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Editor's Letter

Welcome to the December 2024 issue of the Coding and Billing Newsletter. In this issue we focus on many updates from the recently published Medicare Physician Fee Schedule for 2025. We include important information on Telehealth services, the G2211 Visit Complexity add-on code and several other topics. At the end of the newsletter, we include tables with details on reimbursement for Medicare Physician Fee Schedule CPT codes of interest to our members as well as the Medicare Hospital Outpatient Prospective Payment System (HOPPS).

Perhaps the most urgent issue however is that, unfortunately, we are facing yet again another cut to the Medicare conversion factor (CF), this time by 2.8 percent. This is extremely disappointing, as well as a non-sustainable trend. The CF has declined for the fifth straight year to \$32.3465, even if we consider the last-minute temporary fixes. There is a table provided to us by the AMA that illustrates this trend well. The accompanying article explains the CF, describes the trend over the last several years and details the current bill introduced in Congress to hopefully eliminate this cut. We remain hopeful that Congress will act before year's end on this critical issue that affects our ability to serve our patients.

One other issue that is top of mind for us is reimbursement for the CPT code **99292** (Critical Care, evaluation and management of the critically ill or critically injured patient, each additional 30 minutes). We are disappointed that CMS did not provide updates to the 2023 ruling in which **99292** is now billed after 104 cumulative total minutes of critical care. Essentially there is no change for 2025, however we continue to advocate for returning to pre-2023 rules when **99292** was billed for each 30-minute increment of Critical Care after 74 minutes.

As always, we encourage you to submit coding and billing questions to codingquestions@thoracic.org.

Wishing you and yours a happy and healthy holiday season!

Katina Nicolacakis, MD

Editor, ATS Coding & Billing Quarterly

ATS & CHEST Host Webinar on New Medicare Payment Rule

Have questions about Medicare telehealth policy? Want to understand how best to use the G2211 code? Join the experts at the ATS and CHEST webinar to review the 2025 final Medicare rules and answer your coding and billing questions. The free webinar will be held at 3 p.m. ET, Wednesday, Jan. 29, 2025.

[Register Now](#)

2025 Medicare Physician Fee Schedule: Key Points

CMS has released the [2025 Medicare physicians fee schedule rule](#) that governs Medicare coverage, payment, and regulation of Part B services. Below is a brief summary of key points from the Medicare Physician Fee Schedule.

Clinical Labor Pricing – 2025 marks the fourth and final year of the agency phasing in new clinical labor pricing. The updated data more accurately prices the clinical labor inputs for a range of clinical services and provides a small overall increase for most Medicare services with significant clinical labor input.

Payment for Caregiver Training Services – The CMS finalized three new codes (**G0541-G0543**) to reimburse health professionals giving training to family members to provide direct care services and support. Examples of eligible care training include preventing decubitus ulcers, wound dressing, infection control, and medication administration. The CMS also finalized two new codes (**G0539-G0540**) for caregiver behavior management and modification training. All five new codes are added to the Medicare telehealth list.

Global Surgery Payment Accuracy – The CMS finalized the policy to require the use of a new modifier (-54) during 90-day global surgical periods to report when surgeons provide on the surgical component of a service and post-operative care is transferred to another physician.

Telehealth Services – Several important updates are included in the final rule for 2025 regarding telehealth services. First, the CMS has made permanent the definition of interactive telecommunications system to include audio-only services in addition to audio-video. This means that audio-only (telephone) services may be utilized if the patient is not capable of or does not consent to the use of video

technology. This is a win for extending access to many patients, whom we serve. Next, CMS has extended for one year the ability for teaching physicians to provide virtual direct supervision and virtual supervision of residents (and fellows) when the trainee provides telehealth services. Frequency limits on subsequent hospital and nursing facility telehealth visits were also lifted for one more year, as well. Additionally, physicians providing telehealth services from their homes do not have to report their home address to CMS. These policies will continue to provide telehealth services and access to many of our patients. Finally, Congress will have to act before Jan. 1, 2025, to extend the COVID-era waivers for geographic limitations beyond rural areas where services are provided. We are hopeful that Congress will indeed extend these waivers.

Telehealth CPT Codes – New telehealth CPT codes were approved by CMS for both audio-only and audio-video office visits. Though these codes are approved, CMS has stated that they will not recognize these codes for Medicare payment and will continue to use the -95 modifier with the new and established CPT codes **99202-99215**. It is unclear at this time if other payers will accept the new CPT codes or follow CMS.

G2211 Updates – In CY24, a new add-on code **G2211** was introduced with the definition as follows: “Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient’s single, serious condition or a complex condition.” This code is intended to be listed separately in addition to office/outpatient evaluation and management visit, new or established. The stipulation was made, however, that **G2211**

Telehealth Prescribing Authority for Controlled Substances Extended through 2025

In November the Department of Justice in collaboration with the Department of Health and Human Services issued a third temporary extension of the authority allowing physicians and other providers to prescribe controlled substances via telemedicine. The temporary extension starts Jan. 1, 2025 and extends through 12/31/25. More information about the temporary extension can be found [here](#).

could not be billed with the -25 modifier reflecting any additional procedures done on the same day of service by the same provider. It also could not be used on the same day as an Annual Wellness Visit as well as with vaccine administration. In the Final Rule for CY25, CMS has now specified that **G2211** may be billed along with vaccine administration or any other Medicare Part B preventive service, or AWWs. Other procedures such as pulmonary function testing on the same day of service that require the -25 modifier will continue to be disallowed.

Pulmonary Rehabilitation – Reimbursement for respiratory therapy codes (**G0237, G0238**) and pulmonary rehabilitation (**94625, 94626**) experienced some volatility in final rules. In the HOPPS rule – **G0237** and **G0238** but are cut by 14 percent while **G0239** saw a three percent increase and pulmonary rehabilitation codes **94625** and **94626** saw a two percent increase. The payment volatility is a result of fluctuations in costs for other services in the average payment classification. CMS pays for outpatient non-COPD pulmonary rehabilitation in Ambulatory Payment Classifications (APCs) – a system where CMS groups multiple services with clinical and resource use similarity into a single category and pays the group average for all services. In the Medicare physician fee schedule, **94625** was cut six percent and **94626** was cut eight percent.

The Medicare Conversions Factor: What is it and why is it Punishing Physicians?

This year’s final rule provided the long expected but unwelcome news of a cut in the 2025 Medicare conversion factor or CF. CMS finalized a 2025 conversion factor of \$32.3465 – a 2.8 percent cut from the 2024 conversion factor and marks the fifth year in a row the CF has been cut.

The Medicare Conversion Factor (CF) is a complicated formula devised by Congress to establish the annual payment update for Medicare Part B payments to physicians and other Part B providers. The annual CF is dollar value (\$32.3465 in 2025) that is multiplied by the relative work value of a physician service to determine the allowable Medicare reimbursement rate for each service.

The annual CF is adjusted to account for growth in the total Medicare beneficiary population, medical inflation, changes in Medicare law and regulation, and the prior year growth in Medicare physician services. It is important to note that if growth in Medicare physician services stays below target growth rates, then the next year’s payments will likely increase. However, if the past year’s growth in physician service spending exceeds the target, the next year payments will be reduced to bring overall spending on Medicare physician service in line with spending targets.

The Medicare conversion factor is established Congressional law and CMS has no regulatory flexibility to change the formula that determines the conversion factor.

Unfortunately, the current formula does not adequately project growth in physician spending for the past 5 years has led to five straight years of cuts to the Medicare CF. While Congress has intervened periodically to avert payments cuts – most recently in 2024 to give create a partial year positive payment – Congress has not yet changed the underlying CF formula that has led to persistent cuts to the annual CF updates.

[Click here for a more detailed history of annual Medicare CF.](#)

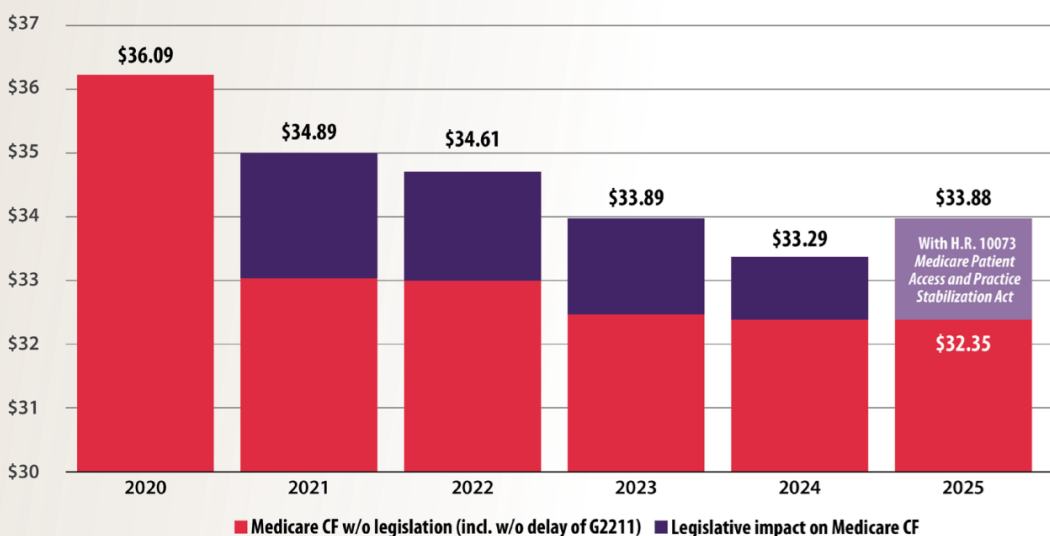
While the cut in the 2025 CF is not welcomed news, there is hope for Congressional relief. A bill has been introduced in the House of Representatives to prevent the looming 2.8 percent cut in Medicare physician payment. The bipartisan legislation was introduced by Reps. Greg Murphy (R-N.C.), and Jimmy Panetta (D-Calif.) and joined by several other influential members of the House of Representatives. If enacted, the bill would eliminate the 2.8 percent cut in 2025 and provide a positive update that is equal to half the Medicare Economic Index. Fixing the Medicare physician conversion for 2025 is expected to be a high priority as Congress considers must pass legislation during the “lame duck” session.

For the past five years, the Medicare program has cut payments to physicians and other part B providers. If enacted, the bill would eliminate the 2.8 percent cut in 2025 and provide a positive update that is equal to half the Medicare Economic Index. Fixing the Medicare physician conversion for 2025 is expected to be a high priority as Congress considers must pass legislation during the “lame duck” session.

The ATS stands united with the physician community in demanding Congress to take urgent action to avert the 2025 cuts in Medicare physician reimbursements. While averting the 2025 cut is of immediate importance, we also call on Congress to make fundamental changes to the Medicare physician payment formula to provide predictable payment updates that reflect the economic reality physicians face.

Five years of decline: Medicare conversion factor with and without temporary patches

Source: American Medical Association (AMA)



Q&As

Q. Can I continue to see all my pulmonary patients via telehealth after the first of the year?

A. CMS cannot extend the Covid-19 telehealth waivers without congressional action. Therefore, pre-Covid restrictions will apply, including geographic restrictions, that limit payment for patients in a medical facility in rural areas or healthcare provider shortage areas

Q. Can I bill HCPCS code G2211 when I see a patient for a Medicare annual wellness visit or vaccination visit?

A. Yes, starting in January 2025 **G2211** can be billed with these visit types in addition to CPT codes **99202-05** and **99211-15**.

Q: I am a Pulmonologist previously in private practice and I have now joined the large health system in town as a Pulmonary outpatient provider. When I see my previously established patients in the office, do I bill the visits as new or established?

A: Despite being new to the large health system, the patients are still considered to be established to the provider as well as to the payer. They would be billed as established patients **99212-99215**



2024 October Compared to Final 2025 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 2024 October Addendum B](#)

[Click here for Link to References: CMS Website HOPPS CY 2025 Final Addendum B](#)

October 2024 HOPPS File & Final 2025 HOPPS File

CPT/ HCPCS	CMS Short Description Description	Status		APC		Oct CY 2024	Final CY 2025	Dollar	Percent
		CY 2024	CY 2025	CY 2024	CY 2025	Payment Rate	Payment Rate	Change	Change
31615	Visualization of windpipe	T	T	5162	5162	\$524.23	\$509.25	(\$14.98)	-3%
31620	Endobronchial us add-on	NA	NA	NA	NA	NA	NA	NA	NA
31622	Dx bronchoscope/wash	J1	J1	5153	5153	\$1,617.14	\$1,724.47	\$107.33	7%
31623	Dx bronchoscope/brush	J1	J1	5153	5153	\$1,617.14	\$1,724.47	\$107.33	7%
31624	Dx bronchoscope/lavage	J1	J1	5153	5153	\$1,617.14	\$1,724.47	\$107.33	7%
31625	Bronchoscopy w/biopsy(s)	J1	J1	5153	5153	\$1,617.14	\$1,724.47	\$107.33	7%
31626	Bronchoscopy w/markers	J1	J1	5155	5155	\$6,521.19	\$6,922.47	\$401.28	6%
31627	Navigational bronchoscopy	N	N	0				NA	NA
31628	Bronchoscopy/lung bx each	J1	J1	5154	5154	\$3,568.05	\$3,686.95	\$118.90	3%
31629	Bronchoscopy/needle bx each	J1	J1	5154	5154	\$3,568.05	\$3,686.95	\$118.90	3%
31630	Bronchoscopy dilate/fx repr	J1	J1	5154	5154	\$3,568.05	\$3,686.95	\$118.90	3%
31631	Bronchoscopy dilate w/stent	J1	J1	5155	5155	\$6,521.19	\$6,922.47	\$401.28	6%
31632	Bronchoscopy/lung bx addl	N	N	0				NA	NA
31633	Bronchoscopy/needle bx addl	N	N	0				NA	NA
31634	Bronch w/balloon occlusion	J1	J1	5155	5155	\$6,521.19	\$6,922.47	\$401.28	6%
31635	Bronchoscopy w/fb removal	J1	J1	5153	5153	\$1,617.14	\$1,724.47	\$107.33	7%
31636	Bronchoscopy bronch stents	J1	J1	5155	5155	\$6,521.19	\$6,922.47	\$401.28	6%
31637	Bronchoscopy stent add-on	N	N	0				NA	NA
31638	Bronchoscopy revise stent	J1	J1	5155	5155	\$6,521.19	\$6,922.47	\$401.28	6%
31640	Bronchoscopy w/tumor excise	J1	J1	5154	5154	\$3,568.05	\$3,686.95	\$118.90	3%
31641	Bronchoscopy treat blockage	J1	J1	5154	5154	\$3,568.05	\$3,686.95	\$118.90	3%
31643	Diag bronchoscope/catheter	J1	J1	5153	5153	\$1,617.14	\$1,724.47	\$107.33	7%
31645	Bronchoscopy clear airways	J1	J1	5153	5153	\$1,617.14	\$1,724.47	\$107.33	7%
31646	Bronchoscopy reclear airway	T	T	5152	5152	\$389.05	\$388.31	(\$0.74)	0%
31647	Bronchial valve init insert	J1	J1	5155	5155	\$6,521.19	\$6,922.47	\$401.28	6%
31648	Bronchial valve remov init	J1	J1	5154	5154	\$3,568.05	\$3,686.95	\$118.90	3%
31649	Bronchial valve remov addl	Q2	Q2	5153	5153	\$1,617.14	\$1,724.47	\$107.33	7%
31651	Bronchial valve addl insert	N	N	0				NA	NA
31652	Bronch ebus samplng 1/2 node	J1	J1	5154	5154	\$3,568.05	\$3,686.95	\$118.90	3%
31653	Bronch ebus samplng 3/> node	J1	J1	5154	5154	\$3,568.05	\$3,686.95	\$118.90	3%
31654	Bronch ebus ivntj perph les	N	N	0				NA	NA
31660	Bronch thermoplasty 1 lobe	J1	J1	5155	5155	\$6,521.19	\$6,922.47	\$401.28	6%
31661	Bronch thermoplasty 2/> lobes	J1	J1	5155	5155	\$6,521.19	\$6,922.47	\$401.28	6%
32554	Aspirate pleura w/o imaging	T	T	5181	5181	\$598.55	\$618.26	\$19.71	3%
32555	Aspirate pleura w/ imaging	T	T	5181	5181	\$598.55	\$618.26	\$19.71	3%
32556	Insert cath pleura w/o image	J1	J1	5302	5302	\$1,812.99	\$1,896.99	\$84.00	5%
32557	Insert cath pleura w/ image	J1	J1	5182	5182	\$1,525.93	\$1,553.44	\$27.51	2%
94002 Single Code	Vent mgmt inpat init day (Single Code APC Assignment & Rate)	Q3	Q3	5801	5801	\$597.08	\$661.10	\$64.02	11%
94002 Composite	Vent mgmt inpat init day (Composite APC Assignment & Rate)	S	S	5041	5041	\$845.48	\$842.61	(\$2.87)	0%

CPT/ HCPCS	CMS Short Description Description	Status		APC		Oct CY 2024	Final CY 2025	Dollar	Percent
		CY 2024	CY 2025	CY 2024	CY 2025	Payment Rate	Payment Rate	Change	Change
94002 Composite	Vent mgmt inpat init day (Composite APC Assignment & Rate)	S	S	5045	5045	\$1,304.47	\$1,323.17	\$18.70	1%
94003 Single Code	Vent mgmt inpat subq day (Single Code APC Assignment & Rate)	Q3	Q3	5801	5801	\$597.08	\$661.10	\$64.02	11%
94003 Composite	Vent mgmt inpat subq day (Composite APC Assignment & Rate)	S	S	5041	5041	\$845.48	\$842.61	(\$2.87)	0%
94003 Composite	Vent mgmt inpat subq day (Composite APC Assignment & Rate)	S	S	5045	5045	\$1,304.47	\$1,323.17	\$18.70	1%
94010	Breathing capacity test	Q1	Q1	5721	5721	\$148.83	\$156.46	\$7.63	5%
94011	Spirometry up to 2 yrs old	Q1	Q1	5721	5721	\$148.83	\$156.46	\$7.63	5%
94012	Spirmetry w/brnchdil inf-2 yr	Q1	Q1	5722	5722	\$299.06	\$311.40	\$12.34	4%
94013	Meas lung vol thru 2 yrs	S	S	5723	5723	\$510.68	\$530.60	\$19.92	4%
94014	Patient recorded spirometry	Q1	Q1	5735	5735	\$379.63	\$399.04	\$19.41	5%
94015	Patient recorded spirometry	Q1	Q1	5722	5722	\$299.06	\$311.40	\$12.34	4%
94016	Review patient spirometry	A	A	0				NA	NA
94060	Evaluation of wheezing	S	S	5722	5722	\$299.06	\$311.40	\$12.34	4%
94070	Evaluation of wheezing	S	S	5722	5722	\$299.06	\$311.40	\$12.34	4%
94150	Vital capacity test	Q1	Q1	5721	5721	\$148.83	\$156.46	\$7.63	5%
94200	Lung function test (MBC/MVV)	Q1	Q1	5733	5733	\$58.28	\$59.40	\$1.12	2%
94250	Expired gas collection	NA	NA	NA	NA	NA	NA	NA	NA
94375	Respiratory flow volume loop	Q1	Q1	5722	5722	\$299.06	\$311.40	\$12.34	4%
94400	CO2 breathing response curve	NA	NA	NA	NA	NA	NA	NA	NA
94450	Hypoxia response curve	Q1	Q1	5721	5721	\$148.83	\$156.46	\$7.63	5%
94452	Hast w/report	Q1	Q1	5734	5734	\$121.71	\$128.90	\$7.19	6%
94453	Hast w/oxygen titrate	Q1	Q1	5734	5734	\$121.71	\$128.90	\$7.19	6%
94610	Surfactant admin thru tube	Q1	Q1	5791	5791	\$203.22	\$203.39	\$0.17	0%
94621	Pulm stress test/complex	S	S	5722	5722	\$299.06	\$311.40	\$12.34	4%
94625	Phy/qhp op pulm rhb w/o mntr	S	S	5733	5733	\$58.28	\$59.40	\$1.12	2%
94626	Phy/qhp op pulm rhb w/mntr	S	S	5733	5733	\$58.28	\$59.40	\$1.12	2%
94617	Exercise tst brncspsm	Q1	Q1	5734	5734	\$121.71	\$128.90	\$7.19	6%
94618	Pulmonary stress testing	Q1	Q1	5734	5734	\$121.71	\$128.90	\$7.19	6%
94640	Airway inhalation treatment	Q1	Q1	5791	5791	\$203.22	\$203.39	\$0.17	0%
94642	Aerosol inhalation treatment	Q1	Q1	5791	5791	\$203.22	\$203.39	\$0.17	0%
94644	Cbt 1st hour	Q1	Q1	5734	5734	\$121.71	\$128.90	\$7.19	6%
94645	Cbt each addl hour	N	N	0				NA	NA
94660 Single Code	Pos airway pressure cpap (Single Code APC Assignment & Rate)	Q1	Q1	5791	5791	\$203.22	\$203.39	\$0.17	0%
94662 Single Code	Neg press ventilation cnp (Single Code APC Assignment & Rate)	Q3	Q3	5801	5801	\$597.08	\$661.10	\$64.02	11%
94662 Composite	Neg press ventilation cnp (Composite APC Assignment & Rate)	S	S	5041	5041	\$845.48	\$842.61	(\$2.87)	0%
94662 Composite	Neg press ventilation cnp (Composite APC Assignment & Rate)	S	S	5045	5045	\$1,304.47	\$1,323.17	\$18.70	1%
94664	Evaluate pt use of inhaler	Q1	Q1	5791	5791	\$203.22	\$203.39	\$0.17	0%
94667	Chest wall manipulation	Q1	Q1	5734	5734	\$121.71	\$128.90	\$7.19	6%
94668	Chest wall manipulation	Q1	Q1	5734	5734	\$121.71	\$128.90	\$7.19	6%
94680	Exhaled air analysis o2	Q1	Q1	5721	5721	\$148.83	\$156.46	\$7.63	5%
94681	Exhaled air analysis o2/co2	Q1	Q1	5722	5722	\$299.06	\$311.40	\$12.34	4%
94690	Exhaled air analysis	Q1	Q1	5733	5733	\$58.28	\$59.40	\$1.12	2%
94726	Pulm funct tst plethysmograp	Q1	Q1	5722	5722	\$299.06	\$311.40	\$12.34	4%
94727	Pulm function test by gas	Q1	Q1	5721	5721	\$148.83	\$156.46	\$7.63	5%
94728	Pulm funct test oscillometry	Q1	Q1	5721	5721	\$148.83	\$156.46	\$7.63	5%
94729	Co/membrane diffuse capacity	N	N	0				NA	NA
94760	Measure blood oxygen level	N	N	0				NA	NA
94761	Measure blood oxygen level	N	N	0				NA	NA
94762 Single Code	Measure blood oxygen level (Single Code APC Assignment & Rate)	Q3	Q3	5721	5721	\$148.83	\$156.46	\$7.63	5%

CPT/ HCPCS	CMS Short Description Description	Status		APC		Oct CY 2024	Final CY 2025	Dollar	Percent
		CY 2024	CY 2025	CY 2024	CY 2025	Payment Rate	Payment Rate	Change	Change
94762 Composite	Measure blood oxygen level (Composite APC Assignment & Rate)	S	S	5041	5041	\$845.48	\$842.61	(\$2.87)	0%
94762 Composite	Measure blood oxygen level (Composite APC Assignment & Rate)	S	S	5045	5045	\$1,304.47	\$1,323.17	\$18.70	1%
94770	Exhaled carbon dioxide test	NA	NA	NA	NA	NA	NA	NA	NA
94772	Breath recording infant	S	S	5723	5723	\$510.68	\$530.60	\$19.92	4%
94774	Ped home apnea rec compl	B	B	0				NA	NA
94775	Ped home apnea rec hk-up	S	S	5721	5721	\$148.83	\$156.46	\$7.63	5%
94776	Ped home apnea rec downld	S	S	5721	5721	\$148.83	\$156.46	\$7.63	5%
94777	Ped home apnea rec report	B	B	0				NA	NA
94780	Car seat/bed test 60 min	Q1	Q1	5732	5732	\$38.21	\$39.25	\$1.04	3%
+ 94781	Car seat/bed test + 30 min	N	N	0				NA	NA
94799	Pulmonary service/procedure Unlisted	Q1	Q1	5721	5721	\$148.83	\$156.46	\$7.63	5%
# 95782	Polysom <6 yrs 4/> paramtrs	S	S	5724	5724	\$996.18	\$1,017.39	\$21.21	2%
# 95783	Polysom <6 yrs cpap/bilvl	S	S	5724	5724	\$996.18	\$1,017.39	\$21.21	2%
# 95800	Slp stdy unattended	S	S	5721	5721	\$148.83	\$156.46	\$7.63	5%
# 95801	Slp stdy unatnd w/anal	Q1	Q1	5733	5733	\$58.28	\$59.40	\$1.12	2%
95803	Actigraphy testing	Q1	Q1	5733	5733	\$58.28	\$59.40	\$1.12	2%
95805	Multiple sleep latency test	S	S	5723	5723	\$510.68	\$530.60	\$19.92	4%
95806	Sleep study unatt&resp efft	S	S	5721	5721	\$148.83	\$156.46	\$7.63	5%
95807	Sleep study attended	S	S	5723	5723	\$510.68	\$530.60	\$19.92	4%
95808	Polysom any age 1-3/> param	S	S	5724	5724	\$996.18	\$1,017.39	\$21.21	2%
95810	Polysom 6/> yrs 4/> param	S	S	5724	5724	\$996.18	\$1,017.39	\$21.21	2%
95811	Polysom 6/>yrs cpap 4/> parm	S	S	5724	5724	\$996.18	\$1,017.39	\$21.21	2%
97550	Caregiver traing 1st 30 min	A	A	0				NA	NA
97551	Caregiver traing ea addl 15	A	A	0				NA	NA
99221	1st hosp ip/obs sf/low 40	B	B	0				NA	NA
99222	1st hosp ip/obs moderate 55	B	B	0				NA	NA
99223	1st hosp ip/obs high 75	B	B	0				NA	NA
99224	Subsequent observation care	NA	NA	NA	NA	NA	NA	NA	NA
99225	Subsequent observation care	NA	NA	NA	NA	NA	NA	NA	NA
99226	Subsequent observation care	NA	NA	NA	NA	NA	NA	NA	NA
99231	Sbsq hosp ip/obs sf/low 25	B	B	0				NA	NA
99232	Sbsq hosp ip/obs moderate 35	B	B	0				NA	NA
99233	Sbsq hosp ip/obs high 50	B	B	0				NA	NA
99234	Hosp ip/obs sm dt sf/low 45	B	B	0				NA	NA
99235	Hosp ip/obs same date mod 70	B	B	0				NA	NA
99236	Hosp ip/obs same date hi 85	B	B	0				NA	NA
99238	Hosp ip/obs dschrg mgmt 30/<	B	B	0				NA	NA
99239	Hosp ip/obs dschrg mgmt >30	B	B	0				NA	NA
99291 Single Code	Critical care first hour (Single Code APC Assignment & Rate)	J2	J2	5041	5041	\$845.48	\$842.61	(\$2.87)	0%
99291 Comprehensive	Critical care first hour (Comprehensive APC Assignment & Rate)	J2	J2	8011	8011	\$2,607.99	\$2,647.73	\$39.74	2%
99292	Critical care each add 30 min	N	N	0				NA	NA
99358	Prolong service w/o contact	N	N	0				NA	NA
99359	Prolong serv w/o contact add	N	N	0				NA	NA
99406	Behav chng smoking 3-10 min	S	S	5821	5821	\$27.34	\$29.79	\$2.45	9%
99407	Behav chng smoking > 10 min	S	S	5821	5821	\$27.34	\$29.79	\$2.45	9%
99418	Prolng ip/obs e/m ea 15 min	C	C	0				NA	NA
99421	Ol dig e/m svc 5-10 min	B	B	0				NA	NA
99422	Ol dig e/m svc 11-20 min	B	B	0				NA	NA
99423	Ol dig e/m svc 21+ min	B	B	0				NA	NA
99424	Prin care mgmt phs 1st 30	M	M	0				NA	NA
99425	Prin care mgmt phs ea 30	M	M	0				NA	NA

CPT/	CMS Short Description	Status		APC		Oct CY 2024	Final CY 2025	Dollar	Percent
HCPCS	Description	CY 2024	CY 2025	CY 2024	CY 2025	Payment Rate	Payment Rate	Change	Change
99426	Prin care mgmt staff 1st 30	S	S	5822	5822	\$84.93	\$92.50	\$7.57	9%
99427	Prin care mgmt staff ea addl	N	N	0				NA	NA
99437	Chrc care mgmt phys ea addl	M	M	0				NA	NA
99439	Chrc care mgmt staf ea addl	N	N	0				NA	NA
99441	Phone e/m phys/qhp 5-10 min	B	D	0				NA	NA
99442	Phone e/m phys/qhp 11-20 min	B	D	0				NA	NA
99443	Phone e/m phys/qhp 21-30 min	B	D	0				NA	NA
99446	Ntrprof ph1/ntrnet/ehr 5-10	M	M	0				NA	NA
99447	Ntrprof ph1/ntrnet/ehr 11-20	M	M	0				NA	NA
99448	Ntrprof ph1/ntrnet/ehr 21-30	M	M	0				NA	NA
99449	Ntrprof ph1/ntrnet/ehr 31/>	M	M	0				NA	NA
99451	Ntrprof ph1/ntrnet/ehr 5/>	M	M	0				NA	NA
99452	Ntrprof ph1/ntrnet/ehr rfrl	M	M	0				NA	NA
99457	Rem physiol mntr 1st 20 min	B	B	0				NA	NA
99458	Rem physiol mntr ea addl 20	B	B	0				NA	NA
99483	Assmt & care pln pt cog imp	S	S	5822	5822	\$84.93	\$92.50	\$7.57	9%
99484	General Behavioral Health Integration Care Management Care mgmt svc bhvl hlth cond	S	S	5821	5821	\$27.34	\$29.79	\$2.45	9%
99487	Cmplx chron care w/o pt visit	S	S	5823	5823	\$151.91	\$160.67	\$8.76	6%
99489	Complex chron care addl30 min	N	N	0				NA	NA
99490	Chron care mgmt srvc 20 min	S	S	5822	5822	\$84.93	\$92.50	\$7.57	9%
99439 Prev G0258	Chrc care mgmt staf ea addl	N	N	0				NA	NA
99491	Chrc care mgmt svc 30 min	M	M	0				NA	NA
99437	Chrc care mgmt phys ea addl	M	M	0				NA	NA
99495	Trans care mgmt 14 day disch	V	V	5012	5012	\$125.95	\$128.87	\$2.92	2%
99496	Trans care mgmt 7 day disch	V	V	5012	5012	\$125.95	\$128.87	\$2.92	2%
99497	Advncd care plan 30 min	Q1	Q1	5822	5822	\$84.93	\$92.50	\$7.57	9%
99498	Advncd care plan addl 30 min	N	N	0				NA	NA
C9751	Microwave bronch, 3d, ebus	T	T	1562	1562	\$3,750.50	\$3,750.50	\$0.00	0%
G0019	Comm hlth intg svcs doh 60mn	S	S	5822	5822	\$84.93	\$92.50	\$7.57	9%
G0022	Comm hlth intg svcs add 30 m	N	N	0				NA	NA
G0023	Pin service 60m per month	S	S	5822	5822	\$84.93	\$92.50	\$7.57	9%
G0024	Pin srvc add 30 min pr m	N	N	0					
G0237	Therapeutic proced strg endure	S	S	5731	5731	\$28.37	\$24.49	(\$3.88)	-14%
G0238	Oth resp proc, indiv	S	S	5731	5731	\$28.37	\$24.49	(\$3.88)	-14%
G0239	Oth resp proc, group	S	S	5732	5732	\$38.21	\$39.25	\$1.04	3%
G0277	Hbot, full body chamber, 30m	S	S	5061	5061	\$132.21	\$137.90	\$5.69	4%
G0296	Visit to determ LDCT elig	S	S	5822	5822	\$84.93	\$92.50	\$7.57	9%
71250 prev G0297	LDCT for Lung CA screen	Q3	Q3	5522	5522	\$104.75	\$106.34	\$1.59	2%
G0379 Single Code	Direct refer hospital observ (Single Code APC Assignment & Rate)	J2	J2	5025	5025	\$611.99	\$613.10	\$1.11	0%
G0379 Comprehensive	Direct refer hospital observ (Comprehensive APC Assignment & Rate)	J2	J2	8011	8011	\$2,607.99	\$2,647.73	\$39.74	2%
G0384 Single Code	Lev 5 hosp type bed visit (Single Code APC Assignment & Rate)	J2	J2	5035	5035	\$363.17	\$403.89	\$40.72	11%
G0384 Comprehensive	Lev 5 hosp type bed visit (Composite/Comprehensive APC Assignment & Rate)	J2	J2	8011	8011	\$2,607.99	\$2,647.73	\$39.74	2%
G0390	Trauma respons w/hosp criti	S	S	5045	5045	\$1,304.47	\$1,323.17	\$18.70	1%
G0398	Home sleep test/type 2 porta	S	S	5721	5721	\$148.83	\$156.46	\$7.63	5%

CPT/ HCPCS	CMS Short Description Description	Status		APC		Oct CY 2024	Final CY 2025	Dollar	Percent
		CY 2024	CY 2025	CY 2024	CY 2025	Payment Rate	Payment Rate	Change	Change
G0399	Home sleep test/type 3 porta	S	S	5721	5721	\$148.83	\$156.46	\$7.63	5%
G0400	Home sleep test/type 4 porta	S	S	5722	5722	\$299.06	\$311.40	\$12.34	4%
G0424 Deleted 1-2023 see 94625-94626	Pulmonary rehab w exer	Deleted	Deleted	Deleted	Deleted	Deleted	Deleted	Deleted	Deleted
G0463 Single Code	Hospital outpt clinic visit (Single Code APC Assignment & Rate)	J2	J2	5012	5012	\$125.95	\$128.87	\$2.92	2%
G0463 Comprehensive	Hospital outpt clinic visit (Composite/Comprehensive APC Assignment & Rate)	J2	J2	8011	8011	\$2,607.99	\$2,647.73	\$39.74	2%
G0508	Crit care telehea consult 60	B	B	0				NA	NA
G0509	Crit care telehea consult 50	B	B	0				NA	NA
G0513	Prolong prev svcs, first 30m	N	N	0				NA	NA
G0514	Prolong prev svcs, addl 30m	N	N	0				NA	NA
G2010	Remot image submit by pt	B	B	0				NA	NA
G2012	Brief check in by MD/QHP	B	D	0				NA	NA
C-APC	Comprehensive Observation Services	J2	J2	8011	8011	\$2,607.99	\$2,647.73	\$39.74	2%
G0019	Comm hlth intg svcs sdoh 60mn	S	S	5822	5822	\$84.93	\$92.50	\$7.57	9%
G0022	Comm hlth intg svcs add 30 m	N	N	0				NA	NA
G0023	Pin service 60m per month	S	S	5822	5822	\$84.93	\$92.50	\$7.57	9%
G0024	Pin srv add 30 min pr m	N	N	0				NA	NA
G0136	Admin of soc deter assess 5-15 m	S	S	5821	5821	\$27.34	\$29.79	\$2.45	9%
G2086	Off base opioid tx 70 min	S	S	5823	5823	\$151.91	\$160.67	\$8.76	6%
G2087	Off base opioid tx, 60 m	S	S	5823	5823	\$151.91	\$160.67	\$8.76	6%
G2088	Off base opioid tx, add 30	N	N	0				NA	NA
G2211	Complex e/m visit add on	B	B	0				NA	NA
G2212	Prolong outpt/office vis	N	N	0				NA	NA
G0316	Prolong inpt eval add15 m	N	N	0				NA	NA
G0317	Prolong nursin fac eval 15m	B	B	0				NA	NA
G0318	Prolong home eval add 15m	B	B	0				NA	NA
G0323	Care manage beh svcs 20mins	S	S	5821	5821	\$27.34	\$29.79	\$2.45	9%
G3002	Chronic pain tx monthly b	M	M	0				NA	NA
G3003	Addition 15m pain mang	M	M	0				NA	NA
Q3014	Addition 15m pain mang	A	A	0				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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**October 2024 Compared to Final 2025 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 2024 October Release \(Web Version RVU24D\)](#)

[Click here for Link to References: CMS Website MPFS CY 2025 Final Rule](#)
August 09, 2024 MPFS File for October 2024 & November 01, 2024 for Final 2025 MPFS Files

CPT/ HCPCS	Modifier	Short Description	CY 2024 CF	CY 2025 CF	% Change	Dollar Change	CY 2024	CY 2025	% Change	Dollar Change
			\$33,2875	\$32,3465			CF \$33,2875	CF \$32,3465		
			2024 NF Allowable	2025 NF Allowable	NF Allowable	NF Allowable	2024 FAC Allowable	2025 FAC Allowable	FAC Allowable	FAC Allowable
31615		Visualization of windpipe	\$172.43	\$165.61	-4%	(\$6.82)	\$115.17	\$112.57	-2%	(\$2.61)
31622		Dx bronchoscope/wash	\$248.99	\$243.25	-2%	(\$5.74)	\$129.82	\$126.15	-3%	(\$3.67)
31623		Dx bronchoscope/brush	\$273.29	\$264.59	-3%	(\$8.70)	\$128.82	\$125.50	-3%	(\$3.32)
31624		Dx bronchoscope/lavage	\$254.32	\$247.45	-3%	(\$6.87)	\$130.49	\$127.45	-2%	(\$3.04)
31625		Bronchoscopy w/biopsy(s)	\$347.19	\$334.14	-4%	(\$13.05)	\$152.46	\$148.15	-3%	(\$4.31)
31626		Bronchoscopy w/markers	\$780.26	\$739.12	-5%	(\$41.14)	\$192.40	\$188.90	-2%	(\$3.50)
31627		Navigational bronchoscopy	\$1,058.88	\$978.16	-8%	(\$80.72)	\$93.87	\$91.22	-3%	(\$2.65)
31628		Bronchoscopy/lung bx each	\$369.82	\$355.16	-4%	(\$14.66)	\$171.43	\$166.58	-3%	(\$4.85)
31629		Bronchoscopy/needle bx each	\$450.05	\$430.21	-4%	(\$19.84)	\$182.08	\$177.58	-2%	(\$4.50)
31630		Bronchoscopy dilate/fx repr	\$193.73	NA	NA	NA	\$193.73	\$189.23	-2%	(\$4.51)
31631		Bronchoscopy dilate w/stent	\$220.70	NA	NA	NA	\$220.70	\$215.75	-2%	(\$4.94)
31632		Bronchoscopy/lung bx addl	\$64.24	\$62.11	-3%	(\$2.14)	\$47.60	\$45.93	-4%	(\$1.67)
31633		Bronchoscopy/needle bx addl	\$79.89	\$77.96	-2%	(\$1.93)	\$61.25	\$59.84	-2%	(\$1.41)
31634		Bronch w/balloon occlusion	\$1,458.66	\$1,357.58	-7%	(\$101.08)	\$183.41	\$179.52	-2%	(\$3.89)
31635		Bronchoscopy w/fb removal	\$291.93	\$283.68	-3%	(\$8.25)	\$171.43	\$166.91	-3%	(\$4.52)
31636		Bronchoscopy bronch stents	\$211.04	NA	NA	NA	\$211.04	\$207.02	-2%	(\$4.03)
31637		Bronchoscopy stent add-on	\$73.90	NA	NA	NA	\$73.90	\$72.13	-2%	(\$1.77)
31638		Bronchoscopy revise stent	\$239.67	NA	NA	NA	\$239.67	\$234.19	-2%	(\$5.48)
31640		Bronchoscopy w/tumor excise	\$241.00	NA	NA	NA	\$241.00	\$234.19	-3%	(\$6.81)
31641		Bronchoscopy treat blockage	\$247.66	NA	NA	NA	\$247.66	\$240.01	-3%	(\$7.65)
31643		Diag bronchoscope/catheter	\$165.11	NA	NA	NA	\$165.11	\$161.09	-2%	(\$4.02)
31645		Bronchoscopy clear airways	\$273.29	\$265.89	-3%	(\$7.40)	\$143.80	\$140.06	-3%	(\$3.74)
31646		Bronchoscopy reclear airway	\$138.81	NA	NA	NA	\$138.81	\$135.86	-2%	(\$2.95)
31647		Bronchial valve init insert	\$200.06	NA	NA	NA	\$200.06	\$195.05	-3%	(\$5.01)
31648		Bronchial valve remov init	\$193.07	NA	NA	NA	\$193.07	\$186.96	-3%	(\$6.10)
31649		Bronchial valve remov addl	\$64.91	\$65.66	1%	\$0.75	\$64.91	\$65.66	1%	\$0.75
31651		Bronchial valve addl insert	\$73.90	\$71.81	-3%	(\$2.09)	\$73.90	\$71.81	-3%	(\$2.09)
31652		Bronch ebus sampling 1/2 node	\$1,234.97	\$1,155.09	-6%	(\$79.87)	\$214.70	\$209.61	-2%	(\$5.10)
31653		Bronch ebus sampling 3/> node	\$1,281.90	\$1,197.47	-7%	(\$84.43)	\$238.01	\$232.25	-2%	(\$5.76)
31654		Bronch ebus ivntj perph les	\$119.84	\$115.48	-4%	(\$4.36)	\$65.24	\$63.40	-3%	(\$1.84)
31660		Bronch thermoplsty 1 lobe	\$184.75	NA	NA	NA	\$184.75	\$178.88	-3%	(\$5.87)
31661		Bronch thermoplsty 2/> lobes	\$195.06	NA	NA	NA	\$195.06	\$189.55	-3%	(\$5.51)
32554		Aspirate pleura w/o imaging	\$233.35	\$222.22	-5%	(\$11.12)	\$86.88	\$84.42	-3%	(\$2.46)
32555		Aspirate pleura w/ imaging	\$311.24	\$297.26	-4%	(\$13.97)	\$106.52	\$103.83	-3%	(\$2.69)
32556		Insert cath pleura w/o image	\$735.65	\$691.24	-6%	(\$44.41)	\$121.83	\$119.36	-2%	(\$2.47)
32557		Insert cath pleura w/ image	\$652.44	\$618.47	-5%	(\$33.97)	\$145.47	\$141.68	-3%	(\$3.79)
94002		Vent mgmt inpat init day	\$89.88	NA	NA	NA	\$89.88	\$87.98	-2%	(\$1.89)
94003		Vent mgmt inpat subq day	\$63.25	NA	NA	NA	\$63.25	\$61.78	-2%	(\$1.46)
94010		Breathing capacity test	\$27.30	\$26.52	-3%	(\$0.77)	\$27.30	NA	NA	NA
94010	26		\$7.99	\$7.76	-3%	(\$0.23)	\$7.99	\$7.76	-3%	(\$0.23)
94010	TC		\$19.31	\$18.76	-3%	(\$0.55)	\$19.31	NA	NA	NA
94011		Spirometry up to 2 yrs old	\$83.55	NA	NA	NA	\$83.55	\$81.19	-3%	(\$2.36)
94012		Spirmetry w/brnchdil inf-2 yr	\$136.48	NA	NA	NA	\$136.48	\$131.97	-3%	(\$4.51)
94013		Meas lung vol thru 2 yrs	\$18.31	NA	NA	NA	\$18.31	\$17.79	-3%	(\$0.52)
94014		Patient recorded spirometry	\$55.92	\$54.34	-3%	(\$1.58)	\$55.92	NA	NA	NA
94015		Patient recorded spirometry	\$31.96	\$31.05	-3%	(\$0.90)	\$31.96	NA	NA	NA
94016		Review patient spirometry	\$23.97	\$23.29	-3%	(\$0.68)	\$23.97	\$23.29	-3%	(\$0.68)
94060		Evaluation of wheezing	\$38.95	\$37.85	-3%	(\$1.10)	\$38.95	NA	NA	NA
94060	26		\$9.99	\$9.70	-3%	(\$0.28)	\$9.99	\$9.70	-3%	(\$0.28)
94060	TC		\$28.96	\$28.14	-3%	(\$0.82)	\$28.96	NA	NA	NA
94070		Evaluation of wheezing	\$62.91	\$61.46	-2%	(\$1.46)	\$62.91	NA	NA	NA
94070	26		\$26.96	\$26.20	-3%	(\$0.76)	\$26.96	\$26.20	-3%	(\$0.76)
94070	TC		\$35.95	\$35.26	-2%	(\$0.69)	\$35.95	NA	NA	NA
94150		Vital capacity test	\$25.30	\$24.58	-3%	(\$0.72)	\$25.30	NA	NA	NA
94150	26		\$3.66	\$3.56	-3%	(\$0.10)	\$3.66	\$3.56	-3%	(\$0.10)
94150	TC		\$21.64	\$21.03	-3%	(\$0.61)	\$21.64	NA	NA	NA
94200			\$14.98	\$14.56	-3%	(\$0.42)	\$14.98	NA	NA	NA

CPT/ HCPCS	Modifier	Short Description	2024 NF Allowable	2025 NF Allowable	NF Allowable	NF Allowable	2024 FAC Allowable	2025 FAC Allowable	FAC Allowable	FAC Allowable
94200	26	Lung function test (MBC/MVV)	\$2.66	\$2.59	-3%	(\$0.08)	\$2.66	\$2.59	-3%	(\$0.08)
94200	TC		\$12.32	\$11.97	-3%	(\$0.35)	\$12.32	NA	NA	NA
94375			\$38.95	\$37.85	-3%	(\$1.10)	\$38.95	NA	NA	NA
94375	26	Respiratory flow volume loop	\$13.98	\$13.59	-3%	(\$0.40)	\$13.98	\$13.59	-3%	(\$0.40)
94375	TC		\$24.97	\$24.26	-3%	(\$0.71)	\$24.97	NA	NA	NA
94450			\$79.56	\$85.07	7%	\$5.51	\$79.56	NA	NA	NA
94450	26	Hypoxia response curve	\$18.97	\$19.08	1%	\$0.11	\$18.97	\$19.08	1%	\$0.11
94450	TC		\$60.58	\$65.99	9%	\$5.40	\$60.58	NA	NA	NA
94452			\$50.26	\$49.17	-2%	(\$1.10)	\$50.26	NA	NA	NA
94452	26	Hast w/report	\$13.65	\$13.59	0%	(\$0.06)	\$13.65	\$13.59	0%	(\$0.06)
94452	TC		\$36.62	\$35.58	-3%	(\$1.04)	\$36.62	NA	NA	NA
94453			\$66.91	\$65.02	-3%	(\$1.89)	\$66.91	NA	NA	NA
94453	26	Hast w/oxygen titrate	\$17.98	\$17.47	-3%	(\$0.51)	\$17.98	\$17.47	-3%	(\$0.51)
94453	TC		\$48.93	\$47.55	-3%	(\$1.38)	\$48.93	NA	NA	NA
94610		Surfactant admin thru tube	\$55.59	NA	NA	NA	\$55.59	\$53.37	-4%	(\$2.22)
94617			\$88.88	\$86.69	-2%	(\$2.19)	\$88.88	NA	NA	NA
94617	26	Exercise tst brncpsm	\$30.96	\$30.08	-3%	(\$0.88)	\$30.96	\$30.08	-3%	(\$0.88)
94617	TC		\$57.92	\$56.61	-2%	(\$1.31)	\$57.92	NA	NA	NA
94618			\$33.95	\$33.32	-2%	(\$0.64)	\$33.95	NA	NA	NA
94618	26	Pulmonary stress testing	\$21.64	\$21.03	-3%	(\$0.61)	\$21.64	\$21.03	-3%	(\$0.61)
94618	TC		\$12.32	\$12.29	0%	(\$0.02)	\$12.32	NA	NA	NA
94619		Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)	\$64.91	\$63.40	-2%	(\$1.51)	\$64.91	NA	NA	NA
94619	26		\$20.97	\$20.38	-3%	(\$0.59)	\$20.97	\$20.38	-3%	(\$0.59)
94619	TC		\$43.94	\$43.02	-2%	(\$0.92)	\$43.94	NA	NA	NA
94621			\$154.45	\$150.73	-2%	(\$3.72)	\$154.45	NA	NA	NA
94621	26	Pulm stress test/complex	\$66.24	\$64.69	-2%	(\$1.55)	\$66.24	\$64.69	-2%	(\$1.55)
94621	TC		\$88.21	\$86.04	-2%	(\$2.17)	\$88.21	NA	NA	NA
94625		Phy/qhp op pulm rhb w/o mntr	\$73.90	\$75.04	2%	\$1.15	\$18.31	\$17.14	-6%	(\$1.16)
94626		Phy/qhp op pulm rhb w/ mntr	\$80.22	\$81.51	2%	\$1.29	\$26.96	\$24.91	-8%	(\$2.06)
94640		Airway inhalation treatment	\$7.99	\$7.76	-3%	(\$0.23)	\$7.99	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	\$59.58	\$55.96	-6%	(\$3.63)	\$59.58	NA	NA	NA
94645		Cbt each addl hour	\$16.31	\$16.50	1%	\$0.19	\$16.31	NA	NA	NA
94660		Pos airway pressure cpap	\$64.58	\$63.40	-2%	(\$1.18)	\$36.62	\$35.26	-4%	(\$1.36)
94662		Neg press ventilation cnp	\$34.29	NA	NA	NA	\$34.29	\$32.99	-4%	(\$1.29)
94664		Evaluate pt use of inhaler	\$17.98	\$17.47	-3%	(\$0.51)	\$17.98	NA	NA	NA
94667		Chest wall manipulation	\$24.97	\$24.58	-2%	(\$0.38)	\$24.97	NA	NA	NA
94668		Chest wall manipulation	\$39.28	\$37.52	-4%	(\$1.76)	\$39.28	NA	NA	NA
94680			\$53.93	\$51.11	-5%	(\$2.82)	\$53.93	NA	NA	NA
94680	26	Exhaled air analysis o2	\$12.32	\$11.97	-3%	(\$0.35)	\$12.32	\$11.97	-3%	(\$0.35)
94680	TC		\$41.61	\$39.14	-6%	(\$2.47)	\$41.61	NA	NA	NA
94681			\$47.93	\$46.58	-3%	(\$1.36)	\$47.93	NA	NA	NA
94681	26	Exhaled air analysis o2/co2	\$9.32	\$9.06	-3%	(\$0.26)	\$9.32	\$9.06	-3%	(\$0.26)
94681	TC		\$38.61	\$37.52	-3%	(\$1.09)	\$38.61	NA	NA	NA
94690			\$48.60	\$46.90	-3%	(\$1.70)	\$48.60	NA	NA	NA
94690	26	Exhaled air analysis	\$3.66	\$3.56	-3%	(\$0.10)	\$3.66	\$3.56	-3%	(\$0.10)
94690	TC		\$44.94	\$43.34	-4%	(\$1.59)	\$44.94	NA	NA	NA
94726			\$55.92	\$54.99	-2%	(\$0.93)	\$55.92	NA	NA	NA
94726	26	Pulm funct tst plethysmograph	\$11.65	\$11.32	-3%	(\$0.33)	\$11.65	\$11.32	-3%	(\$0.33)
94726	TC		\$44.27	\$43.67	-1%	(\$0.60)	\$44.27	NA	NA	NA
94727			\$44.61	\$43.67	-2%	(\$0.94)	\$44.61	NA	NA	NA
94727	26	Pulm function test by gas	\$11.65	\$11.32	-3%	(\$0.33)	\$11.65	\$11.32	-3%	(\$0.33)
94727	TC		\$32.95	\$32.35	-2%	(\$0.61)	\$32.95	NA	NA	NA
94728			\$44.27	\$43.02	-3%	(\$1.25)	\$44.27	NA	NA	NA
94728	26	Pulm funct test oscillometry	\$11.98	\$11.64	-3%	(\$0.34)	\$11.98	\$11.64	-3%	(\$0.34)
94728	TC		\$32.29	\$31.38	-3%	(\$0.91)	\$32.29	NA	NA	NA
94729			\$56.59	\$54.34	-4%	(\$2.25)	\$56.59	NA	NA	NA
94729	26	Co/membrane diffuse capacity	\$8.65	\$8.41	-3%	(\$0.24)	\$8.65	\$8.41	-3%	(\$0.24)
94729	TC		\$47.93	\$45.93	-4%	(\$2.00)	\$47.93	NA	NA	NA
94760		Measure blood oxygen level	\$2.66	\$3.56	34%	\$0.90	\$2.66	NA	NA	NA
94761		Measure blood oxygen level exercise	\$3.99	\$3.88	-3%	(\$0.11)	\$3.99	NA	NA	NA
94762		Measure blood oxygen level	\$25.30	\$23.94	-5%	(\$1.36)	\$25.30	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	\$53.26	\$51.75	-3%	(\$1.51)	\$22.97	\$22.00	-4%	(\$0.97)
94781		Car seat/bed test + 30 min	\$21.30	\$21.03	-1%	(\$0.28)	\$7.99	\$7.76	-3%	(\$0.23)
94799			\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA
94799	26	Pulmonary service/procedure	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
94799	TC	Unlisted	\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA

CPT/ HCPCS	Modifier	Short Description	2024 NF Allowable	2025 NF Allowable	NF Allowable	NF Allowable	2024 FAC Allowable	2025 FAC Allowable	FAC Allowable	FAC Allowable
#95782			\$977.99	\$942.90	-4%	(\$35.09)	\$977.99	NA	NA	NA
#95782	26	Polysom <6 yrs 4/> paramtrs	\$120.83	\$116.77	-3%	(\$4.06)	\$120.83	\$116.77	-3%	(\$4.06)
#95782	TC		\$857.15	\$826.13	-4%	(\$31.02)	\$857.15	NA	NA	NA
#95783			\$1,036.91	\$999.18	-4%	(\$37.72)	\$1,036.91	NA	NA	NA
#95783	26	Polysom <6 yrs cpap/bitvl	\$131.82	\$127.12	-4%	(\$4.70)	\$131.82	\$127.12	-4%	(\$4.70)
#95783	TC		\$905.09	\$872.06	-4%	(\$33.03)	\$905.09	NA	NA	NA
#95800			\$135.81	\$124.53	-8%	(\$11.28)	\$135.81	NA	NA	NA
#95800	26	Slp stdy unattended	\$38.61	\$37.20	-4%	(\$1.42)	\$38.61	\$37.20	-4%	(\$1.42)
#95800	TC		\$97.20	\$87.34	-10%	(\$9.86)	\$97.20	NA	NA	NA
#95801			\$97.20	\$94.45	-3%	(\$2.75)	\$97.20	NA	NA	NA
#95801	26	Slp stdy unatnd w/anal	\$39.95	\$38.82	-3%	(\$1.13)	\$39.95	\$38.82	-3%	(\$1.13)
#95801	TC		\$57.25	\$55.64	-3%	(\$1.62)	\$57.25	NA	NA	NA
#95803			\$135.15	\$126.47	-6%	(\$8.67)	\$135.15	NA	NA	NA
#95803	26	Actigraphy testing	\$40.94	\$39.79	-3%	(\$1.16)	\$40.94	\$39.79	-3%	(\$1.16)
#95803	TC		\$94.20	\$86.69	-8%	(\$7.52)	\$94.20	NA	NA	NA
95805			\$431.41	\$425.68	-1%	(\$5.73)	\$431.41	NA	NA	NA
95805	26	Multiple sleep latency test	\$55.92	\$54.34	-3%	(\$1.58)	\$55.92	\$54.34	-3%	(\$1.58)
95805	TC		\$375.48	\$371.34	-1%	(\$4.15)	\$375.48	NA	NA	NA
95806			\$94.20	\$93.16	-1%	(\$1.05)	\$94.20	NA	NA	NA
95806	26	Sleep study unatt & resp efft	\$42.94	\$41.73	-3%	(\$1.21)	\$42.94	\$41.73	-3%	(\$1.21)
95806	TC		\$51.26	\$51.43	0%	\$0.17	\$51.26	NA	NA	NA
95807			\$409.44	\$401.74	-2%	(\$7.69)	\$409.44	NA	NA	NA
95807	26	Sleep study attended	\$57.92	\$55.96	-3%	(\$1.96)	\$57.92	\$55.96	-3%	(\$1.96)
95807	TC		\$351.52	\$345.78	-2%	(\$5.73)	\$351.52	NA	NA	NA
95808			\$511.63	\$476.14	-7%	(\$35.49)	\$511.63	NA	NA	NA
95808	26	Polysom any age 1-3> param	\$81.22	\$77.96	-4%	(\$3.27)	\$81.22	\$77.96	-4%	(\$3.27)
95808	TC		\$430.41	\$398.19	-7%	(\$32.22)	\$430.41	NA	NA	NA
95810			\$623.14	\$608.44	-2%	(\$14.70)	\$623.14	NA	NA	NA
95810	26	Polysom 6/> yrs 4/> param	\$115.51	\$112.24	-3%	(\$3.27)	\$115.51	\$112.24	-3%	(\$3.27)
95810	TC		\$507.63	\$496.20	-2%	(\$11.44)	\$507.63	NA	NA	NA
95811			\$651.44	\$637.23	-2%	(\$14.21)	\$651.44	NA	NA	NA
95811	26	Polysom 6/>yrs cpap 4/> parm	\$120.17	\$117.09	-3%	(\$3.07)	\$120.17	\$117.09	-3%	(\$3.07)
95811	TC		\$531.27	\$520.13	-2%	(\$11.14)	\$531.27	NA	NA	NA
97550		Caregiver traing 1st 30 min	\$52.93	\$52.08	-2%	(\$0.85)	\$45.27	\$44.64	-1%	(\$0.63)
97551		Caregiver traing ea addl 15	\$26.30	\$25.55	-3%	(\$0.74)	\$24.30	\$23.94	-1%	(\$0.36)
97552		Group caregiver training	\$22.30	\$22.00	-1%	(\$0.31)	\$10.65	\$10.35	-3%	(\$0.30)
99202		Office/outpatient visit new 15	\$72.23	\$69.87	-3%	(\$2.37)	\$46.94	\$45.29	-4%	(\$1.65)
99203		Office o/p new sf 30 min	\$111.51	\$109.01	-2%	(\$2.51)	\$81.22	\$79.25	-2%	(\$1.97)
99204		Office o/p new low 45 min	\$167.10	\$163.35	-2%	(\$3.75)	\$132.15	\$129.06	-2%	(\$3.09)
99205		Office o/p new mod 60 min	\$220.36	\$215.75	-2%	(\$4.61)	\$179.75	\$175.64	-2%	(\$4.11)
99211		Office o/p est minimal prob	\$23.30	\$22.64	-3%	(\$0.66)	\$8.65	\$8.41	-3%	(\$0.24)
99212		Office o/p est sf 10 min	\$56.59	\$54.99	-3%	(\$1.60)	\$34.95	\$33.96	-3%	(\$0.99)
99213		Office o/p est low 20 min	\$90.87	\$88.95	-2%	(\$1.92)	\$65.24	\$63.72	-2%	(\$1.52)
99214		Office o/p est mod 30 min	\$128.16	\$125.18	-2%	(\$2.98)	\$96.20	\$93.80	-2%	(\$2.40)
99215		Office o/p est mod 40 min	\$180.42	\$175.64	-3%	(\$4.78)	\$142.80	\$138.77	-3%	(\$4.04)
99151		Mod sed same phys/qhp <5 yrs	\$60.58	\$57.90	-4%	(\$2.68)	\$23.63	\$22.97	-3%	(\$0.67)
99152		Mod sed same phys/qhp 5/>yrs	\$50.26	\$48.52	-3%	(\$1.74)	\$11.98	\$11.64	-3%	(\$0.34)
99153		Mod sed same phys/qhp ea	\$11.65	\$11.64	0%	(\$0.01)	\$11.65	NA	NA	NA
99155		Mod sed oth phys/qhp <5 yrs	\$81.55	NA	NA	NA	\$81.55	\$79.57	-2%	(\$1.98)
99156		Mod sed oth phys/qhp 5/>yrs	\$73.90	NA	NA	NA	\$73.90	\$71.16	-4%	(\$2.74)
99157		Mod sed other phys/qhp ea	\$58.59	NA	NA	NA	\$58.59	\$55.31	-6%	(\$3.27)
99221		Initial hospital care	\$81.89	NA	NA	NA	\$81.89	\$79.57	-3%	(\$2.31)
99222		Initial hospital care	\$129.16	NA	NA	NA	\$129.16	\$125.50	-3%	(\$3.65)
99223		Initial hospital care	\$171.10	NA	NA	NA	\$171.10	\$167.23	-2%	(\$3.87)
99231		Subsequent hospital care	\$48.93	NA	NA	NA	\$48.93	\$47.23	-3%	(\$1.71)
99232		Subsequent hospital care	\$77.89	NA	NA	NA	\$77.89	\$76.34	-2%	(\$1.56)
99233		Subsequent hospital care	\$117.17	NA	NA	NA	\$117.17	\$113.86	-3%	(\$3.31)
99234		Observ/hosp same date	\$96.53	NA	NA	NA	\$96.53	\$93.80	-3%	(\$2.73)
99235		Observ/hosp same date	\$157.45	NA	NA	NA	\$157.45	\$152.68	-3%	(\$4.77)
99236		Observ/hosp same date	\$205.72	NA	NA	NA	\$205.72	\$199.58	-3%	(\$6.14)
99238		Hospital discharge day	\$80.22	NA	NA	NA	\$80.22	\$78.28	-2%	(\$1.94)

CPT/ HCPCS	Modifier	Short Description	2024 NF Allowable	2025 NF Allowable	NF Allowable	NF Allowable	2024 FAC Allowable	2025 FAC Allowable	FAC Allowable	FAC Allowable
99239		Hospital discharge day	\$113.18	NA	NA	NA	\$113.18	\$110.63	-2%	(\$2.55)
99418		Prolng ip/obs e/m ea 15 min	\$38.95	NA	NA	NA	\$38.95	\$37.85	-3%	(\$1.10)
99291		Critical care first hour	\$272.29	\$265.56	-2%	(\$6.73)	\$210.04	\$205.72	-2%	(\$4.32)
99292		Critical care each add 30 min	\$119.17	\$115.48	-3%	(\$3.69)	\$105.85	\$102.86	-3%	(\$2.99)
G0424		Pulmonary Rehab	NA	NA	NA	NA	NA	NA	NA	NA
G0508		Crit care telehea consult 60	\$203.72	NA	NA	NA	\$203.72	\$199.25	-2%	(\$4.47)
G0509		Crit care telehea consult 50	\$187.74	NA	NA	NA	\$187.74	\$182.43	-3%	(\$5.31)
99358		Prolong service w/o contact	\$88.21	\$86.37	-2%	(\$1.85)	\$86.88	\$85.07	-2%	(\$1.81)
99359		Prolong serv w/o contact add	\$37.61	\$36.55	-3%	(\$1.06)	\$36.28	\$34.93	-4%	(\$1.35)
99406		Behav chng smoking 3-10 min	\$14.65	\$13.91	-5%	(\$0.74)	\$11.65	\$11.32	-3%	(\$0.33)
99407		Behav chng smoking > 10 min	\$27.30	\$26.52	-3%	(\$0.77)	\$24.63	\$23.94	-3%	(\$0.70)
99421		Ol dig e/m svc 5-10 min	\$14.98	\$14.56	-3%	(\$0.42)	\$12.65	\$12.29	-3%	(\$0.36)
99422		Ol dig e/m svc 11-20 min	\$29.29	\$28.46	-3%	(\$0.83)	\$24.97	\$24.58	-2%	(\$0.38)
99423		Ol dig e/m svc 21+ min	\$46.60	\$44.96	-4%	(\$1.64)	\$39.95	\$38.17	-4%	(\$1.78)
99424		Prin care mgmt phs 1st 30	\$82.55	\$80.87	-2%	(\$1.69)	\$73.57	\$72.13	-2%	(\$1.43)
99425		Prin care mgmt phs ea 30	\$59.92	\$58.87	-2%	(\$1.05)	\$50.60	\$49.17	-3%	(\$1.43)
99426		Prin care mgmt staff 1st 30	\$61.91	\$61.78	0%	(\$0.13)	\$48.93	\$47.55	-3%	(\$1.38)
99427		Prin care mgmt staff ea addl	\$47.27	\$50.46	7%	\$3.19	\$34.29	\$34.29	0%	\$0.00
99437		Chrc care mgmt phys ea addl	\$59.58	\$57.58	-3%	(\$2.01)	\$49.93	\$47.87	-4%	(\$2.06)
99439		Chrc care mgmt svc ea addl	\$47.93	\$45.93	-4%	(\$2.00)	\$34.62	\$32.99	-5%	(\$1.63)
99441		Phone e/m phys/ghp 5-10 min	\$56.26	NA	NA	NA	\$34.62	NA	NA	NA
99442		Phone e/m phys/ghp 11-20 min	\$90.54	NA	NA	NA	\$64.91	NA	NA	NA
99443		Phone e/m phys/ghp 21-30 min	\$128.16	NA	NA	NA	\$96.20	NA	NA	NA
99446		Ntrprof ph1/ntrnet/ehr 5-10	\$17.64	\$17.14	-3%	(\$0.50)	\$17.64	\$17.14	-3%	(\$0.50)
99447		Ntrprof ph1/ntrnet/ehr 11-20	\$35.95	\$34.61	-4%	(\$1.34)	\$35.95	\$34.61	-4%	(\$1.34)
99448		Ntrprof ph1/ntrnet/ehr 21-30	\$53.26	\$51.43	-3%	(\$1.83)	\$53.26	\$51.43	-3%	(\$1.83)
99449		Ntrprof ph1/ntrnet/ehr 31/>	\$70.90	\$69.54	-2%	(\$1.36)	\$70.90	\$69.54	-2%	(\$1.36)
99451		Ntrprof ph1/ntrnet/ehr 5/>	\$34.62	\$32.99	-5%	(\$1.63)	\$34.62	\$32.99	-5%	(\$1.63)
99452		Ntrprof ph1/ntrnet/ehr rfrl	\$33.62	\$33.64	0%	\$0.02	\$33.62	\$33.64	0%	\$0.02
99457		Rem physiol mntr 1st 20 min	\$48.93	\$47.87	-2%	(\$1.06)	\$29.63	\$28.79	-3%	(\$0.84)
99458		Rem physiol mntr ea addl 20	\$39.28	\$38.49	-2%	(\$0.79)	\$29.63	\$28.79	-3%	(\$0.84)
99483		Assmt & care pln pt cog imp	\$272.62	\$266.21	-2%	(\$6.41)	\$191.07	\$185.99	-3%	(\$5.08)
99484		Care mgmt svc bhvl hlth cond	\$54.92	\$53.05	-3%	(\$1.88)	\$43.61	\$41.40	-5%	(\$2.20)
99487		Cmplx chron care w/o pt vst	\$134.15	\$131.65	-2%	(\$2.50)	\$89.21	\$87.01	-2%	(\$2.20)
99489		Cmplx chron care addl 30 min	\$72.23	\$70.52	-2%	(\$1.72)	\$49.60	\$47.23	-5%	(\$2.37)
99490		Chron care mgmt svcs 20 min	\$62.58	\$60.49	-3%	(\$2.09)	\$49.60	\$47.87	-3%	(\$1.73)
99439 previously G2058		CCM add 20min	\$47.93	\$45.93	-4%	(\$2.00)	\$34.62	\$32.99	-5%	(\$1.63)
99491		Chrc care mgmt svc 30 min	\$84.55	\$82.16	-3%	(\$2.39)	\$74.56	\$72.46	-3%	(\$2.11)
99437		Chrc care mgmt phys ea addl	\$59.58	\$57.58	-3%	(\$2.01)	\$49.93	\$47.87	-4%	(\$2.06)
99495		Trans care mgmt 14 day disch	\$206.72	\$201.20	-3%	(\$5.52)	\$138.48	\$134.24	-3%	(\$4.24)
99496		Trans care mgmt 7 day disch	\$279.62	\$272.68	-2%	(\$6.93)	\$188.07	\$182.43	-3%	(\$5.64)
99497		Advncd care plan 30 min	\$81.89	\$79.57	-3%	(\$2.31)	\$74.56	\$72.46	-3%	(\$2.11)
99498		Advncd care plan addl 30 min	\$70.90	\$68.90	-3%	(\$2.00)	\$70.24	\$68.57	-2%	(\$1.66)
G0019		Comm hlth intg svcs doh 60mn	\$80.56	\$77.96	-3%	(\$2.60)	\$49.60	\$47.55	-4%	(\$2.05)
G0022		Comm hlth intg svcs add 30 m	\$50.26	\$48.52	-3%	(\$1.74)	\$34.62	\$33.32	-4%	(\$1.30)
G0023		Pin service 60m per month	\$80.56	\$77.96	-3%	(\$2.60)	\$49.60	\$47.55	-4%	(\$2.05)
G0024		Pin svr add 30 min pr m	\$50.26	\$48.52	-3%	(\$1.74)	\$34.62	\$33.32	-4%	(\$1.30)
G0237		Therapeutic procd strg endur	\$11.32	\$11.32	0%	\$0.00	\$11.32	NA	NA	NA
G0238		Oth resp proc, indiv	\$10.32	\$10.03	-3%	(\$0.29)	\$10.32	NA	NA	NA
G0239		Oth resp proc, group	\$12.98	\$12.94	0%	(\$0.04)	\$12.98	NA	NA	NA
G0296		Visit to determ LDCT elig	\$27.63	\$26.85	-3%	(\$0.78)	\$24.97	\$24.26	-3%	(\$0.71)
71250 Prev G0297		Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	\$136.15	\$131.00	-4%	(\$5.14)	\$136.15	NA	NA	NA
71250	26		\$50.60	\$49.17	-3%	(\$1.43)	\$50.60	\$49.17	-3%	(\$1.43)
71250	TC		\$85.55	\$81.84	-4%	(\$3.71)	\$85.55	NA	NA	NA
G0277		Hbot, full body chamber, 30m	\$182.08	\$170.14	-7%	(\$11.94)	\$182.08	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
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	\$57.25	\$54.99	-4%	(\$2.27)	\$5.66	\$5.50	-3%	(\$0.16)

CPT/ HCPCS	Modifier	Short Description	2024 NF Allowable	2025 NF Allowable	NF Allowable	NF Allowable	2024 FAC Allowable	2025 FAC Allowable	FAC Allowable	FAC Allowable	
G0506		Comp asses care plan ccm svc	\$62.58	\$60.81	-3%	(\$1.77)	\$43.61	\$41.73	-4%	(\$1.88)	
G0508		Crit care telehea consult 60	\$203.72	NA	NA	NA	\$203.72	\$199.25	-2%	(\$4.47)	
G0509		Crit care telehea consult 50	\$187.74	NA	NA	NA	\$187.74	\$182.43	-3%	(\$5.31)	
G0513		Prolong prev svcs, first 30m	\$62.91	\$60.81	-3%	(\$2.10)	\$58.59	\$56.61	-3%	(\$1.98)	
G0514		Prolong prev svcs, addl 30m	\$63.25	\$60.81	-4%	(\$2.43)	\$58.92	\$56.61	-4%	(\$2.31)	
G2010		Remote pt submit record	\$12.32	\$11.97	-3%	(\$0.35)	\$8.99	\$8.73	-3%	(\$0.25)	
G2012		Brief check in by md/qhp	\$13.98	NA	NA	NA	\$12.65	NA	NA	NA	
G2064		Md mang high risk dx 30	NA	NA	NA	NA	NA	NA	NA	NA	
G2251		Brief chkin, 5-10, non-e/m	\$13.98	\$13.91	-1%	(\$0.07)	\$12.65	\$12.29	-3%	(\$0.36)	
G2252		Brief chkin by md/qhp, 11-20	\$26.30	\$25.55	-3%	(\$0.74)	\$24.63	\$24.26	-2%	(\$0.37)	
G2086		Off base opioid tx 70 min	\$462.70	\$454.47	-2%	(\$8.23)	\$399.12	\$394.95	-1%	(\$4.17)	
G2087		Off base opioid tx, 60 m	\$427.41	\$411.12	-4%	(\$16.29)	\$385.14	\$371.66	-3%	(\$13.48)	
G2088		Off base opioid tx, add 30	\$58.59	\$55.31	-6%	(\$3.27)	\$37.95	\$35.90	-5%	(\$2.04)	
G2211		Complex e/m visit add on	\$16.31	\$15.53	-5%	(\$0.78)	\$16.31	\$15.53	-5%	(\$0.78)	
G2212		Prolong outpt/office vis	\$32.29	\$31.05	-4%	(\$1.24)	\$30.96	\$29.76	-4%	(\$1.20)	
G0316		Prolong hosp inpt each ad 15m	\$31.62	\$30.73	-3%	(\$0.89)	\$29.96	\$29.44	-2%	(\$0.52)	x

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.