



## Editor

### **Katina Nicolacakis, MD**

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

## Advisory Board Members

### **Kevin Kovitz, MD**

Member, Joint ATS/CHEST  
Clinical Practice Committee

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

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

### **Michael Nelson, MD**

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

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

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

## Editor's Letter

Welcome to the Fall issue of ATS Coding and Billing Quarterly. This issue includes several items of interest to pulmonary, critical care and sleep physicians. Top on the list is the Center for Medicare and Medicaid Services (CMS) annual final payment rules for the coming calendar year, 2023. The final rule that deals with reimbursement for Medicare Part B services has some changes, notably in the cut to the 2023 Medicare conversion factor. Additionally, CMS has updated multiple inpatient E/M services with new definitions and guidelines and created several new codes to report prolonged services. We also outline important changes to how 99292 is to be used in 2023 and the upcoming 2024 changes to split/shared services. The issue also provides background regarding the small cut in Medicare reimbursement for non-COPD pulmonary rehabilitation services and how ATS and sister organizations helped avert a much bigger cut.

We have provided tables with payment information on selected pulmonary, critical care and sleep medicine services of interest to ATS members.

The Affordable Care Act is back in the news and back in the federal courts again fending off legal challenges to its constitutionality - this time challengers are questioning federal governments authority to require coverage of preventative services.

We also share responses to member questions about coding, billing, and regulatory compliance. I hope this information is helpful to you. As always, we welcome your coding & billing questions or suggestions for future articles. Questions and suggestions can be sent to [codingquestions@thoracic.org](mailto:codingquestions@thoracic.org)

### **Katina Nicolacakis, MD**

Editor, ATS Coding & Billing Quarterly

---

## In this Issue

CMS Releases Final 2023 Medicare Payment Rules **2**

Federal Judge Rules Against ACA Requirement on Cover HIV-Prevention Drugs **4**

The Pulmonary Rehabilitation (PR) Reimbursement Toolkit **5**

Q&A **6**

Medicare Physician Fee Schedule Table **7**

Medicare Hospital Outpatient Prospective Payment System Table **12**

# CMS Releases Final 2023 Medicare Payment Rules

Katina Nicolacakis, MD, Denise Merlino, CPC, MBA, CNMT; Gary Ewart, MHS

In November, the Centers for Medicare and Medicaid Services released the final Medicare payment rules for calendar year 2023. The Medicare Physician Fee Schedule and the Medicare Hospital Outpatient Prospective Payment rule cover a wide range of physician and other medical professional services provided to Medicare beneficiaries. Below is a brief summary of key items that impact the ATS members.

## Medicare Conversion Factor

As expected, CMS has proposed a cut to 2023 Medicare conversion factor. CMS is proposing a 2023 Medicare conversion factor (CF) of \$33.06, a decrease of \$1.55 from the 2022 CF rate of \$34.61. Setting of the Medicare conversion factor is largely determined by legal statute and CMS has very little discretion to adjust the conversion factor payment rates. While the ATS understands CMS has limited flexibility, our comments pointed out that inflationary pressures are impacting the provision of physicians' services and that practices and patients would be hurt by cuts to the Medicare conversion factor. There is some hope that Congress may intervene to avert the cuts, but as of yet, no concrete movement has been seen on legislation to correct the 2023 conversion factor.

## Changes to Critical Care 99292

CMS is instituting revisions to how CPT code 99292 (Critical Care, evaluation and management of the critically ill or critically injured patient, each additional 30 minutes), is billed, beginning January 2023. Current practice under CPT has been that 99291 (Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes) is used to bill for the first 30-74 minutes of critical care, and the additional 99292 begins at 75 minutes. Beginning in 2023, 99292, may be billed for additional complete 30-minute time increments which begins after 104 cumulative total minutes. It may be billed by multiple practitioners in the same group and the same specialty and also by NPPs who provide split/shared critical care services within the same practice. Please note that this is a material change and also counter to what is published in the AMA's 2023 CPT codebook. CMS has stated in the MPFS final rule that they will accept comments concerning this change into consideration. The ATS and our sister society CHEST will continue to engage in this discussion on behalf of our membership.

## Split/shared billing

CMS has delayed until 2024 changes to Medicare billing practices for split/shared services. While the ATS is pleased with CMS's decision to delay the policy, the ATS remains concerned with the underlying policy that will start in 2024. In 2024 CMS is changing split/share billing practices to require the clinician who provides the majority of the time in a split shared visit to be the billing provider instead of current practice that allows whoever performs the "substantive portion" of the encounter to determine who the billing provider is. Split/shared billing refers to a coding situation when two providers from the same practice share the service. In 2022, the substantive portion was defined as one of the following: history, or exam or MDM, or more than half of total time. Often the physician determines the plan of action or medical decision-making and the NPP provides other components of the service. If CMS's policy to use the majority of time provided in a split/shared service to determine the billing provider is implemented in 2024, it could significantly alter how NPPs are used in the hospital and group practice setting. Of note, since 2022, critical care services (99291/99292) may also be split shared among NPP's in the same practice alongside their physician colleagues. As these are already time-based, the proposal for split/shared billing has already been in effect in calendar year 2022 and will not be part of the delay in changes until 2024. Whoever performs the majority of the critical care time, is determined to be the billing provider.

## Non-COPD Pulmonary Rehab and APC "Bucket" Troubles

Due to successfully advocacy by ATS and colleague organizations, the final rule averted significant cuts to reimbursement for non-COPD pulmonary rehabilitation. In the proposed rule, CMS was considering a payment change that would significantly reduce payment for non-COPD pulmonary rehabilitation (G0237 and G0238). As background, for many outpatient services, CMS effectively groups similar clinical services with similar cost inputs into payment "buckets"—known as Ambulatory Payment Classifications or APCs—and uses an average amount to pay for all services in a particular bucket. CMS is proposing to add COVID-19 nasal swab tests—a low cost but high-volume service - to the bucket of services that includes G0237 & G0238—APC 5731. Because the COVID-19 nasal swabs are such a low cost but high-volume service, they significantly lower the average costs associated with the bucket and effectively distort the payment rates for all services in APC 5731. Inclusion of nasal swabs reduced the APC payment from \$25.22 to approximately \$14.00. The comment further noted that CMS had previously recognized that addition of COVID-19 nasal swabs was distorting the APC values.

In addition to submitting comments, ATS, CHEST, AACVPR and AARC raised our concerns to the CMS Advisory Panel on Hospital Outpatient Payments, the federally convened advisory panel of experts who provide advice to CMS on outpatient payments issues. After hearing our concerns, the advisory panel appeared to agree that adding COVID-19 nasal swabs to the APC “bucket” was distorting the overall payment rate. While CMS is not obligated to follow the advisory panel recommendations, the agency frequently takes their recommendations into account.

In the final rule, CMS agree to removed COVID-19 nasal swabs from the APC which resulted in a final payment of \$24.96 for non-COPD pulmonary rehabilitation—a significant improvement over the \$14.00 CMS was initially proposing.

### Telehealth Services

In the final rule, CMS is extending through calendar year 2023 telehealth policies that were initiated during the COVID-19 pandemic. CMS intends to use the extended telehealth service period to collect more data to help inform a long-term policy on telehealth services. Specifically, the final 2023 policy will:

- Allow telehealth services to be furnished in any geographic area and in any originating site setting (including beneficiary’s home)
- Allowing certain services to be furnished via audio-only telecommunications
- Allow physician therapists, occupational therapists, speech-language pathologies and audiologists to furnish telehealth services

Further, CMS finalized policy to allow physicians to continue to bill with the place of service indicator that would be reported had the services been provided in-person. Telehealth services should be reported with a 95 modifier to indicate they are telehealth services. This policy will remain in place through 2023 or the end of calendar year in which the COVID-19 Public Health Emergency ends – whichever is longest.

### Evaluation and Management (E/M) Visits

CMS finalized new definitions, guidelines and service lengths for hospital inpatient, hospital observation, emergency department, nursing facility resident services and cognitive impairment E/M services. The policies CMS is finalizing in the 2023 rule are based on changes adopted by the AMA CPT to E/M services including:

- New descriptor times (where relevant).
- Revised interpretive guidelines for levels of medical decision making.
- Choice of medical decision making or time to select code level (except for a few families like emergency department visits and cognitive impairment assessment, which are not timed services).

- Eliminated use of history and exam to determine code level (instead there would be a requirement for a medically appropriate history and exam).

In the final rule, CMS has also created 3 new Medicare specific G-codes to report prolonged E/M services:

**G0316** - Prolonged inpatient or observation services by physician or other QHP

**G0317** - Prolonged nursing facility services by physician or other QHP

**G0318** - Prolonged home or residence services by physician or other QHP

Selected Specialty Impact Table CY23 Final Rule

Selected Specialties	Allowed Charges (in millions)	Combined Payment Impact of 2023 Conversion Factor and Expiration of 3% Increase
Allergy/ Immunology	\$233	-5%
Anesthesiology	\$1,749	-5%
Cardiac Surgery	\$199	-5%
Cardiology	\$6,331	-4%
Critical Care	\$354	-2%
Dermatology	\$3,760	-4%
Emergency Medicine	\$2,544	-3%
Hematology/ Oncology	\$1,713	-4%
Infectious Disease	\$590	1%
Internal Medicine	\$9,881	0%
Interventional Radiology	\$467	-6%
Nephrology	\$2,032	-2%
Pathology	\$1,173	-4%
Pediatrics	\$58	-3%
Pulmonary Disease	\$1,402	-2%
Radiology	\$4,734	-5%
Rheumatology	\$548	-5%
Thoracic Surgery	\$318	-5%

## Federal Judge Rules Against ACA Requirement on Cover HIV-Prevention Drugs

Gary Ewart, MHS

While it is over a decade old, the Affordable Care Act (ACA) is still facing legal challenges in federal courts. In September, a federal judge in Texas ruled that the ACA's requirement that insurance plans cover HIV prevention services approved by the U.S. Preventative Services Taskforce (PSTF) violates the U.S. Constitution's Appointments Clause.

Plaintiffs in this case sued in federal court, claiming that requiring HIV prevention treatment (PrEP), STD screening and drug abuse treatments violate their religious freedoms by forcing a "Christian owned" company to support behavior they find morally objectionable. They also claim the requirement violates the Constitution by impermissibly delegating preventative services coverage decisions to federal officials who are not appointed by the President or confirmed by the Senate.

Under the Affordable Care Act, three federal entities have the authority to recommend services that must be covered under all health insurance plans – at no cost to the consumer. These federal entities include the Agency for Healthcare Research and Quality (AHRQ), the CDC Advisory Council on Immunizations Practices (ACIP) and the U.S. Preventive Services Taskforce (USPSTF).

Federal Judge Reed O'Connor of the U.S. District Court for the Northern District of Texas ruled that because members of USPSTF are not appointed directly by the President or confirmed by the U.S. Senate, granting the panel authority to determine covered preventive services is an unconstitutional delegation of Presidential authority. Therefore, requiring health plans to cover the HIV prevention benefits recommended by USPSTF is also unconstitutional.

However, Judge O'Connor rejected on other grounds the plaintiffs' claims that HRSA and ACIP violate the non-delegation principle and that both HRSA and ACIP are constitutionally empaneled. His ruling maintained these agencies' operational authority under the ACA.

Judge O'Connor further found that the ACA's requirement for free coverage of HIV prevention drugs "substantially burdens" the religious freedom of a "Christian-owned company." He ruled that the free coverage mandate for two pre-exposure prophylactic drugs (or PrEP), did not "further a government interest" and therefore could not override plaintiffs' claims of religious discrimination.

Judge O'Connor did not order the federal government to stop enforcing the relevant ACA provisions. Instead, the judge set a Sept. 9, 2022, deadline for the parties to the case, including the Department of Justice, to outline the remaining issues to be decided and to propose a schedule for further arguments to be presented. Judge O'Connor will eventually decide what relief to grant the plaintiffs.

This is not the first time Judge O'Connor has ruled against the ACA. In 2018, he found the entire ACA unconstitutional. His decision was eventually overturned in 2021 by the U.S. Supreme Court by a vote of 7-2.

While the initial decision is limited only to preventive services found objectionable by the plaintiffs, a wide range of preventive health services covered under the ACA have been recommended by the USPSTF, including lung cancer screening, tobacco use screening, and tobacco cessation treatment. If Judge O'Connor's ruling stands, coverage for these and many other preventive services under the ACA are at risk.

It is expected the Department of Justice will appeal Judge O'Connor's decision.

# The Pulmonary Rehabilitation (PR) Reimbursement Toolkit: – Medicare Rules for PR Billing and Insights into Understanding PR Charges

Christine Garvey, FNP, MSN

The [Pulmonary Rehabilitation \(PR\) Reimbursement toolkit PR Reimbursement Toolkit](#) is a collaboration of ATS, the American Association for Cardiovascular and Pulmonary Rehabilitation (AACVPR), American Association for Respiratory Care (AARC) and American College of Chest Physicians (ACCP). The toolkit is designed as a resource and guide in response to a multi-year decline and stagnation in PR reimbursement by CMS. It includes resources for providers to understand and navigate billing strategies to improve PR payment equity. The toolkit has been recently updated to give hospital-based PR providers insights into developing and using appropriate charges, billing and payment for Medicare's 'bundled' comprehensive pulmonary rehabilitation (PR) CPT codes **94625** and **94626** which became effective Jan. 1, 2022. The toolkit emphasizes that PR charges should reflect the complexity of PR services including both billable and non-billable services that are part of comprehensive PR and the bundled PR CPT codes.

## Transition to new CPT Codes

When CMS implemented the PR benefit in 2010, it created **G0424**, Pulmonary rehabilitation, including exercise (includes monitoring), one hour, per session, up to two sessions per day, to bill for beneficiaries with moderate to very severe COPD, GOLD stages 2-4. CMS estimated payment rates for the first two years until data was obtained from hospital cost reports. Once claims data became available, Medicare set the payment rate based on two sources of information provided to CMS by hospitals submitting bills for **G0424**:

## CPT 94625 and CPT 94626

CMS has acknowledged similarities and parallels between cardiac rehabilitation (CR) and PR. However, CR is now reimbursed at more than double the rate paid for PR despite PR patient's increased complexity, multi-morbidities, high risk of frailty and frequent need for supplemental oxygen. PR reimbursement inequities despite similarities of services led to a multi-society proposal from ATS, ACCP, AACVPR and AARC for new CPT codes that more closely resemble CR codes. Effective Jan. 1, 2022, the new codes are:

- **94625** – Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)
- **94626** – Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)
- In addition to coverage for COPD stages 2-4, CMS added confirmed or suspected COVID-19 and persistent symptoms including respiratory dysfunction for at least 4 weeks.

The PR reimbursement toolkit emphasizes that adequate payment can be achieved but only if PR charges represent the cost of 'bundled', comprehensive PR and these costs are accurately entered on annual Medicare hospital cost reports. These points are reinforced by Medicare, which acknowledged in 2011 that failure to carefully construct the charge for **G0424**, that reports a combination of services previously reported separately, underrepresents the cost of providing the service described by **G0424** and can have significant adverse impact on future payments<sup>1</sup>.

The toolkit information and resources are designed to help providers, hospital billing departments and financial administrators consider and include all the services, equipment and supplies used to provide PR and establish charges that reflect the complexity of the service and recipients, thereby supporting CMS payment that more closely aligns with CR payment. The toolkit provides insights into billing and charges that may not be fully clear to PR clinicians, because:

- PR hospital charges directly impact payment rates
- Hospital charges for services are often above that paid by Medicare and other insurers.
- PR bundled services are provided to complex patients that require considerable time and resources beyond the face-to-face visit. These services should be reflected in the charge for PR services.

Finally, the toolkit provides step by step methods for developing accurate charges that represent the value of PR services. This includes both billable services (often related to the face-to-face PR visit) and non-billable services during the initial assessment, including a six-minute walk test, individualized treatment plan, outcome measurements, gym and oxygen equipment and supplies, physician work, staff costs including benefits and team conferencing. The toolkit also includes a glossary of terms, example of an UB-04 and other resources. The AACVPR PR reimbursement landing page PR Reimbursement Toolkit ([aacvpr.org](http://aacvpr.org)) includes the toolkit as well as summaries for clinicians and hospital CFOs and billing departments.

<sup>1</sup> Medicare and Medicaid Hospital Outpatient Prospective Payment. 76 Federal Register **74224** (2011) (codified at 42 CFR 410, 411, 416, 419, 489, and 495).

## Questions and Answers

### Endobronchial Cryotherapy/Cryobiopsy

**Question:** I am having a disagreement with my billing department. Whenever I do a bronchoscopy with cryo biopsies of an endobronchial lesion, my billing department says that I can only bill for the biopsy (31622) and not for the cryotherapy (31641). I was under the impression that you should be able to bill for both of them.

**Answer:** If you are using a cryoprobe for **tissue biopsy alone**, the correct CPT code is 31625 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites. If you are using a cryoprobe for **tissue destruction alone**, the correct CPT code to report is 31641 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with destruction of tumor or relief of stenosis by any method other than excision (e.g., laser therapy, cryotherapy). If you are performing both **biopsy and tissue destruction on the same site**, you cannot report both CPT codes and would instead report the highest work value code, which is CPT 31641.

Either code (31625 & 31641) includes the CPT 31622 bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure) so this code would not be added.

For hospital outpatient facilities you may also report HCPCS code C2618 -Probe/needle, cryoablation. Report each needle separately, therefore be careful with the number of units.

### Smoking Cessation

**Question:** What is the preferred way to bill for smoking cessation in the office? Do you use the smoking cessation codes (99406 >3-10 min or 99407 >10 min) or an established office visit code 99213 or 99214?

**Answer:** The answer depends on the specifics of how you performed the services. To further clarify, smoking and tobacco use cessation counseling services (99406 >3-10 min, 0.24 RVU or 99407 >10 min, 0.50 RVU) may be reported either alone or with another E&M service and the E&M service would then need the -25-modifier appended. Most commonly, smoking cessation counseling is best incorporated into E&M services where this discussion arises, and therefore would not be coded separately, such as with established 99213 (RVU 1.30), 99214 (RVU 1.92) or 99215 (RVU 2.80). If electing to bill separately, care must be taken to document the time spent in counseling specifically for the

smoking cessation, as this time cannot overlap with other times for other services such as the E/M visit. If the patient comes specifically for tobacco treatment, it is recommended to report the ICD-10 code Toxic Effects of Tobacco (T65.221x). If the patient has other diagnoses, such as COPD or asthma, those diagnoses should be included as primary or secondary diagnosis codes. It is also advised not to code Tobacco Dependence (F17.200) as the primary diagnosis, as this is generally not reimbursed for non-behavioral health professionals. Please also see this article for more information: Leone FT, et al. Integrating Tobacco Use Treatment Into Practice. CHEST 2016; 149(2):568-575.

The Medicare National Coverage determination for smoking cessation can be located at <https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=N&NCAId=130>

### Pediatric Home Sleep Studies

**Question:** I'm interested in hearing from anyone that has been able to find information on billing for pediatric home sleep studies.

**Answer:** Currently, home sleep studies and CPT codes for these services (95800, 95801, 95806) are not age specific, though it is not guaranteed that they will be covered for pediatric patients. All pediatric specific sleep codes are currently attended and in-lab polysomnography, 95810 and 95811 for children ages 6 years or older or 95872 and 95873 for children under 6 years. There is research ongoing in the area of pediatric home sleep studies, however, no CPT codes are available at this time. ●

<https://doi.org/10.1378/chest.15-1365>



ATS 2023

Washington, DC

May 19-24

Save the Date!



**October 2022 Compared to Final 2023 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 2022 October Release \(Web Version RVU22D\)](#)

[Click here for Link to References: CMS Website MPFS CY 2023 Final Rule](#)

**July 29, 2022 MPFS File for October 2022 & November 18, 2022 for Final 2023 MPFS Files**

CPT/ HCPCS	Modifier	Short Description	CY 2022 CF	CY 2023 CF	% Change	Dollar Change	CY 2022 CF	CY 2023 CF	% Change	Dollar Change
			\$34.6062	\$33.0607			\$34.6062	\$33.0607		
			2022 NF Allowable	2023 NF Allowable	NF Allowable	NF Allowable	2022 FAC Allowable	2023 FAC Allowable	FAC Allowable	FAC Allowable
31615		Visualization of windpipe	\$178.57	\$171.25	-4%	(\$7.31)	\$116.97	\$113.07	-3%	(\$3.90)
31622		Dx bronchoscope/wash	\$256.43	\$244.32	-5%	(\$12.11)	\$133.23	\$127.28	-4%	(\$5.95)
31623		Dx bronchoscope/brush	\$288.27	\$270.44	-6%	(\$17.83)	\$133.93	\$126.95	-5%	(\$6.97)
31624		Dx bronchoscope/lavage	\$265.78	\$251.26	-5%	(\$14.51)	\$135.31	\$129.27	-4%	(\$6.04)
31625		Bronchoscopy w/biopsy(s)	\$368.56	\$344.16	-7%	(\$24.39)	\$158.15	\$150.10	-5%	(\$8.05)
31626		Bronchoscopy w/markers	\$848.20	\$781.22	-8%	(\$66.97)	\$198.64	\$189.44	-5%	(\$9.20)
31627		Navigational bronchoscopy	\$1,188.72	\$1,076.79	-9%	(\$111.94)	\$97.59	\$92.57	-5%	(\$5.02)
31628		Bronchoscopy/lung bx each	\$391.40	\$366.97	-6%	(\$24.42)	\$177.53	\$169.27	-5%	(\$8.26)
31629		Bronchoscopy/needle bx each	\$480.33	\$447.31	-7%	(\$33.02)	\$188.26	\$179.52	-5%	(\$8.74)
31630		Bronchoscopy dilate/fx repr	\$200.37	NA	NA	NA	\$200.37	\$191.75	-4%	(\$8.62)
31631		Bronchoscopy dilate w/stent	\$228.75	NA	NA	NA	\$228.75	\$218.86	-4%	(\$9.89)
31632		Bronchoscopy/lung bx addl	\$66.44	\$63.48	-4%	(\$2.97)	\$49.83	\$47.61	-4%	(\$2.23)
31633		Bronchoscopy/needle bx addl	\$82.36	\$78.35	-5%	(\$4.01)	\$63.68	\$60.50	-5%	(\$3.17)
31634		Bronch w/balloon occlusion	\$1,678.40	\$1,501.62	-11%	(\$176.78)	\$193.45	\$182.16	-6%	(\$11.28)
31635		Bronchoscopy w/fb removal	\$304.53	\$287.63	-6%	(\$16.91)	\$177.18	\$168.61	-5%	(\$8.57)
31636		Bronchoscopy bronch stents	\$219.75	NA	NA	NA	\$219.75	\$208.61	-5%	(\$11.14)
31637		Bronchoscopy stent add-on	\$77.86	NA	NA	NA	\$77.86	\$74.39	-4%	(\$3.48)
31638		Bronchoscopy revise stent	\$249.86	NA	NA	NA	\$249.86	\$238.37	-5%	(\$11.49)
31640		Bronchoscopy w/tumor excise	\$251.59	NA	NA	NA	\$251.59	\$239.69	-5%	(\$11.90)
31641		Bronchoscopy treat blockage	\$258.51	NA	NA	NA	\$258.51	\$245.64	-5%	(\$12.87)
31643		Diag bronchoscope/catheter	\$177.18	NA	NA	NA	\$177.18	\$163.32	-8%	(\$13.86)
31645		Bronchoscopy clear airways	\$283.77	\$268.78	-5%	(\$14.99)	\$148.11	\$141.50	-4%	(\$6.61)
31646		Bronchoscopy reclear airway	\$143.27	NA	NA	NA	\$143.27	\$136.54	-5%	(\$6.73)
31647		Bronchial valve init insert	\$208.68	NA	NA	NA	\$208.68	\$197.70	-5%	(\$10.97)
31648		Bronchial valve remov init	\$200.02	NA	NA	NA	\$200.02	\$189.44	-5%	(\$10.59)
31649		Bronchial valve remov addl	\$67.83	\$64.47	-5%	(\$3.36)	\$67.83	\$64.47	-5%	(\$3.36)
31651		Bronchial valve addl insert	\$76.83	\$74.06	-4%	(\$2.77)	\$76.83	\$74.06	-4%	(\$2.77)
31652		Bronch ebus sampling 1/2 node	\$1,366.94	\$1,247.05	-9%	(\$119.90)	\$223.56	\$212.58	-5%	(\$10.98)
31653		Bronch ebus sampling 3/> node	\$1,418.85	\$1,296.31	-9%	(\$122.54)	\$247.78	\$235.72	-5%	(\$12.06)
31654		Bronch ebus ivntj perph les	\$125.62	\$118.36	-6%	(\$7.26)	\$67.48	\$64.14	-5%	(\$3.34)
31660		Bronch thermoplasty 1 lobe	\$198.64	NA	NA	NA	\$198.64	\$190.76	-4%	(\$7.88)
31661		Bronch thermoplasty 2/> lobes	\$208.33	NA	NA	NA	\$208.33	\$193.07	-7%	(\$15.25)
32554		Aspirate pleura w/o imaging	\$249.51	\$232.42	-7%	(\$17.09)	\$90.67	\$85.96	-5%	(\$4.71)
32555		Aspirate pleura w/ imaging	\$334.30	\$313.75	-6%	(\$20.55)	\$111.09	\$106.12	-4%	(\$4.96)
32556		Insert cath pleura w/o image	\$796.29	\$738.25	-7%	(\$58.04)	\$125.62	\$120.67	-4%	(\$4.95)
32557		Insert cath pleura w/ image	\$709.43	\$663.53	-6%	(\$45.90)	\$150.88	\$144.81	-4%	(\$6.08)
94002		Vent mgmt inpat init day	\$93.44	NA	NA	NA	\$93.44	\$89.26	-4%	(\$4.17)
94003		Vent mgmt inpat subq day	\$65.75	NA	NA	NA	\$65.75	\$62.48	-5%	(\$3.27)
94010			\$27.34	\$26.45	-3%	(\$0.89)	\$27.34	NA	NA	NA
94010	26	Breathing capacity test	\$8.31	\$7.93	-4%	(\$0.37)	\$8.31	\$7.93	-4%	(\$0.37)
94010	TC		\$19.03	\$18.51	-3%	(\$0.52)	\$19.03	NA	NA	NA
94011		Spirometry up to 2 yrs old	\$86.86	NA	NA	NA	\$86.86	\$82.98	-4%	(\$3.88)
94012		Spirmetry w/bmchdil inf-2 yr	\$142.23	NA	NA	NA	\$142.23	\$134.56	-5%	(\$7.67)
94013		Meas lung vol thru 2 yrs	\$19.73	NA	NA	NA	\$19.73	\$18.51	-6%	(\$1.21)
94014		Patient recorded spirometry	\$56.06	\$54.22	-3%	(\$1.84)	\$56.06	NA	NA	NA
94015		Patient recorded spirometry	\$31.15	\$30.42	-2%	(\$0.73)	\$31.15	NA	NA	NA
94016		Review patient spirometry	\$24.92	\$23.80	-4%	(\$1.11)	\$24.92	\$23.80	-4%	(\$1.11)
94060			\$39.80	\$38.02	-4%	(\$1.78)	\$39.80	NA	NA	NA
94060	26	Evaluation of wheezing	\$10.38	\$9.92	-4%	(\$0.46)	\$10.38	\$9.92	-4%	(\$0.46)
94060	TC		\$29.42	\$28.10	-4%	(\$1.31)	\$29.42	NA	NA	NA
94070			\$62.98	\$60.17	-4%	(\$2.81)	\$62.98	NA	NA	NA
94070	26	Evaluation of wheezing	\$28.38	\$26.78	-6%	(\$1.60)	\$28.38	\$26.78	-6%	(\$1.60)
94070	TC		\$34.61	\$33.39	-4%	(\$1.21)	\$34.61	NA	NA	NA
94150			\$25.26	\$24.46	-3%	(\$0.80)	\$25.26	NA	NA	NA

CPT/ HCPCS	Modifier	Short Description	2022 NF Allowable	2023 NF Allowable	NF Allowable	NF Allowable	2022 FAC Allowable	2023 FAC Allowable	FAC Allowable	FAC Allowable
94150	26	Vital capacity test	\$3.81	\$3.64	-4%	(\$0.17)	\$3.81	\$3.64	-4%	(\$0.17)
94150	TC		\$21.46	\$20.83	-3%	(\$0.63)	\$21.46	NA	NA	NA
94200			\$15.57	\$14.55	-7%	(\$1.03)	\$15.57	NA	NA	NA
94200	26	Lung function test (MBC/MVV)	\$3.11	\$2.64	-15%	(\$0.47)	\$3.11	\$2.64	-15%	(\$0.47)
94200	TC		\$12.46	\$11.90	-4%	(\$0.56)	\$12.46	NA	NA	NA
94250 Deleted 2021			NA	NA	NA	NA	NA	NA	NA	NA
	26	Expired-gas-collection	NA	NA	NA	NA	NA	NA	NA	NA
	TC		NA	NA	NA	NA	NA	NA	NA	NA
94375			\$39.11	\$37.69	-4%	(\$1.42)	\$39.11	NA	NA	NA
94375	26	Respiratory flow volume loop	\$14.53	\$13.89	-4%	(\$0.65)	\$14.53	\$13.89	-4%	(\$0.65)
94375	TC		\$24.57	\$23.80	-3%	(\$0.77)	\$24.57	NA	NA	NA
94400 Deleted 2021			NA	NA	NA	NA	NA	NA	NA	NA
	26	CO2-breathing response-curve-	NA	NA	NA	NA	NA	NA	NA	NA
	TC		NA	NA	NA	NA	NA	NA	NA	NA
94450			\$65.41	\$81.00	24%	\$15.59	\$65.41	NA	NA	NA
94450	26	Hypoxia response curve	\$18.00	\$19.18	7%	\$1.18	\$18.00	\$19.18	7%	\$1.18
94450	TC		\$47.41	\$61.82	30%	\$14.41	\$47.41	NA	NA	NA
94452			\$50.18	\$47.94	-4%	(\$2.24)	\$50.18	NA	NA	NA
94452	26	Hast w/report	\$14.53	\$13.55	-7%	(\$0.98)	\$14.53	\$13.55	-7%	(\$0.98)
94452	TC		\$35.64	\$34.38	-4%	(\$1.26)	\$35.64	NA	NA	NA
94453			\$68.17	\$65.46	-4%	(\$2.71)	\$68.17	NA	NA	NA
94453	26	Hast w/oxygen titrate	\$19.03	\$17.85	-6%	(\$1.18)	\$19.03	\$17.85	-6%	(\$1.18)
94453	TC		\$49.14	\$47.61	-3%	(\$1.53)	\$49.14	NA	NA	NA
94610		Surfactant admin thru tube	\$56.06	NA	NA	NA	\$56.06	\$54.88	-2%	(\$1.18)
94617			\$89.98	\$85.96	-4%	(\$4.02)	\$89.98	NA	NA	NA
94617	26	Exercise tst brncspsm	\$32.53	\$30.75	-5%	(\$1.78)	\$32.53	\$30.75	-5%	(\$1.78)
94617	TC		\$57.45	\$55.21	-4%	(\$2.23)	\$57.45	NA	NA	NA
94618			\$33.91	\$33.06	-3%	(\$0.85)	\$33.91	NA	NA	NA
94618	26	Pulmonary stress testing	\$22.49	\$21.49	-4%	(\$1.00)	\$22.49	\$21.49	-4%	(\$1.00)
94618	TC		\$11.42	\$11.57	1%	\$0.15	\$11.42	NA	NA	NA
94619		Exercise test for bronchospasm, including pre- and post spirometry and pulse oximetry, without electrocardiographic recordings)	\$70.25	\$75.38	7%	\$5.13	\$70.25	NA	NA	NA
94619	26		\$22.84	\$21.82	-4%	(\$1.02)	\$22.84	\$21.82	-4%	(\$1.02)
94619	TC		\$47.41	\$53.56	13%	\$6.15	\$47.41	NA	NA	NA
94621			\$158.50	\$150.76	-5%	(\$7.74)	\$158.50	NA	NA	NA
94621	26	Pulm stress test/complex	\$69.90	\$65.79	-6%	(\$4.11)	\$69.90	\$65.79	-6%	(\$4.11)
94621	TC		\$88.59	\$84.97	-4%	(\$3.63)	\$88.59	NA	NA	NA
94625		Phy/qhp op pulm rth w/o mntr	\$66.10	\$57.20	-13%	(\$8.90)	\$19.03	\$16.53	-13%	(\$2.50)
94626		Phy/qhp op pulm rth w/ mntr	\$75.10	\$76.04	1%	\$0.94	\$27.34	\$26.45	-3%	(\$0.89)
94640		Airway inhalation treatment	\$11.42	\$8.93	-22%	(\$2.49)	\$11.42	NA	NA	NA
94642		Aerosol inhalation treatment	\$0.00	\$0.00	NA	NA	\$0.00	\$0.00	NA	\$0.00
94644		Cbt 1st hour	\$62.98	\$58.85	-7%	(\$4.14)	\$62.98	NA	NA	NA
94645		Cbt each addl hour	\$16.26	\$15.54	-4%	(\$0.73)	\$16.26	NA	NA	NA
94660		Pos airway pressure cpap	\$65.06	\$62.15	-4%	(\$2.91)	\$38.41	\$36.04	-6%	(\$2.38)
94662		Neg press ventilation cnp	\$36.34	NA	NA	NA	\$36.34	\$34.05	-6%	(\$2.28)
94664		Evaluate pt use of inhaler	\$17.30	\$16.86	-3%	(\$0.44)	\$17.30	NA	NA	NA
94667		Chest wall manipulation	\$23.19	\$23.14	0%	(\$0.04)	\$23.19	NA	NA	NA
94668		Chest wall manipulation	\$35.99	\$36.04	0%	\$0.05	\$35.99	NA	NA	NA
94680			\$53.99	\$51.91	-4%	(\$2.08)	\$53.99	NA	NA	NA
94680	26	Exhaled air analysis o2	\$13.15	\$12.23	-7%	(\$0.92)	\$13.15	\$12.23	-7%	(\$0.92)
94680	TC		\$40.84	\$39.67	-3%	(\$1.16)	\$40.84	NA	NA	NA
94681			\$49.49	\$46.28	-6%	(\$3.20)	\$49.49	NA	NA	NA
94681	26	Exhaled air analysis o2/co2	\$10.04	\$9.26	-8%	(\$0.78)	\$10.04	\$9.26	-8%	(\$0.78)
94681	TC		\$39.45	\$37.03	-6%	(\$2.42)	\$39.45	NA	NA	NA
94690			\$44.30	\$46.95	6%	\$2.65	\$44.30	NA	NA	NA
94690	26	Exhaled air analysis	\$3.81	\$3.64	-4%	(\$0.17)	\$3.81	\$3.64	-4%	(\$0.17)
94690	TC		\$40.49	\$43.31	7%	\$2.82	\$40.49	NA	NA	NA
94726			\$55.72	\$53.56	-4%	(\$2.16)	\$55.72	NA	NA	NA
94726	26	Pulm funct tst plethysmograp	\$12.11	\$11.57	-4%	(\$0.54)	\$12.11	\$11.57	-4%	(\$0.54)
94726	TC		\$43.60	\$41.99	-4%	(\$1.62)	\$43.60	NA	NA	NA
94727			\$44.64	\$42.98	-4%	(\$1.66)	\$44.64	NA	NA	NA
94727	26	Pulm function test by gas	\$12.11	\$11.57	-4%	(\$0.54)	\$12.11	\$11.57	-4%	(\$0.54)
94727	TC		\$32.53	\$31.41	-3%	(\$1.12)	\$32.53	NA	NA	NA
94728			\$40.49	\$39.01	-4%	(\$1.48)	\$40.49	NA	NA	NA
94728	26	Pulm funct test oscillometry	\$12.46	\$11.90	-4%	(\$0.56)	\$12.46	\$11.90	-4%	(\$0.56)
94728	TC		\$28.03	\$27.11	-3%	(\$0.92)	\$28.03	NA	NA	NA
94729			\$59.87	\$55.87	-7%	(\$4.00)	\$59.87	NA	NA	NA



CPT/ HCPCS	Modifier	Short Description	2022 NF Allowable	2023 NF Allowable	NF Allowable	NF Allowable	2022 FAC Allowable	2023 FAC Allowable	FAC Allowable	FAC Allowable
94729	26	Co/membrane diffuse capacity	\$9.00	\$8.60	-4%	(\$0.40)	\$9.00	\$8.60	-4%	(\$0.40)
94729	TC		\$50.87	\$47.28	-7%	(\$3.59)	\$50.87	NA	NA	NA
94750 Deleted 2021	26	Pulmonary compliance study	NA	NA	NA	NA	NA	NA	NA	NA
			TC	NA	NA	NA	NA	NA	NA	NA
94760		Measure blood oxygen level	\$2.42	\$2.31	-4%	(\$0.11)	\$2.42	NA	NA	NA
94761		Measure blood oxygen level exercise	\$3.46	\$3.64	5%	\$0.18	\$3.46	NA	NA	NA
94762		Measure blood oxygen level	\$26.99	\$25.13	-7%	(\$1.87)	\$26.99	NA	NA	NA
94770 Deleted 2021		Exhaled carbon dioxide test	NA	NA	NA	NA	NA	NA	NA	NA
94772			\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA
94772	26	Breath recording infant	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
94772	TC		\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA
94774		Ped home apnea rec compl	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
94775		Ped home apnea rec hk-up	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
94776		Ped home apnea rec downld	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
94777		Ped home apnea rec report	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
94780		Car seat/bed test 60 min	\$52.60	\$50.91	-3%	(\$1.69)	\$24.22	\$23.14	-4%	(\$1.08)
94781		Car seat/bed test + 30 min	\$20.76	\$20.50	-1%	(\$0.27)	\$8.31	\$7.93	-4%	(\$0.37)
94799			\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA
94799	26	Pulmonary service/procedure Unlisted	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
94799	TC		\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA
#95782			\$967.59	\$938.92	-3%	(\$28.67)	\$967.59	NA	NA	NA
#95782	26	Polysom <6 yrs 4/> paramtrs	\$126.31	\$119.68	-5%	(\$6.63)	\$126.31	\$119.68	-5%	(\$6.63)
#95782	TC		\$841.28	\$819.24	-3%	(\$22.03)	\$841.28	NA	NA	NA
#95783			\$1,024.69	\$994.80	-3%	(\$29.89)	\$1,024.69	NA	NA	NA
#95783	26	Polysom <6 yrs cpap/bilvl	\$137.39	\$130.59	-5%	(\$6.80)	\$137.39	\$130.59	-5%	(\$6.80)
#95783	TC		\$887.30	\$864.21	-3%	(\$23.10)	\$887.30	NA	NA	NA
#95800			\$164.03	\$147.12	-10%	(\$16.91)	\$164.03	NA	NA	NA
#95800	26	Slp stdy unattended	\$41.53	\$39.34	-5%	(\$2.19)	\$41.53	\$39.34	-5%	(\$2.19)
#95800	TC		\$122.51	\$107.78	-12%	(\$14.73)	\$122.51	NA	NA	NA
#95801			\$92.74	\$91.58	-1%	(\$1.17)	\$92.74	NA	NA	NA
#95801	26	Slp stdy unatnd w/anal	\$41.53	\$39.34	-5%	(\$2.19)	\$41.53	\$39.34	-5%	(\$2.19)
#95801	TC		\$51.22	\$52.24	2%	\$1.02	\$51.22	NA	NA	NA
#95803			\$149.84	\$137.20	-8%	(\$12.64)	\$149.84	NA	NA	NA
#95803	26	Actigraphy testing	\$43.26	\$41.33	-4%	(\$1.93)	\$43.26	\$41.33	-4%	(\$1.93)
#95803	TC		\$106.59	\$95.88	-10%	(\$10.71)	\$106.59	NA	NA	NA
95805			\$427.04	\$412.93	-3%	(\$14.11)	\$427.04	NA	NA	NA
95805	26	Multiple sleep latency test	\$58.14	\$55.21	-5%	(\$2.93)	\$58.14	\$55.21	-5%	(\$2.93)
95805	TC		\$368.90	\$357.72	-3%	(\$11.19)	\$368.90	NA	NA	NA
95806			\$93.44	\$90.59	-3%	(\$2.85)	\$93.44	NA	NA	NA
95806	26	Sleep study unatt & resp effit	\$44.99	\$42.65	-5%	(\$2.34)	\$44.99	\$42.65	-5%	(\$2.34)
95806	TC		\$48.45	\$47.94	-1%	(\$0.51)	\$48.45	NA	NA	NA
95807			\$387.94	\$381.85	-2%	(\$6.08)	\$387.94	NA	NA	NA
95807	26	Sleep study attended	\$60.56	\$57.20	-6%	(\$3.37)	\$60.56	\$57.20	-6%	(\$3.37)
95807	TC		\$327.37	\$324.66	-1%	(\$2.72)	\$327.37	NA	NA	NA
95808			\$685.55	\$542.53	-21%	(\$143.02)	\$685.55	NA	NA	NA
95808	26	Polysom any age 1-3> param	\$88.59	\$80.34	-9%	(\$8.25)	\$88.59	\$80.34	-9%	(\$8.25)
95808	TC		\$596.96	\$462.19	-23%	(\$134.77)	\$596.96	NA	NA	NA
95810			\$621.87	\$600.05	-4%	(\$21.82)	\$621.87	NA	NA	NA
95810	26	Polysom 6/> yrs 4/> param	\$120.43	\$114.72	-5%	(\$5.71)	\$120.43	\$114.72	-5%	(\$5.71)
95810	TC		\$501.44	\$485.33	-3%	(\$16.11)	\$501.44	NA	NA	NA
95811			\$649.21	\$627.82	-3%	(\$21.39)	\$649.21	NA	NA	NA
95811	26	Polysom 6/> yrs cpap 4/> parm	\$124.93	\$119.02	-5%	(\$5.91)	\$124.93	\$119.02	-5%	(\$5.91)
95811	TC		\$524.28	\$508.80	-3%	(\$15.48)	\$524.28	NA	NA	NA
▲99201		Deleted in 2021	NA	NA	NA	NA	NA	NA	NA	NA
▲99202		Office/outpatient visit new	\$74.06	\$71.08	-4%	(\$2.98)	\$49.49	\$46.95	-5%	(\$2.54)
▲99203		Office o/p new sf 15-29 min	\$113.85	\$110.09	-3%	(\$3.76)	\$84.44	\$81.00	-4%	(\$3.44)
▲99204		Office o/p new low 30-44 min	\$169.57	\$163.32	-4%	(\$6.25)	\$136.69	\$130.26	-5%	(\$6.44)
▲99205		Office o/p new mod 45-59 min	\$224.25	\$215.56	-4%	(\$8.69)	\$185.49	\$176.87	-5%	(\$8.61)
▲99211		Office o/p new hi 60-74 min	\$23.53	\$22.81	-3%	(\$0.72)	\$9.00	\$8.60	-4%	(\$0.40)
▲99212		Office o/p est minimal prob	\$57.45	\$55.54	-3%	(\$1.90)	\$36.68	\$34.71	-5%	(\$1.97)
▲99213		Office o/p est sf 10-19 min	\$92.05	\$88.60	-4%	(\$3.45)	\$67.48	\$64.47	-4%	(\$3.01)
▲99214		Office o/p est low 20-29 min	\$129.77	\$125.30	-3%	(\$4.47)	\$98.97	\$95.21	-4%	(\$3.76)
▲99215		Office o/p est mod 30-39 min	\$183.07	\$175.55	-4%	(\$7.51)	\$147.08	\$139.85	-5%	(\$7.23)
●G2211		Complex e/m visit add on	NA	Delayed 2024	NA	NA	NA	NA	NA	NA
99151		Mod sed same phys/qhp <5 yrs	\$71.29	\$59.51	-17%	(\$11.78)	\$25.26	\$23.80	-6%	(\$1.46)
99152		Mod sed same phys/qhp 5/>yrs	\$52.26	\$49.59	-5%	(\$2.66)	\$12.80	\$12.23	-4%	(\$0.57)

CPT/ HCPCS	Modifier	Short Description	2022 NF Allowable	2023 NF Allowable	NF Allowable	NF Allowable	2022 FAC Allowable	2023 FAC Allowable	FAC Allowable	FAC Allowable
99153		Mod sed same phys/ghp ea	\$11.07	\$10.91	-1%	(\$0.16)	\$11.07	NA	NA	NA
99155		Mod sed oth phys/ghp <5 yrs	\$84.09	NA	NA	NA	\$84.09	\$80.67	-4%	(\$3.42)
99156		Mod sed oth phys/ghp 5>yrs	\$77.17	NA	NA	NA	\$77.17	\$74.06	-4%	(\$3.12)
99157		Mod sed other phys/ghp ea	\$62.98	NA	NA	NA	\$62.98	\$60.50	-4%	(\$2.48)
▲99221		Initial hospital care	\$100.70	NA	NA	NA	\$100.70	\$81.33	-19%	(\$19.37)
▲99222		Initial hospital care	\$135.31	NA	NA	NA	\$135.31	\$127.28	-6%	(\$8.03)
▲99223		Initial hospital care	\$198.29	NA	NA	NA	\$198.29	\$169.60	-14%	(\$28.69)
▲99231		Subsequent hospital care	\$38.76	NA	NA	NA	\$38.76	\$48.60	25%	\$9.84
▲99232		Subsequent hospital care	\$71.29	NA	NA	NA	\$71.29	\$77.36	9%	\$6.07
▲99233		Subsequent hospital care	\$102.43	NA	NA	NA	\$102.43	\$116.37	14%	\$13.94
▲99234		Observ/hosp same date	\$130.47	NA	NA	NA	\$130.47	\$96.54	-26%	(\$33.93)
▲99235		Observ/hosp same date	\$165.42	NA	NA	NA	\$165.42	\$155.72	-6%	(\$9.70)
▲99236		Observ/hosp same date	\$211.79	NA	NA	NA	\$211.79	\$204.32	-4%	(\$7.47)
▲99238		Hospital discharge day	\$71.98	NA	NA	NA	\$71.98	\$79.02	10%	\$7.03
▲99239		Hospital discharge day	\$105.20	NA	NA	NA	\$105.20	\$112.08	7%	\$6.87
●99418		Prolong ip/obs e/m ea 15 min	NA	NA	NA	NA	NA	\$38.35	NA	NA
99291		Critical care first hour	\$282.39	\$268.78	-5%	(\$13.60)	\$219.06	\$208.61	-5%	(\$10.44)
99292		Critical care each add 30 min	\$123.20	\$117.37	-5%	(\$5.83)	\$110.05	\$104.80	-5%	(\$5.25)
G0508		Crit care telehea consult 60	\$210.41	NA	NA	NA	\$210.41	\$201.34	-4%	(\$9.07)
G0509		Crit care telehea consult 50	\$193.10	NA	NA	NA	\$193.10	\$184.81	-4%	(\$8.29)
99358		Prolong service w/o contact	\$110.74	\$90.26	-18%	(\$20.48)	\$110.74	\$88.93	-20%	(\$21.81)
99359		Prolong serv w/o contact add	\$53.99	\$41.99	-22%	(\$12.00)	\$53.99	\$41.99	-22%	(\$12.00)
99406		Behav chng smoking 3-10 min	\$15.57	\$14.55	-7%	(\$1.03)	\$12.11	\$11.57	-4%	(\$0.54)
99407		Behav chng smoking > 10 min	\$28.72	\$27.11	-6%	(\$1.61)	\$25.61	\$24.46	-4%	(\$1.14)
99421		Ol dig e/m svc 5-10 min	\$15.23	\$14.55	-4%	(\$0.68)	\$13.15	\$12.56	-4%	(\$0.59)
99422		Ol dig e/m svc 11-20 min	\$29.76	\$28.76	-3%	(\$1.00)	\$25.95	\$24.80	-4%	(\$1.16)
99423		Ol dig e/m svc 21+ min	\$48.45	\$45.95	-5%	(\$2.49)	\$41.87	\$39.34	-6%	(\$2.53)
99424		Prin care mgmt phs 1st 30	\$83.40	\$79.35	-5%	(\$4.06)	\$75.44	\$71.74	-5%	(\$3.70)
99425		Prin care mgmt phs ea 30	\$60.21	\$56.86	-6%	(\$3.35)	\$52.60	\$49.59	-6%	(\$3.01)
99426		Prin care mgmt staff 1st 30	\$63.33	\$59.84	-6%	(\$3.49)	\$50.53	\$47.94	-5%	(\$2.59)
99427		Prin care mgmt staff ea addl	\$48.45	\$46.28	-4%	(\$2.16)	\$35.64	\$34.05	-4%	(\$1.59)
99437		Chmc care mgmt phys ea addl	\$61.25	\$58.52	-4%	(\$2.74)	\$52.26	\$49.26	-6%	(\$2.99)
G2064		MDa mang high risk dx 30	NA	NA	NA	NA	NA	NA	NA	NA
G2065		Nonclin mang h risk dx 30	NA	NA	NA	NA	NA	NA	NA	NA
99439		Chmc care mgmt svc ea addl	\$48.45	\$46.28	-4%	(\$2.16)	\$36.34	\$34.05	-6%	(\$2.28)
99441		Phone e/m phys/ghp 5-10 min	\$56.75	\$54.88	-3%	(\$1.87)	\$35.99	\$34.05	-5%	(\$1.94)
99442		Phone e/m phys/ghp 11-20 min	\$91.71	\$88.60	-3%	(\$3.10)	\$67.14	\$64.47	-4%	(\$2.67)
99443		Phone e/m phys/ghp 21-30 min	\$129.77	\$124.64	-4%	(\$5.13)	\$98.97	\$94.55	-4%	(\$4.42)
99446		Ntrprof ph1/ntrmet/ehr 5-10	\$18.69	\$17.52	-6%	(\$1.17)	\$18.69	\$17.52	-6%	(\$1.17)
99447		Ntrprof ph1/ntrmet/ehr 11-20	\$36.68	\$34.71	-5%	(\$1.97)	\$36.68	\$34.71	-5%	(\$1.97)
99448		Ntrprof ph1/ntrmet/ehr 21-30	\$55.02	\$52.90	-4%	(\$2.13)	\$55.02	\$52.90	-4%	(\$2.13)
99449		Ntrprof ph1/ntrmet/ehr 31/>	\$73.71	\$70.09	-5%	(\$3.62)	\$73.71	\$70.09	-5%	(\$3.62)
99451		Ntrprof ph1/ntrmet/ehr 5/>	\$36.34	\$34.71	-4%	(\$1.62)	\$36.34	\$34.71	-4%	(\$1.62)
99452		Ntrprof ph1/ntrmet/ehr rft	\$37.03	\$32.40	-13%	(\$4.63)	\$37.03	\$32.40	-13%	(\$4.63)
99457		Rem physiol mntr 1st 20 min	\$50.18	\$47.61	-5%	(\$2.57)	\$31.15	\$29.42	-6%	(\$1.72)
99458		Rem physiol mntr ea addl 20	\$40.84	\$38.68	-5%	(\$2.15)	\$31.15	\$29.42	-6%	(\$1.72)
99483		Assmt & care pln pt cog imp	\$283.08	\$266.14	-6%	(\$16.94)	\$197.26	\$189.44	-4%	(\$7.82)
99484		Care mgmt svc bhvl hith cond	\$44.64	\$41.99	-6%	(\$2.65)	\$30.45	\$28.76	-6%	(\$1.69)
99487		Cmplx chron care w/o pt vsit	\$134.27	\$129.93	-3%	(\$4.34)	\$92.74	\$88.60	-4%	(\$4.14)
99489		Complx chron care addl 30 min	\$70.60	\$68.77	-3%	(\$1.83)	\$51.22	\$48.93	-4%	(\$2.29)
99490		Chron care mgmt svc 20 min	\$64.02	\$61.16	-4%	(\$2.86)	\$51.56	\$49.26	-4%	(\$2.30)
●99439 previously G2058		CCM add 20min	NA	NA	NA	NA	NA	NA	NA	NA
99491		Chmc care mgmt svc 30 min	\$86.17	\$82.98	-4%	(\$3.19)	\$77.52	\$73.73	-5%	(\$3.79)
99495		Trans care mgmt 14 day disch	\$209.02	\$200.35	-4%	(\$8.67)	\$144.65	\$136.54	-6%	(\$8.11)

CPT/ HCPCS	Modifier	Short Description	2022 NF Allowable	2023 NF Allowable	NF Allowable	NF Allowable	2022 FAC Allowable	2023 FAC Allowable	FAC Allowable	FAC Allowable
99496		Trans care mgmt 7 day disch	\$281.69	\$271.43	-4%	(\$10.27)	\$195.87	\$186.13	-5%	(\$9.74)
99497		Advncd care plan 30 min	\$85.48	\$81.00	-5%	(\$4.48)	\$77.86	\$73.73	-5%	(\$4.14)
99498		Advncd care plan addl 30 min	\$74.06	\$70.09	-5%	(\$3.97)	\$73.37	\$69.76	-5%	(\$3.61)
G0237		Therapeutic proced strg endur	\$10.38	\$10.58	2%	\$0.20	\$10.38	NA	NA	NA
G0238		Oth resp proc, indiv	\$10.38	\$10.25	-1%	(\$0.13)	\$10.38	NA	NA	NA
G0239		Oth resp proc, group	\$13.15	\$12.56	-4%	(\$0.59)	\$13.15	NA	NA	NA
•G0296		Visit to determ LDCT elig	\$29.07	\$27.77	-4%	(\$1.30)	\$26.30	\$25.13	-4%	(\$1.17)
•G0297		NA	NA	NA	NA	NA	NA	NA	NA	NA
•G0297	26	LDCT for Lung CA screen	NA	NA	NA	NA	NA	NA	NA	NA
•G0297	TC	NA	NA	NA	NA	NA	NA	NA	NA	NA
•71250		Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	\$142.23	\$136.54	-4%	(\$5.69)	\$142.23	NA	NA	NA
•71250	26	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	\$52.60	\$50.58	-4%	(\$2.02)	\$52.60	\$50.58	-4%	(\$2.02)
•71250	TC	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	\$89.63	\$85.96	-4%	(\$3.67)	\$89.63	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 whosp criti	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
G0398		Home sleep test/type 2 porta	\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA
G0398	26	Home sleep test/type 2 porta	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
G0398	TC	Home sleep test/type 2 porta	\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA
G0399		Home sleep test/type 3 porta	\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA
G0399	26	Home sleep test/type 3 porta	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
G0399	TC	Home sleep test/type 3 porta	\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA
G0400		Home sleep test/type 4 porta	\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA
G0400	26	Home sleep test/type 4 porta	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
G0400	TC	Home sleep test/type 4 porta	\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA
G0424		Pulmonary rehab w exer	NA	NA	NA	NA	NA	NA	NA	NA
G0463		Hospital outpt clinic visit	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
G0501		Resource-inten svc during ov	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
G0500		Mod sedat endo service >5yrs	\$57.79	\$55.21	-4%	(\$2.58)	\$5.54	\$5.29	-4%	(\$0.25)
G0506		Comp asses care plan ccm svc	\$62.64	\$60.50	-3%	(\$2.14)	\$45.33	\$42.98	-5%	(\$2.36)
G0508		Crit care telehea consult 60	\$210.41	NA	NA	NA	\$210.41	\$201.34	-4%	(\$9.07)
G0509		Crit care telehea consult 50	\$193.10	NA	NA	NA	\$193.10	\$184.81	-4%	(\$8.29)
G0513		Prolong prev svcs, first 30m	\$65.75	\$62.15	-5%	(\$3.60)	\$61.60	\$57.86	-6%	(\$3.74)
G0514		Prolong prev svcs, addl 30m	\$65.75	\$62.15	-5%	(\$3.60)	\$61.60	\$58.19	-6%	(\$3.41)
G2010		Remote pt submit record	\$12.11	\$11.90	-2%	(\$0.21)	\$9.34	\$8.93	-4%	(\$0.42)
G2012		Brief check in by md/ghp	\$14.53	\$13.89	-4%	(\$0.65)	\$12.80	\$12.23	-4%	(\$0.57)
G2064		Md mang high risk dx 30	NA	NA	NA	NA	NA	NA	NA	NA
•G2251		Brief chkin, 5-10, non-e/m	\$14.53	\$13.89	-4%	(\$0.65)	\$12.80	\$12.23	-4%	(\$0.57)
•G2252		Brief chkin by md/ghp, 11-20	\$28.03	\$26.12	-7%	(\$1.91)	\$26.65	\$24.80	-7%	(\$1.85)
G2086		Off base opioid tx 70 min	\$397.97	\$378.55	-5%	(\$19.43)	\$320.45	\$278.37	-13%	(\$42.08)
G2087		Off base opioid tx, 60 m	\$346.41	\$343.83	-1%	(\$2.58)	\$286.54	\$296.22	3%	\$9.68
G2088		Off base opioid tx, add 30	\$61.95	\$59.18	-4%	(\$2.77)	\$39.11	\$34.38	-12%	(\$4.72)
99417 see 99358, 99359		Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)	NA	\$0.00	NA	NA	NA	\$0.00	NA	NA
•G2212		Prolong outpt/office vis	\$33.22	\$31.41	-5%	(\$1.81)	\$32.18	\$30.42	-5%	(\$1.77)
•G0316		Prolong hosp inpt each ad 15m	NA	\$31.08	NA	NA	NA	\$29.75	NA	NA
•G0317		prolonged nursing facility services by physician or other GHP	NA	\$31.08	NA	NA	NA	\$29.75	NA	NA
•G0318		Prolong home eval add 15m	NA	\$30.42	NA	NA	NA	\$29.09	NA	NA
•G0323		Care manage beh svs 20mins	NA	\$41.99	NA	NA	NA	\$28.43	NA	NA
•G3002		Chronic pain tx monthly b	NA	\$79.02	NA	NA	NA	\$71.74	NA	NA
•G3003		Addition 15m pain mang	NA	\$28.76	NA	NA	NA	\$24.80	NA	NA

**Disclaimer**  
The information provided herein was current at the time of this communication. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference. The opinions referenced are those of the members of the ATS-CHEST joint Clinical Practice Committee and their consultants based on their coding experience. They are based on the commonly used codes in pulmonary, sleep and the critical care sections in CPT and HCPCS level II, which are not all inclusive. Always check with your local insurance carriers as policies vary by region. The final decision for the coding of a procedure must be made by the physician considering regulations of insurance carriers and any local, state or federal laws that apply to the physicians practice. The ATS and its representatives disclaim any liability arising from the use of these opinions. ©CPT is a registered trademark of the American Medical Association, CPT only copyright 2015 American Medical Association.



**2022 October Compared to Final 2023 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 2022 October Addendum B](#)

[Click here for Link to References: CMS Website HOPPS CY 2023 Final Addendum B](#)

**October 2022 HOPPS File & Final 2023 HOPPS File**

CPT/ HCPCS	CMS Short Description Description	Status		APC		October CY 2022	Final CY 2023	Dollar	Percent
		CY 2022	CY 2023	CY 2022	CY 2023	Payment Rate	Payment Rate	Change	Change
31615	Visualization of windpipe	T	T	5162	5162	\$461.90	\$456.82	(\$5.08)	-1%
31620	Endobronchial us add-on	NA	NA	NA	NA	NA	NA	NA	NA
31622	Dx bronchoscope/wash	J1	J1	5153	5153	\$1,528.00	\$1,598.56	\$70.56	5%
31623	Dx bronchoscope/brush	J1	J1	5153	5153	\$1,528.00	\$1,598.56	\$70.56	5%
31624	Dx bronchoscope/lavage	J1	J1	5153	5153	\$1,528.00	\$1,598.56	\$70.56	5%
31625	Bronchoscopy w/biopsy(s)	J1	J1	5153	5153	\$1,528.00	\$1,598.56	\$70.56	5%
31626	Bronchoscopy w/markers	J1	J1	5155	5155	\$5,947.48	\$6,187.08	\$239.60	4%
31627	Navigational bronchoscopy	N	N					NA	NA
31628	Bronchoscopy/lung bx each	J1	J1	5154	5154	\$3,163.58	\$3,333.65	\$170.07	5%
31629	Bronchoscopy/needle bx each	J1	J1	5154	5154	\$3,163.58	\$3,333.65	\$170.07	5%
31630	Bronchoscopy dilate/fx repr	J1	J1	5154	5154	\$3,163.58	\$3,333.65	\$170.07	5%
31631	Bronchoscopy dilate w/stent	J1	J1	5155	5155	\$5,947.48	\$6,187.08	\$239.60	4%
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	\$5,947.48	\$6,187.08	\$239.60	4%
31635	Bronchoscopy w/fb removal	J1	J1	5153	5153	\$1,528.00	\$1,598.56	\$70.56	5%
31636	Bronchoscopy bronch stents	J1	J1	5155	5155	\$5,947.48	\$6,187.08	\$239.60	4%
31637	Bronchoscopy stent add-on	N	N					NA	NA
31638	Bronchoscopy revise stent	J1	J1	5155	5155	\$5,947.48	\$6,187.08	\$239.60	4%
31640	Bronchoscopy w/tumor excise	J1	J1	5154	5154	\$3,163.58	\$3,333.65	\$170.07	5%
31641	Bronchoscopy treat blockage	J1	J1	5154	5154	\$3,163.58	\$3,333.65	\$170.07	5%
31643	Diag bronchoscope/catheter	J1	J1	5153	5153	\$1,528.00	\$1,598.56	\$70.56	5%
31645	Bronchoscopy clear airways	J1	J1	5153	5153	\$1,528.00	\$1,598.56	\$70.56	5%
31646	Bronchoscopy reclear airway	T	T	5152	5152	\$383.88	\$377.14	(\$6.74)	-2%
31647	Bronchial valve init insert	J1	J1	5155	5155	\$5,947.48	\$6,187.08	\$239.60	4%
31648	Bronchial valve remov init	J1	J1	5154	5154	\$3,163.58	\$3,333.65	\$170.07	5%
31649	Bronchial valve remov addl	Q2	Q2	5153	5153	\$1,528.00	\$1,598.56	\$70.56	5%
31651	Bronchial valve addl insert	N	N					NA	NA
31652	Bronch ebus samplng 1/2 node	J1	J1	5154	5154	\$3,163.58	\$3,333.65	\$170.07	5%
31653	Bronch ebus samplng 3/> node	J1	J1	5154	5154	\$3,163.58	\$3,333.65	\$170.07	5%
31654	Bronch ebus ivntj perph les	N	N					NA	NA
31660	Bronch thermoplasty 1 lobe	J1	J1	5155	5155	\$5,947.48	\$6,187.08	\$239.60	4%
31661	Bronch thermoplasty 2/> lobes	J1	J1	5155	5155	\$5,947.48	\$6,187.08	\$239.60	4%
32554	Aspirate pleura w/o imaging	T	T	5181	5181	\$552.04	\$578.50	\$26.46	5%
32555	Aspirate pleura w/ imaging	T	T	5181	5181	\$552.04	\$578.50	\$26.46	5%
32556	Insert cath pleura w/o image	J1	J1	5302	5302	\$1,658.81	\$1,741.59	\$82.78	5%
32557	Insert cath pleura w/ image	J1	J1	5182	5182	\$1,436.16	\$1,487.85	\$51.69	4%
94002 Single Code	Vent mgmt inpat init day (Single Code APC Assignment & Rate)	Q3	Q3	5801	5801	\$497.54	\$556.72	\$59.18	12%
94002 Composite	Vent mgmt inpat init day (Composite APC Assignment & Rate)	S	S	5041	5041	\$760.74	\$767.72	\$6.98	1%
94002 Composite	Vent mgmt inpat init day (Composite APC Assignment & Rate)	S	S	5045	5045	\$972.94	\$1,151.54	\$178.60	18%
94003 Single Code	Vent mgmt inpat subq day (Single Code APC Assignment & Rate)	Q3	Q3	5801	5801	\$497.54	\$556.72	\$59.18	12%
94003 Composite	Vent mgmt inpat subq day (Composite APC Assignment & Rate)	S	S	5041	5041	\$760.74	\$767.72	\$6.98	1%

CPT/ HCPCS	CMS Short Description	Status		APC		October CY 2022	Final CY 2023	Dollar	Percent
		CY 2022	CY 2023	CY 2022	CY 2023	Payment Rate	Payment Rate	Change	Change
94003 Composite	Vent mgmt inpat subq day (Composite APC Assignment & Rate)	S	S	5045	5045	\$972.94	\$1,151.54	\$178.60	18%
94010	Breathing capacity test	Q1	Q1	5721	5721	\$142.59	\$145.43	\$2.84	2%
94011	Spirometry up to 2 yrs old	Q1	Q1	5721	5721	\$142.59	\$145.43	\$2.84	2%
94012	Spirimtry w/bmchdil inf-2 yr	Q1	Q1	5722	5722	\$270.29	\$280.06	\$9.77	4%
94013	Meas lung vol thru 2 yrs	S	S	5723	5723	\$498.53	\$483.43	(\$15.10)	-3%
94014	Patient recorded spirometry	Q1	Q1	5735	5735	\$277.18	\$377.57	\$100.39	36%
94015	Patient recorded spirometry	Q1	Q1	5722	5722	\$270.29	\$280.06	\$9.77	4%
94016	Review patient spirometry	A	A					NA	NA
94060	Evaluation of wheezing	S	S	5722	5722	\$270.29	\$280.06	\$9.77	4%
94070	Evaluation of wheezing	S	S	5722	5722	\$270.29	\$280.06	\$9.77	4%
94150	Vital capacity test	Q1	Q1	5721	5721	\$142.59	\$145.43	\$2.84	2%
94200	Lung function test (MBC/MVV)	Q1	Q1	5733	5733	\$56.85	\$57.48	\$0.63	1%
94250	Expired gas collection	NA	NA	NA	NA	NA	NA	NA	NA
94375	Respiratory flow volume loop	Q1	Q1	5722	5722	\$270.29	\$280.06	\$9.77	4%
94400	CO2 breathing response curve	NA	NA	NA	NA	NA	NA	NA	NA
94450	Hypoxia response curve	Q1	Q1	5722	5722	\$270.29	\$280.06	\$9.77	4%
94452	Hast w/report	Q1	Q1	5734	5734	\$115.16	\$116.11	\$0.95	1%
94453	Hast w/oxygen titrate	Q1	Q1	5734	5734	\$115.16	\$116.11	\$0.95	1%
94610	Surfactant admin thru tube	Q1	Q1	5791	5791	\$191.97	\$191.50	(\$0.47)	0%
94620	Pulmonary stress test/simple	NA	NA	NA	NA	NA	NA	NA	NA
94621	Pulm stress test/complex	S	S	5722	5722	\$270.29	\$280.06	\$9.77	4%
94617	Exercise tst brncpsm	Q1	Q1	5734	5734	\$115.16	\$116.11	\$0.95	1%
94618	Pulmonary stress testing	Q1	Q1	5734	5734	\$115.16	\$116.11	\$0.95	1%
94640	Airway inhalation treatment	Q1	Q1	5791	5791	\$191.97	\$191.50	(\$0.47)	0%
94642	Aerosol inhalation treatment	Q1	Q1	5791	5791	\$191.97	\$191.50	(\$0.47)	0%
94644	Cbt 1st hour	Q1	Q1	5734	5734	\$115.16	\$116.11	\$0.95	1%
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	\$191.97	\$191.50	(\$0.47)	0%
94662 Single Code	Neg press ventilation cnp (Single Code APC Assignment & Rate)	Q3	Q3	5801	5801	\$497.54	\$556.72	\$59.18	12%
94662 Composite	Neg press ventilation cnp (Composite APC Assignment & Rate)	S	S	5041	5041	\$760.74	\$767.72	\$6.98	1%
94662 Composite	Neg press ventilation cnp (Composite APC Assignment & Rate)	S	S	5045	5045	\$972.94	\$1,151.54	\$178.60	18%
94664	Evaluate pt use of inhaler	Q1	Q1	5791	5791	\$191.97	\$191.50	(\$0.47)	0%
94667	Chest wall manipulation	Q1	Q1	5734	5734	\$115.16	\$116.11	\$0.95	1%
94668	Chest wall manipulation	Q1	Q1	5734	5734	\$115.16	\$116.11	\$0.95	1%
94680	Exhaled air analysis o2	Q1	Q1	5721	5721	\$142.59	\$145.43	\$2.84	2%
94681	Exhaled air analysis o2/co2	Q1	Q1	5722	5722	\$270.29	\$280.06	\$9.77	4%
94690	Exhaled air analysis	Q1	Q1	5733	5733	\$56.85	\$57.48	\$0.63	1%
94726	Pulm funct tst plethysmograp	Q1	Q1	5722	5722	\$270.29	\$280.06	\$9.77	4%
94727	Pulm function test by gas	Q1	Q1	5721	5721	\$142.59	\$145.43	\$2.84	2%
94728	Pulm funct test oscillometry	Q1	Q1	5722	5722	\$270.29	\$280.06	\$9.77	4%
94729	Co/membrane diffuse capacity	N	N					NA	NA
94750	Pulmonary compliance study	NA	NA	NA	NA	NA	NA	NA	NA
94760	Measure blood oxygen level	N	N					NA	NA
94761	Measure blood oxygen level	N	N					NA	NA
94762 Single Code	Measure blood oxygen level (Single Code APC Assignment & Rate)	Q3	Q3	5721	5721	\$142.59	\$145.43	\$2.84	2%
94762 Composite	Measure blood oxygen level (Composite APC Assignment & Rate)	S	S	5041	5041	\$760.74	\$767.72	\$6.98	1%
94762 Composite	Measure blood oxygen level (Composite APC Assignment & Rate)	S	S	5045	5045	\$972.94	\$1,151.54	\$178.60	18%
94770	Exhaled carbon dioxide test	NA	NA	NA	NA	NA	NA	NA	NA
94772	Breath recording infant	S	S	5723	5723	\$498.53	\$483.43	(\$15.10)	-3%
94774	Ped home apnea rec compl	B	B					NA	NA
94775	Ped home apnea rec hk-up	S	S	5721	5721	\$142.59	\$145.43	\$2.84	2%
94776	Ped home apnea rec downld	S	S	5721	5721	\$142.59	\$145.43	\$2.84	2%
94777	Ped home apnea rec report	B	B					NA	NA
94780	Car seat/bed test 60 min	Q1	Q1	5732	5732	\$34.57	\$33.96	(\$0.61)	-2%
+ 94781	Car seat/bed test + 30 min	N	N					NA	NA

CPT/ HCPCS	CMS Short Description Description	Status		APC		October CY 2022	Final CY 2023	Dollar	Percent
		CY 2022	CY 2023	CY 2022	CY 2023	Payment Rate	Payment Rate	Change	Change
94799	Pulmonary service/procedure Unlisted	Q1	Q1	5721	5721	\$142.59	\$145.43	\$2.84	2%
# 95782	Polysom <6 yrs 4/> paramtrs	S	S	5724	5724	\$939.61	\$934.38	(\$5.23)	-1%
# 95783	Polysom <6 yrs cpap/bilvl	S	S	5724	5724	\$939.61	\$934.38	(\$5.23)	-1%
# 95800	Slp stdy unattended	S	S	5721	5721	\$142.59	\$145.43	\$2.84	2%
# 95801	Slp stdy unatnd w/anal	Q1	Q1	5734	5734	\$115.16	\$116.11	\$0.95	1%
95803	Actigraphy testing	Q1	Q1	5733	5733	\$56.85	\$57.48	\$0.63	1%
95805	Multiple sleep latency test	S	S	5723	5723	\$498.53	\$483.43	(\$15.10)	-3%
95806	Sleep study unatt&resp efft	S	S	5721	5721	\$142.59	\$145.43	\$2.84	2%
95807	Sleep study attended	S	S	5723	5723	\$498.53	\$483.43	(\$15.10)	-3%
95808	Polysom any age 1-3> param	S	S	5724	5724	\$939.61	\$934.38	(\$5.23)	-1%
95810	Polysom 6/> yrs 4/> param	S	S	5724	5724	\$939.61	\$934.38	(\$5.23)	-1%
95811	Polysom 6/>yrs cpap 4/> parm	S	S	5724	5724	\$939.61	\$934.38	(\$5.23)	-1%
99221	1st hosp ip/obs sf/low 40	B	B					NA	NA
99222	1st hosp ip/obs moderate 55	B	B					NA	NA
99223	1st hosp ip/obs high 75	B	B					NA	NA
99224	Subsequent observation care	B	D					NA	NA
99225	Subsequent observation care	B	D					NA	NA
99226	Subsequent observation care	B	D					NA	NA
99231	Sbsq hosp ip/obs sf/low 25	B	B					NA	NA
99232	Sbsq hosp ip/obs moderate 35	B	B					NA	NA
99233	Sbsq hosp ip/obs high 50	B	B					NA	NA
99234	Hosp ip/obs sm dt sf/low 45	B	B					NA	NA
99235	Hosp ip/obs same date mod 70	B	B					NA	NA
99236	Hosp ip/obs same date hi 85	B	B					NA	NA
99238	Hosp ip/obs dschrg mgmt 30/<	B	B					NA	NA
99239	Hosp ip/obs dschrg mgmt >30	B	B					NA	NA
99291 Single Code	Critical care first hour (Single Code APC Assignment & Rate)	J2	J2	5041	5041	\$760.74	\$767.72	\$6.98	1%
99291 Comprehensive	Critical care first hour (Comprehensive APC Assignment & Rate)	J2	J2	8011	8011	\$2,331.90	\$2,439.02	\$107.12	5%
99292	Critical care each add 30 min	N	N					NA	NA
99358	Prolong serv 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	\$26.84	\$29.68	\$2.84	11%
99407	Behav chng smoking > 10 min	S	S	5821	5821	\$26.84	\$29.68	\$2.84	11%
99418	Prolng ip/obs e/m ea 15 min	NA	C	NA		NA		NA	NA
99422	MDá mang high risk dx 30	B	B					NA	NA
99423	Nonclin mang h risk dx 30	B	B					NA	NA
99441	Phone e/m phys/ghp 5-10 min	B	B					NA	NA
99446	Ntrprof ph1/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	B	B					NA	NA
99458	Rem physiol mntr ea addl 20	B	B					NA	NA
99487	Cmplx chron care w/o pt vst	S	S	5823	5823	\$136.65	\$145.70	\$9.05	7%
99489	Complex chron care addl30 min	N	N					NA	NA
99490	Chron care mgmt srvc 20 min	S	S	5822	5822	\$76.42	\$75.85	(\$0.57)	-1%
99491	Chrc care mgmt svc 30 min	M	M					NA	NA
99495	Trans care mgmt 14 day disch	V	V	5012	5012	\$121.35	\$120.86	(\$0.49)	0%
99496	Trans care mgmt 7 day disch	V	V	5012	5012	\$121.35	\$120.86	(\$0.49)	0%
99497	Advncd care plan 30 min	Q1	Q1	5822	5822	\$76.42	\$75.85	(\$0.57)	-1%
99498	Advncd care plan addl 30 min	N	N					NA	NA
G0237	Therapeutic procd strg endur	S	S	5731	5731	\$25.23	\$24.96	(\$0.27)	-1%
G0238	Oth resp proc, indiv	S	S	5731	5731	\$25.23	\$24.96	(\$0.27)	-1%
G0239	Oth resp proc, group	S	S	5732	5732	\$34.57	\$33.96	(\$0.61)	-2%
G0296	Visit to determ LDCT elig	S	S	5822	5822	\$76.42	\$75.85	(\$0.57)	-1%
G0297	LDCT for Lung CA screen	NA	NA	NA	NA	NA	NA	NA	NA

CPT/ HCPCS	CMS Short Description Description	Status		APC		October CY 2022	Final CY 2023	Dollar	Percent
		CY 2022	CY 2023	CY 2022	CY 2023	Payment Rate	Payment Rate	Change	Change
<b>G0379</b> Single Code	Direct refer hospital observ (Single Code APC Assignment & Rate)	J2	J2	5025	5025	\$533.27	\$548.11	\$14.84	3%
<b>G0379</b> Comprehensive	Direct refer hospital observ (Comprehensive APC Assignment & Rate)	J2	J2	8011	8011	\$2,331.90	\$2,439.02	\$107.12	5%
<b>G0384</b> Single Code	Lev 5 hosp type bed visit (Single Code APC Assignment & Rate)	J2	J2	5035	5035	\$325.47	\$345.14	\$19.67	6%
<b>G0384</b> Comprehensive	Lev 5 hosp type bed visit (Composite/Comprehensive APC Assignment & Rate)	J2	J2	8011	8011	\$2,331.90	\$2,439.02	\$107.12	5%
<b>G0390</b>	Trauma respons w/hosp criti	S	S	5045	5045	\$972.94	\$1,151.54	\$178.60	18%
<b>G0398</b>	Home sleep test/type 2 porta	S	S	5721	5721	\$142.59	\$145.43	\$2.84	2%
<b>G0399</b>	Home sleep test/type 3 porta	S	S	5721	5721	\$142.59	\$145.43	\$2.84	2%
<b>G0400</b>	Home sleep test/type 4 porta	S	S	5722	5722	\$270.29	\$280.06	\$9.77	4%
<b>G0424</b>	Pulmonary rehab w exer	NA	NA	NA	NA	NA	NA	NA	NA
<b>G0463</b> Single Code	Hospital outpt clinic visit (Single Code APC Assignment & Rate)	J2	J2	5012	5012	\$121.35	\$120.86	(\$0.49)	0%
<b>G0463</b> Comprehensive	Hospital outpt clinic visit (Composite/Comprehensive APC Assignment & Rate)	J2	J2	8011	8011	\$2,331.90	\$2,439.02	\$107.12	5%
<b>G0508</b>	Crit care telehea consult 60	B	B					NA	NA
<b>G0509</b>	Crit care telehea consult 50	B	B					NA	NA
<b>G0513</b>	Prolong prev svcs, first 30m	N	N					NA	NA
<b>G0514</b>	Prolong prev svcs, addl 30m	N	N					NA	NA
<b>G2010</b>	Remot image submit by pt	B	B					NA	NA
<b>G2012</b>	Brief check in by MD/QHP	B	B					NA	NA
<b>C-APC</b>	Comprehensive Observation Services	J2	J2	8011	8011	\$2,331.90	\$2,439.02	\$107.12	5%
<b>G2058</b>	CCM add 20min	NA	NA	NA	NA	NA	NA	NA	NA
<b>G2086</b>	Off base opioid tx 70 min	S	S	5823	5823	\$136.65	\$145.70	\$9.05	7%
<b>G2087</b>	Off base opioid tx, 60 m	S	S	5823	5823	\$136.65	\$145.70	\$9.05	7%
<b>G2088</b>	Off base opioid tx, add 30	N	N					NA	NA
<b>G2212</b>	Prolong outpt/office vis	N	N					NA	NA
<b>G0316</b>	Prolong inpt eval add15 m	NA	N	NA		NA		NA	NA
<b>G0317</b>	Prolong nursin fac eval 15m	NA	B	NA		NA		NA	NA
<b>G0318</b>	Prolong home eval add 15m	NA	B	NA		NA		NA	NA
<b>G0323</b>	Care manage beh svcs 20mins	NA	S	NA	5821	NA	\$29.68	NA	NA
<b>G3002</b>	Chronic pain tx monthly b	NA	M	NA		NA		NA	NA
<b>G3003</b>	Addition 15m pain mang	NA	M	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.

**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 2022 American Medical Association.