclear airway	T	T	5152	5152	\$386.50	\$377.85	(\$8.65)	-2%
31647	Bronchial valve init insert	J1	J1	5155	5155	\$5,147.57	\$5,439.75	\$292.18	6%
31648	Bronchial valve remov init	J1	J1	5154	5154	\$2,740.66	\$2,936.58	\$195.92	7%
31649	Bronchial valve remov addl	Q2	Q2	5153	5153	\$1,369.29	\$1,430.45	\$61.16	4%
31651	Bronchial valve addl insert	N	N					NA	NA
31652	Bronch ebus samplng 1/2 node	J1	J1	5154	5154	\$2,740.66	\$2,936.58	\$195.92	7%
31653	Bronch ebus samplng 3/> node	J1	J1	5154	5154	\$2,740.66	\$2,936.58	\$195.92	7%
31654	Bronch ebus ivntj perph les	N	N					NA	NA
31660	Bronch thermoplasty 1 lobe	J1	J1	5155	5155	\$5,147.57	\$5,439.75	\$292.18	6%
31661	Bronch thermoplasty 2/> lobes	J1	J1	5155	5155	\$5,147.57	\$5,439.75	\$292.18	6%
32554	Aspirate pleura w/o imaging	T	T	5181	5181	\$620.01	\$630.44	\$10.43	2%
32555	Aspirate pleura w/ imaging	T	T	5181	5181	\$620.01	\$630.44	\$10.43	2%
32556	Insert cath pleura w/o image	J1	J1	5302	5302	\$1,483.35	\$1,557.22	\$73.87	5%
32557	Insert cath pleura w/ image	T	J1	5182	5182	\$1,093.63	\$1,630.95	\$537.32	49%
94002 Single Code	Vent mgmt inpat init day (Single Code APC Assignment & Rate)	Q3	Q3	5801	5801	\$509.97	\$464.48	(\$45.49)	-9%
94002 Composite	Vent mgmt inpat init day (Composite APC Assignment & Rate)	S	S	5041	5041	\$740.02	\$666.58	(\$73.44)	-10%
94002 Composite	Vent mgmt inpat init day (Composite APC Assignment & Rate)	S	S	5045	5045	\$945.35	\$891.06	(\$54.29)	-6%
94003 Single Code	Vent mgmt inpat subq day (Single Code APC Assignment & Rate)	Q3	Q3	5801	5801	\$509.97	\$464.48	(\$45.49)	-9%

CPT/ HCPCS	CMS Short Description Description	Status		APC		Oct CY 2019	Final CY 2020	Dollar	Percent
		CY 2019	CY 2020	CY 2019	CY 2020	Payment Rate	Payment Rate	Change	Change
94003 Composite	Vent mgmt inpat subq day (Composite APC Assignment & Rate)	S	S	5041	5041	\$740.02	\$666.58	(\$73.44)	-10%
94003 Composite	Vent mgmt inpat subq day (Composite APC Assignment & Rate)	S	S	5045	5045	\$945.35	\$891.06	(\$54.29)	-6%
94010	Breathing capacity test	Q1	Q1	5721	5721	\$135.95	\$138.33	\$2.38	2%
94011	Spirometry up to 2 yrs old	Q1	Q1	5721	5721	\$135.95	\$138.33	\$2.38	2%
94012	Spirimtry w/brnchdil inf-2 yr	Q1	Q1	5722	5722	\$252.31	\$253.07	\$0.76	0%
94013	Meas lung vol thru 2 yrs	S	S	5723	5723	\$455.27	\$485.55	\$30.28	7%
94014	Patient recorded spirometry	Q1	Q1	5735	5735	\$348.16	\$363.55	\$15.39	4%
94015	Patient recorded spirometry	Q1	Q1	5722	5722	\$252.31	\$253.07	\$0.76	0%
94016	Review patient spirometry	A	A					NA	NA
94060	Evaluation of wheezing	S	S	5722	5722	\$252.31	\$253.07	\$0.76	0%
94070	Evaluation of wheezing	S	S	5722	5722	\$252.31	\$253.07	\$0.76	0%
94150	Vital capacity test	Q1	Q1	5721	5721	\$135.95	\$138.33	\$2.38	2%
94200 RUC Survey 2018	Lung function test (MBC/MVV)	Q1	Q1	5734	5733	\$106.48	\$55.01	(\$51.47)	-48%
94250	Expired gas collection	Q1	Q1	5733	5733	\$55.90	\$55.01	(\$0.89)	-2%
94375	Respiratory flow volume loop	Q1	Q1	5722	5722	\$252.31	\$253.07	\$0.76	0%
94400	CO2 breathing response curve	Q1	Q1	5721	5721	\$135.95	\$138.33	\$2.38	2%
94450	Hypoxia response curve	Q1	Q1	5721	5721	\$135.95	\$138.33	\$2.38	2%
94452	Hast w/report	Q1	Q1	5734	5734	\$106.48	\$109.02	\$2.54	2%
94453	Hast w/oxygen titrate	Q1	Q1	5734	5734	\$106.48	\$109.02	\$2.54	2%
94610	Surfactant admin thru tube	Q1	Q1	5791	5791	\$191.60	\$183.94	(\$7.66)	-4%
94620	Pulmonary stress test/simple	NA	NA	NA	NA	NA	NA	NA	NA
94621	Pulm stress test/complex	S	S	5722	5722	\$252.31	\$253.07	\$0.76	0%
94617	Exercise tst brncpspm	Q1	Q1	5734	5734	\$106.48	\$109.02	\$2.54	2%
94618	Pulmonary stress testing	Q1	Q1	5734	5734	\$106.48	\$109.02	\$2.54	2%
94640	Airway inhalation treatment	Q1	Q1	5791	5791	\$191.60	\$183.94	(\$7.66)	-4%
94642	Aerosol inhalation treatment	Q1	Q1	5791	5791	\$191.60	\$183.94	(\$7.66)	-4%
94644	Cbt 1st hour	Q1	Q1	5734	5734	\$106.48	\$109.02	\$2.54	2%
94645	Cbt each addl hour	N	N					NA	NA
94660 Single Code	Pos airway pressure cpap (Single Code APC Assignment & Rate)	Q1	Q1	5791	5791	\$191.60	\$183.94	(\$7.66)	-4%
94662 Single Code	Neg press ventilation cnp (Single Code APC Assignment & Rate)	Q3	Q3	5801	5801	\$509.97	\$464.48	(\$45.49)	-9%
94662 Composite	Neg press ventilation cnp (Composite APC Assignment & Rate)	S	S	5041	5041	\$740.02	\$666.58	(\$73.44)	-10%
94662 Composite	Neg press ventilation cnp (Composite APC Assignment & Rate)	S	S	5045	5045	\$945.35	\$891.06	(\$54.29)	-6%
94664	Evaluate pt use of inhaler	Q1	Q1	5791	5791	\$191.60	\$183.94	(\$7.66)	-4%
94667	Chest wall manipulation	Q1	Q1	5734	5734	\$106.48	\$109.02	\$2.54	2%
94668	Chest wall manipulation	Q1	Q1	5734	5734	\$106.48	\$109.02	\$2.54	2%
94680	Exhaled air analysis o2	Q1	Q1	5721	5721	\$135.95	\$138.33	\$2.38	2%
94681	Exhaled air analysis o2/co2	Q1	Q1	5722	5722	\$252.31	\$253.07	\$0.76	0%
94690	Exhaled air analysis	Q1	Q1	5732	5732	\$32.12	\$33.43	\$1.31	4%
94726	Pulm funct tst plethysmograp	Q1	Q1	5722	5722	\$252.31	\$253.07	\$0.76	0%
94727	Pulm function test by gas	Q1	Q1	5721	5721	\$135.95	\$138.33	\$2.38	2%
94728	Pulm funct test oscillometry	Q1	Q1	5722	5722	\$252.31	\$253.07	\$0.76	0%
94729	Co/membrane diffuse capacity	N	N					NA	NA
94750	Pulmonary compliance study	Q1	Q1	5721	5721	\$135.95	\$138.33	\$2.38	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	\$135.95	\$138.33	\$2.38	2%
94762 Composite	Measure blood oxygen level (Composite APC Assignment & Rate)	S	S	5041	5041	\$740.02	\$666.58	(\$73.44)	-10%
94762 Composite	Measure blood oxygen level (Composite APC Assignment & Rate)	S	S	5045	5045	\$945.35	\$891.06	(\$54.29)	-6%
94770	Exhaled carbon dioxide test	S	S	5721	5721	\$135.95	\$138.33	\$2.38	2%
94772	Breath recording infant	S	S	5723	5723	\$455.27	\$485.55	\$30.28	7%
94774	Ped home apnea rec compl	B	B					NA	NA
94775	Ped home apnea rec hk-up	S	S	5721	5721	\$135.95	\$138.33	\$2.38	2%

CPT/ HCPCS	CMS Short Description Description	Status		APC		Oct CY 2019	Final CY 2020	Dollar	Percent
		CY 2019	CY 2020	CY 2019	CY 2020	Payment Rate	Payment Rate	Change	Change
94776	Ped home apnea rec downld	S	S	5721	5721	\$135.95	\$138.33	\$2.38	2%
94777	Ped home apnea rec report	B	B					NA	NA
94780	Car seat/bed test 60 min	Q1	Q1	5732	5732	\$32.12	\$33.43	\$1.31	4%
+ 94781	Car seat/bed test + 30 min	N	N					NA	NA
94799	Pulmonary service/procedure Unlisted	Q1	Q1	5721	5721	\$135.95	\$138.33	\$2.38	2%
# 95782	Polysom <6 yrs 4/> paramtrs	S	S	5724	5724	\$912.79	\$908.84	(\$3.95)	0%
# 95783	Polysom <6 yrs cpap/bilvl	S	S	5724	5724	\$912.79	\$908.84	(\$3.95)	0%
# 95800	Slp stdy unattended	S	S	5721	5721	\$135.95	\$138.33	\$2.38	2%
# 95801	Slp stdy unatnd w/anal	Q1	Q1	5734	5734	\$106.48	\$109.02	\$2.54	2%
95803	Actigraphy testing	Q1	Q1	5733	5733	\$55.90	\$55.01	(\$0.89)	-2%
95805	Multiple sleep latency test	S	S	5723	5723	\$455.27	\$485.55	\$30.28	7%
95806	Sleep study unatt&resp efft	S	S	5721	5721	\$135.95	\$138.33	\$2.38	2%
95807	Sleep study attended	S	S	5723	5723	\$455.27	\$485.55	\$30.28	7%
95808	Polysom any age 1-3> param	S	S	5724	5724	\$912.79	\$908.84	(\$3.95)	0%
95810	Polysom 6/> yrs 4/> param	S	S	5724	5724	\$912.79	\$908.84	(\$3.95)	0%
95811	Polysom 6/>yrs cpap 4/> parm	S	S	5724	5724	\$912.79	\$908.84	(\$3.95)	0%
99291 Single Code	Critical care first hour (Single Code APC Assignment & Rate)	J2	J2	5041	5041	\$740.02	\$666.58	(\$73.44)	-10%
99291 Comprehensive	Critical care first hour (Comprehensive APC Assignment & Rate)	J2	J2	8011	8011	\$2,386.80	\$2,203.35	(\$183.45)	-8%
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	\$33.38	\$27.32	(\$6.06)	-18%
99407	Behav chng smoking > 10 min	S	S	5821	5821	\$33.38	\$27.32	(\$6.06)	-18%
99422	MDa mang high risk dx 30	NA	M	NA	NA	NA	NA	NA	NA
99423	Nonclin mang h risk dx 30	NA	M	NA	NA	NA	NA	NA	NA
99441	Phone e/m phys/ghp 5-10 min	E1	E1					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 rfrl	M	M					NA	NA
99457	Rem physiol mntr 1st 20 min	M	M					NA	NA
99458	Rem physiol mntr ea addl 20	NA	N	NA	NA	NA	NA	NA	NA
99487	Cmplx chron care w/o pt vsit	S	B	5822		\$76.39		NA	NA
99489	Complex chron care addl30 min	N	B					NA	NA
99490	Chron care mgmt svc 20 min	S	B	5822		\$76.39		NA	NA
99491	Chmc care mgmt svc 30 min	M	M					NA	NA
99495	Trans care mgmt 14 day disch	V	V	5012	5012	\$115.85	\$115.92	\$0.07	0%
99496	Trans care mgmt 7 day disch	V	V	5012	5012	\$115.85	\$115.92	\$0.07	0%
99497	Advncd care plan 30 min	Q1	Q1	5822	5822	\$76.39	\$78.53	\$2.14	3%
99498	Advncd care plan addl 30 min	N	N					NA	NA
G0237	Therapeutic proced strg endur	S	S	5732	5731	\$32.12	\$22.98	(\$9.14)	-28%
G0238	Oth resp proc, indiv	S	S	5732	5731	\$32.12	\$22.98	(\$9.14)	-28%
G0239	Oth resp proc, group	S	S	5732	5732	\$32.12	\$33.43	\$1.31	4%
G0296	Visit to determ LDCT elig	S	S	5822	5822	\$76.39	\$78.53	\$2.14	3%
G0297	LDCT for Lung CA screen	S	S	5521	5521	\$62.30	\$79.80	\$17.50	28%
G0379 Single Code	Direct refer hospital observ (Single Code APC Assignment & Rate)	J2	J2	5025	5025	\$525.30	\$504.46	(\$20.84)	-4%
G0379 Comprehensive	Direct refer hospital observ (Comprehensive APC Assignment & Rate)	J2	J2	8011	8011	\$2,386.80	\$2,203.35	(\$183.45)	-8%
G0384 Single Code	Lev 5 hosp type bed visit (Single Code APC Assignment & Rate)	J2	J2	5035	5035	\$321.27	\$308.94	(\$12.33)	-4%

CPT/ HCPCS	CMS Short Description Description	Status		APC		Oct CY 2019	Final CY 2020	Dollar	Percent
		CY 2019	CY 2020	CY 2019	CY 2020	Payment Rate	Payment Rate	Change	Change
G0384 Comprehensive	Lev 5 hosp type bed visit (Composite/Comprehensive APC Assignment & Rate)	J2	J2	8011	8011	\$2,386.80	\$2,203.35	(\$183.45)	-8%
G0390	Trauma respons w/hosp criti	S	S	5045	5045	\$945.35	\$891.06	(\$54.29)	-6%
G0398	Home sleep test/type 2 porta	S	S	5721	5721	\$135.95	\$138.33	\$2.38	2%
G0399	Home sleep test/type 3 porta	S	S	5721	5721	\$135.95	\$138.33	\$2.38	2%
G0400	Home sleep test/type 4 porta	S	S	5721	5721	\$135.95	\$138.33	\$2.38	2%
G0424	Pulmonary rehab w exer	S	S	5733	5733	\$55.90	\$55.01	(\$0.89)	-2%
G0463 Single Code	Hospital outpt clinic visit (Single Code APC Assignment & Rate)	J2	J2	5012	5012	\$115.85	\$115.92	\$0.07	0%
G0463 Comprehensive	Hospital outpt clinic visit (Composite/Comprehensive APC Assignment & Rate)	J2	J2	8011	8011	\$2,386.80	\$2,203.35	(\$183.45)	-8%
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	M	M					NA	NA
G2012	Brief check in by MD/QHP	M	M					NA	NA
C-APC	Comprehensive Observation Services	J2	J2	8011	8011	\$2,386.80	\$2,203.35	(\$183.45)	-8%
G2058	CCM add 20min	NA	N	NA		NA		NA	NA
G2086	Off base opioid tx 70 min	NA	S	NA	5823	NA	\$131.35	NA	NA
G2087	Off base opioid tx, 60 m	NA	S	NA	5823	NA	\$131.35	NA	NA
G2088	Off base opioid tx, add 30	NA	N	NA		NA		NA	NA
9X0X1	Ol dig e/m svc 5-10 min	NA	NA	NA	NA	NA	NA	NA	NA
9X0X2	Ol dig e/m svc 11-20 min	NA	NA	NA	NA	NA	NA	NA	NA
9X0X3	Ol dig e/m svc 21+ min	NA	NA	NA	NA	NA	NA	NA	NA
9XXX0	Ther ivntj ea addl 15 min	NA	NA	NA	NA	NA	NA	NA	NA
GCCC1	Not finalized. See code 99490	NA	NA	NA	NA	NA	NA	NA	NA
GCCC3	See code 99487	NA	NA	NA	NA	NA	NA	NA	NA
GCCC4	See code 99489	NA	NA	NA	NA	NA	NA	NA	NA
GNPP1	Qual nonMD est pt 5-10m	NA	NA	NA	NA	NA	NA	NA	NA
GNPP2	Qual nonMD est pt 11-20m	NA	NA	NA	NA	NA	NA	NA	NA
GNPP3	Qual nonMD est pt 21>min	NA	NA	NA	NA	NA	NA	NA	NA

Definitions: Composite APCs provide a single payment for a comprehensive diagnostic and/or treatment service that is typically reported with multiple HCPCS codes. When HCPCS codes that meet the criteria for payment of the composite APC are billed on the same date of service, a single payment is made for all of the codes as a whole, rather than paying each code individually. The grouping process is described in the CMS Internet-Only Manual (IOM) Pub. 100-04, Chapter 4, Section 10.2.1 Use of the comment indicator "CH" in association with a new or composite/comprehensive APC indicates that the APC assignment or configuration of the composite APC has been changed for CY 2016.

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