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Editor's Letter

Happy New Year and welcome to the January 2026 issue of the ATS Coding and Billing Quarterly. This issue will highlight the final policies issued in the final 2026 Medicare Physician Fee Schedule rule and Hospital Outpatient Prospective Payment System rule. As is typical with most Medicare payment rules, the final rule brings a mix of welcome policy changes and unfortunately some unwelcomed changes. We will discuss the changes to the Conversion Factor (CF) as well as some of the less welcomed changes, including Medicare efficiency adjustments and review Ambulatory Payment Classification or APC volatility.

The short-term good news is that since the federal government shutdown in the fall, Medicare claims are being processed and paid, and Medicare telehealth authority has been extended through January 30, 2026. More on Medicare telehealth billing below.

If you are looking for more details about the final rules or would like to ask question of physician coding experts, I invite you to join us on January 21st at 4 pm eastern for the Joint ATS/CHEST Clinical Practice Committee webinar discussing the final 2026 Medicare payment rules. See the below text box for more information on the coding and billing webinar.

And as always, we welcome any coding, billing or regulatory compliance questions you may have. Questions should be sent to codingquestions@thoracic.org.

Sincerely,

Katina Nicolacakis, MD

Editor, ATS Coding & Billing Quarterly

Joint ATS/CHEST Clinical Practice Committee – Looking for New Members

Are you interested in learning more about the ins and out of the CPT coding system? Want to better understand how RUC values are established? Are you an expert on coding and billing and willing to share your expertise with the broader community? If any of these apply to you, please consider volunteering to serve on the ATS/CHEST Clinical Practice Committee. The ATS is actively seeking new members to join the committee. Contact Gary Ewart (gewart@thoracic.org) for more information about serving on the committee.

Joint ATS/CHEST Medicare Final Rules Webinar

The ATS and CHEST will hold a joint webinar to explain changes in the 2026 Medicare Physician Fee Schedule and the Medicare Hospital Outpatients Prospective Payment rules. Coding experts from the Joint CHEST/ATS Clinical Practice Committee will explain changes key policy updates and payment shifts driven by the 2026 Medicare rules. Get the important details on Medicare conversion factor, Medicare efficiency updates, telemedicine policy and payment changes in outpatient diagnostic services.

The joint ATS/CHEST webinar will be held:

Date: Wednesday, January 21st

Time: 4 pm eastern

The webinar is free to ATS and CHEST members.

[Click here to register for the webinar.](#)

Federal Government Shutdown Ends

After 43 days, Congress and President Trump finally reached a short-term funding agreement after eight Democratic Senators broke ranks from their colleagues to vote with the majority of Senate Republicans to pass a temporary spending measure. After the Senate passed the measure, the House shortly followed suit, and the short-term funding bill was signed by President Trump.

The temporary spending measure provides level funding for most federal programs through January 30, 2026.

Re-opening the federal government also means the CMS will receive, process and pay claims for services provided during the federal shutdown and should process claims as normal through January 30, 2026. The funding agreement also provided payment authority for all appropriate Medicare telemedicine services that were provided on 10/1/25 (the day when Congressional authority for Medicare telehealth services expired) and extends through 1/30/26. The ATS and the entire physician community will be pushing Congress to ensure a permanent extension of Medicare telehealth authority is included in any long-term government funding bill.

Medicare Physician Fee Schedule Final Rule - Highlights

Medicare Conversion Factor - The CY 2026 conversion factor for qualifying APM is \$33.57 an increase of \$1.22 (+3.77%) from the CY25 conversion factor. FY2026 conversion factor for non-qualifying Alternative Payment Models (APMs) is \$33.40 - an increase of \$1.05 (+3.26%) from the CY25 conversion factor. The CY25 conversion factor is \$32.35.

Efficiency Adjustment – Despite universal opposition from the physician community, the final rule included an “efficiency adjustment”–2.5% to the intra-service times and work relative value units (RVUs) for the vast majority of all non–time-based codes. CMS justified this action by stating physicians become more efficient providing medical services over time –leading to inflated intra-service time estimates physician work estimates. According to CMS, the adjustment captures trends over the past five years as documented in the Medicare Economic Index. CMS intends to apply the efficiency update every three years going forward. The agency has agreed to exempt any new CPT codes created and initially valued for 2026.

Telehealth – The final rule added new codes to the telehealth services list (CPT **90849** (Multiple-Family Group Psychotherapy), HCPCS **G0473** (Group Behavioral Counseling for Obesity), HCPCS **G0545** (Infectious Disease Add-On), and CPT **92622** and **92623** (Auditory Osseointegrated Sound Processor Diagnostic Analysis and Programming). CMS removed the frequency limits for subsequent inpatient, nursing facility and critical care visits. CMS further stated that it will allow real-time audio/video communications to meet the direct supervision requirements. This is important for those who supervise GME.



Now Accepting Late-Breaking Abstracts

Deadline: Wednesday, Jan. 28

ATS 2026

HOPPS Final Rule

The final 2026 Hospital Outpatient Prospective Payment Rule saw significant payment volatility for many respiratory families of services including sleep testing, pulmonary function tests and pulmonary rehabilitation. For a list of key procedures provided by ATS members, please see the payment tables on pages (insert page numbers). In general, the payment volatility in the HOPPS schedule was caused re-basing of Ambulatory Payment Classification (APC) groups. CMS engaged on an extensive process of re-grouping similar services in to consolidated APCs. The movement of high-volume codes into or out of APC groups created payment swings for several APCs of interest to ATS members.

- CPT deleted the code **94662** *Continuous negative pressure ventilation (CNP), initiation and management* for January 1, 2026.
- Codes **94681** (Exhaled air analysis o2/co2), **94690** (Exhaled air analysis), **94726** (Pulm funct tst plethysmograph) and **94727** (Pulm function test by gas) saw increases ranging from 1 to 41 percent.
- Codes **94680** (Exhaled air analysis o2), **94728** (Pulm funct test oscillometry) and **94728** (Pulm funct test oscillometry) were each cut by 16 percent.
- Pediatric sleep tests saw significant payment swings ranging from cuts of 23 percent to payment increases of 65 percent.
- Respiratory Therapy codes **G0237** (therapeutic procd strg endur) and **G0238** (other resp proc, indiv) increased by 21 percent while **G0239** (oth resp proc, group) was cut by 3 percent, while pulmonary rehab codes **94625** (phy/qhp pulm rhb w/o mntr) and **94626** (Phy/qhp op pulm rhb w/mntr) held steady at plus 1 percent.

ATS
Breathe Easy
Every Tuesday.
Wherever you listen to podcasts.

CMS Releases Results of Drug Price Negotiation

Gary Ewart, MHS

The Centers for Medicare and Medicaid Services [released](#) the results of the second round of Medicare drug price negotiations – a relatively new authority enacted by Congress during the Biden administration – that gives CMS the authority to set a negotiated drug price for 15 high-cost and high-volume prescription drugs used by Medicare beneficiaries. The negotiated prices apply only to Medicare reimbursement. Overall, CMS estimates that the second round of prescription drug price negotiations will result in \$12 billion in Medicare spending compared to 2024 and will impact the price of prescription drug used by over five million Medicare beneficiaries.

Prescriptions drugs of interest to the respiratory community include:

Drug Name: Trelegy Ellipta
 Manufacturer: GlaxoSmithKline
 Condition: Asthma: Chronic obstructive pulmonary disease
 Negotiated Price: \$175
 Current Price: \$654
 Percent reduction: 73 percent
 Medicare Part D Beneficiaries who use: 1,269,000

Drug Name: Ofev
 Manufacturer: Boehringer Ingelheim Pharmaceuticals
 Condition: Idiopathic pulmonary fibrosis
 Negotiated Price: \$6,350
 Current Price: \$12,622
 Percent Reduction: 50 percent
 Medicare Part D Beneficiaries who use: 24,000

Drug Name: Breo Ellipta
 Manufacturer: GlaxoSmithKline
 Condition: Asthma; Chronic obstructive pulmonary disease
 Negotiated Price: \$67
 Current Price: \$397
 Percent Reduction: 83 percent
 Medicare Part D Beneficiaries who use: 626,000

The new Medicare negotiated drugs prices will take effect Jan. 1, 2027.

Private Health Insurance

ATS Joins AMA Letter Opposing Anthem Blue Cross Policy on Out of Network Physicians

The ATS joined the AMA and over 50 medical professional organizations in a letter opposing Anthem/Blue Cross/Blue Shield policy regarding out of network physicians. Anthem has developed a new policy that will penalize hospitals that use out of network physician by cutting hospital payments by 10% for care that uses out of network physicians. Further, the new Anthem policy threatens to remove hospitals from their networks if hospitals continue to use out-of-network physicians. The Anthem policy appears to be an attempt to get around the new federal law – the No Surprise Act – that limits patient out of pocket cost for receiving out of network physician care at an in-network hospital.

Q&A

PFTs

Q: Our PFT lab has historically used CPT 94375 (“Respiratory Flow Volume Loop”) to bill professionally for spirometry interpretation and 94060 for spirometry pre/post bronchodilator. We always review the flow-volume loop for all spirometry efforts. Our billing team recently informed us that since the hospital bills 94010 for spirometry and we bill 94375, we are getting some rejections or conversions to 94010.

Which is the appropriate code for typical spirometry with flow-volume loop? Can we use 94375 for all spirometry?

A: The long descriptor for **94010** is: Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation. The code **94375** includes spirometric measurements but also implies both inspiratory and expiratory limbs for a full “loop,” with clinical context typically being assessment for airway obstruction which is what led to higher wRVU value for this code. Thus, although graphical data may be reviewed in any spirometry, that is inherent to **94010**, and **94010** would be the most appropriate code for typical spirometry. Code **94060** is most appropriate for spirometry plus pre- and post-bronchodilator testing. Code **94375** cannot also be billed when **94010** or **94060** are used given the inherent overlap in the services. Similarly, **94200** (maximal voluntary ventilation) cannot be additionally billed if **94010** or

94060 are used as MVV is included in those services; **94200** can be billed if a standalone MVV is performed without spirometry. These issues were addressed in a 2012 CPT Assistant article.

Q: Do the technical and professional charges need to use the same CPT code?

A: Yes, the codes for the technical and professional components must match.

Q: What are the best codes to capture “full PFTs” with spirometry, lung volumes using plethysmography, diffusing capacity with fingerstick hemoglobin?

A: The appropriate codes are **94010** for spirometry (or **94060** for spirometry pre- and post-bronchodilator), **94726** for lung volumes using plethysmography, and **94729** for diffusing capacity. There is no specific code nor physician work for the hemoglobin measurement. If helium dilution or nitrogen washout are used for assessment of lung volumes, the correct code is **94727**.

ATS-FSR Research Grant in Sarcoidosis

\$50,000 grant for one year

Co-Funded by the Foundation for Sarcoidosis Research and ATS

Deadline: July 1, 2026



“Incident to” Billing

Q: My understanding of “incident-to” billing is that it involves an advanced practice provider (APP) seeing a patient by themselves but executing a plan that was previously created and documented by the physician. We are considering starting a pulmonary nodule follow-up clinic. A physician will review low-risk patients with follow-up CT scans of the chest to review the nodule. The physician will create the plan (eg. 6-month follow-up scan) and document this in the EMR. We are hoping the APP could see the patient in clinic by themselves, conduct the office visit independently, and order the appropriate study as dictated by the physician documentation. Can the physician receive all of these RVUs in accordance with “incident-to” billing?

A: “Incident-to” billing is a unique Medicare rule that allows the physician working with an APP to bill for services provided to a Medicare beneficiary at the full physician rate. There are strict criteria that must be met. Site of service is critical; this must be in the clinic setting (ie. cannot be outpatient hospital or inpatient/nursing facility settings). It also can only be used for follow-up care as one requirement is that the physician performed the initial service to diagnose and establish a treatment plan. The APP must also be employed under the same billing entity as the physician. Furthermore, incident-to billing requires direct supervision by the physician, meaning that the physician must be physically present in the office and be immediately available for assistance. The physician documenting the plan in the medical record ahead of time does not meet these criteria if the physician is not providing direct in-person supervision. Documentation must include confirmation of physician’s presence and plan for ongoing involvement in care. If all of these criteria are met, then you may be able to bill using “incident-to.”



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 **ATS 2026**

**October 2025 Compared to Final 2026 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 2025 October Release \(Web Version RVU25D\)](#)

[Click here for Link to References: CMS Website MPFS CY 2026 Final Rule](#)

September 11, 2025 MPFS File for October 2025 & November 3, 2025 for Final 2025 MPFS files

CPT/ HCPCS	Modifier	Short Description	Non-Qualifying Conversion Factor							
			CY 2025 CF	CY 2026 CF	% Change	Dollar Change	CY 2025 CF	CY 2026 CF	% Change	Dollar Change
			\$32.3465	\$33.4009			\$32.3465	\$33.4009		
			2025 NF Allowable	2026 NF Allowable	NF Allowable	NF Allowable	2025 FAC Allowable	2026 FAC Allowable	FAC Allowable	FAC Allowable
31615		Visualization of windpipe	\$165.61	\$173.02	4%	\$7.40	\$112.57	\$101.87	-9%	(\$10.69)
31622		Dx bronchoscope/wash	\$243.25	\$282.57	16%	\$39.33	\$126.15	\$120.24	-5%	(\$5.91)
31623		Dx bronchoscope/brush	\$264.59	\$302.95	14%	\$38.35	\$125.50	\$119.24	-5%	(\$6.26)
31624		Dx bronchoscope/lavage	\$247.45	\$286.58	16%	\$39.13	\$127.45	\$120.91	-5%	(\$6.53)
31625		Bronchoscopy w/biopsy(s)	\$334.14	\$384.44	15%	\$50.31	\$148.15	\$140.62	-5%	(\$7.53)
31626		Bronchoscopy w/markers	\$739.12	\$870.09	18%	\$130.98	\$188.90	\$178.36	-6%	(\$10.54)
31627		Navigational bronchoscopy	\$978.16	\$1,156.34	18%	\$178.18	\$91.22	\$85.17	-7%	(\$6.04)
31628		Bronchoscopy/lung bx each	\$355.16	\$408.83	15%	\$53.66	\$166.58	\$158.65	-5%	(\$7.93)
31629		Bronchoscopy/needle bx each	\$430.21	\$497.34	16%	\$67.13	\$177.58	\$168.34	-5%	(\$9.24)
31630		Bronchoscopy dilate/fx repr	\$189.23	NA	NA	NA	\$189.23	\$176.69	-7%	(\$12.54)
31631		Bronchoscopy dilate w/stent	\$215.75	NA	NA	NA	\$215.75	\$199.74	-7%	(\$16.01)
31632		Bronchoscopy/lung bx addl	\$62.11	\$69.14	11%	\$7.03	\$45.93	\$43.09	-6%	(\$2.84)
31633		Bronchoscopy/needle bx addl	\$77.96	\$86.17	11%	\$8.22	\$59.84	\$56.11	-6%	(\$3.73)
31634		Bronch w/balloon occlusion	\$1,357.58	\$1,607.59	18%	\$250.00	\$179.52	\$170.34	-5%	(\$9.18)
31635		Bronchoscopy w/fb removal	\$283.68	\$324.32	14%	\$40.64	\$166.91	\$158.32	-5%	(\$8.59)
31636		Bronchoscopy bronch stents	\$207.02	NA	NA	NA	\$207.02	\$195.40	-6%	(\$11.62)
31637		Bronchoscopy stent add-on	\$72.13	NA	NA	NA	\$72.13	\$67.14	-7%	(\$5.00)
31638		Bronchoscopy revise stent	\$234.19	NA	NA	NA	\$234.19	\$219.11	-6%	(\$15.08)
31640		Bronchoscopy w/tumor excise	\$234.19	NA	NA	NA	\$234.19	\$218.11	-7%	(\$16.08)
31641		Bronchoscopy treat blockage	\$240.01	NA	NA	NA	\$240.01	\$224.45	-6%	(\$15.56)
31643		Diag bronchoscope/catheter	\$161.09	NA	NA	NA	\$161.09	\$152.31	-5%	(\$8.78)
31645		Bronchoscopy clear airways	\$265.89	\$308.62	16%	\$42.74	\$140.06	\$133.27	-5%	(\$6.79)
31646		Bronchoscopy reclear airway	\$135.86	NA	NA	NA	\$135.86	\$128.93	-5%	(\$6.93)
31647		Bronchial valve init insert	\$195.05	NA	NA	NA	\$195.05	\$185.04	-5%	(\$10.01)
31648		Bronchial valve remov init	\$186.96	NA	NA	NA	\$186.96	\$177.02	-5%	(\$9.94)
31649		Bronchial valve remov addl	\$65.66	\$71.81	9%	\$6.15	\$65.66	\$61.79	-6%	(\$3.87)
31651		Bronchial valve addl insert	\$71.81	\$77.82	8%	\$6.01	\$71.81	\$67.14	-7%	(\$4.67)
31652		Bronch ebus sampling 1/2 node	\$1,155.09	\$1,356.74	17%	\$201.65	\$209.61	\$198.07	-6%	(\$11.54)
31653		Bronch ebus sampling 3/> node	\$1,197.47	\$1,400.17	17%	\$202.70	\$232.25	\$219.11	-6%	(\$13.14)
31654		Bronch ebus ivntj perph les	\$115.48	\$131.27	14%	\$15.79	\$63.40	\$59.79	-6%	(\$3.61)
31660		Bronch thermoplasty 1 lobe	\$178.88	NA	NA	NA	\$178.88	\$169.68	-5%	(\$9.20)
31661		Bronch thermoplasty 2/> lobes	\$189.55	NA	NA	NA	\$189.55	\$178.69	-6%	(\$10.86)
32554		Aspirate pleura w/o imaging	\$222.22	\$260.53	17%	\$38.31	\$84.42	\$79.16	-6%	(\$5.26)
32555		Aspirate pleura w/ imaging	\$297.26	\$310.96	5%	\$13.70	\$103.83	\$93.86	-10%	(\$9.98)
32556		Insert cath pleura w/o image	\$691.24	\$841.70	22%	\$150.46	\$119.36	\$111.89	-6%	(\$7.47)
32557		Insert cath pleura w/ image	\$618.47	\$648.31	5%	\$29.85	\$141.68	\$129.26	-9%	(\$12.42)
94002		Vent mgmt inpat init day	\$87.98	NA	NA	NA	\$87.98	\$85.84	-2%	(\$2.14)
94003		Vent mgmt inpat subq day	\$61.78	NA	NA	NA	\$61.78	\$59.12	-4%	(\$2.66)
94010			\$26.52	\$29.73	12%	\$3.20	\$26.52	NA	NA	NA
94010	26	Breathing capacity test	\$7.76	\$8.35	8%	\$0.59	\$7.76	\$8.35	8%	\$0.59
94010	TC		\$18.76	\$21.38	14%	\$2.62	\$18.76	NA	NA	NA
94011		Spirometry up to 2 yrs old	\$81.19	NA	NA	NA	\$81.19	\$72.48	-11%	(\$8.71)
94012		Spirimtry w/brnchdil inf-2 yr	\$131.97	NA	NA	NA	\$131.97	\$117.24	-11%	(\$14.74)
94013		Meas lung vol thru 2 yrs	\$17.79	NA	NA	NA	\$17.79	\$16.70	-6%	(\$1.09)
94014		Patient recorded spirometry	\$54.34	\$59.79	10%	\$5.45	\$54.34	NA	NA	NA
94015		Patient recorded spirometry	\$31.05	\$35.07	13%	\$4.02	\$31.05	NA	NA	NA
94016		Review patient spirometry	\$23.29	\$24.72	6%	\$1.43	\$23.29	\$24.72	6%	\$1.43
94060			\$37.85	\$43.42	15%	\$5.58	\$37.85	NA	NA	NA
94060	26	Evaluation of wheezing	\$9.70	\$10.35	7%	\$0.65	\$9.70	\$10.35	7%	\$0.65
94060	TC		\$28.14	\$33.07	18%	\$4.93	\$28.14	NA	NA	NA
94070			\$61.46	\$69.81	14%	\$8.35	\$61.46	NA	NA	NA
94070	26	Evaluation of wheezing	\$26.20	\$28.72	10%	\$2.52	\$26.20	\$28.72	10%	\$2.52
94070	TC		\$35.26	\$41.08	17%	\$5.83	\$35.26	NA	NA	NA
94150			\$24.58	\$26.39	7%	\$1.80	\$24.58	NA	NA	NA
94150	26	Vital capacity test	\$3.56	\$3.67	3%	\$0.12	\$3.56	\$3.67	3%	\$0.12

CPT/ HCPCS	Modifier	Short Description	2025 NF Allowable	2026 NF Allowable	NF Allowable	NF Allowable	2025 FAC Allowable	2026 FAC Allowable	FAC Allowable	FAC Allowable
94150	TC		\$21.03	\$22.71	8%	\$1.69	\$21.03	NA	NA	NA
94200			\$14.56	\$16.37	12%	\$1.81	\$14.56	NA	NA	NA
94200	26	Lung function test (MBC/MVV)	\$2.59	\$2.67	3%	\$0.08	\$2.59	\$2.67	3%	\$0.08
94200	TC		\$11.97	\$13.69	14%	\$1.73	\$11.97	NA	NA	NA
94375			\$37.85	\$42.09	11%	\$4.24	\$37.85	NA	NA	NA
94375	26	Respiratory flow volume loop	\$13.59	\$14.36	6%	\$0.78	\$13.59	\$14.36	6%	\$0.78
94375	TC		\$24.26	\$27.72	14%	\$3.46	\$24.26	NA	NA	NA
94450			\$85.07	\$113.90	34%	\$28.83	\$85.07	NA	NA	NA
94450	26	Hypoxia response curve	\$19.08	\$22.71	19%	\$3.63	\$19.08	\$22.71	19%	\$3.63
94450	TC		\$65.99	\$91.18	38%	\$25.20	\$65.99	NA	NA	NA
94452			\$49.17	\$57.45	17%	\$8.28	\$49.17	NA	NA	NA
94452	26	Hast w/report	\$13.59	\$14.70	8%	\$1.11	\$13.59	\$14.70	8%	\$1.11
94452	TC		\$35.58	\$42.75	20%	\$7.17	\$35.58	NA	NA	NA
94453			\$65.02	\$76.15	17%	\$11.14	\$65.02	NA	NA	NA
94453	26	Hast w/oxygen titrate	\$17.47	\$19.04	9%	\$1.57	\$17.47	\$19.04	9%	\$1.57
94453	TC		\$47.55	\$57.12	20%	\$9.57	\$47.55	NA	NA	NA
94610		Surfactant admin thru tube	\$53.37	NA	NA	NA	\$53.37	\$47.76	-11%	(\$5.61)
94617			\$86.69	\$93.19	7%	\$6.50	\$86.69	NA	NA	NA
94617	26	Exercise tst brncpsm	\$30.08	\$31.40	4%	\$1.31	\$30.08	\$31.40	4%	\$1.31
94617	TC		\$56.61	\$61.79	9%	\$5.19	\$56.61	NA	NA	NA
94618			\$33.32	\$37.07	11%	\$3.76	\$33.32	NA	NA	NA
94618	26	Pulmonary stress testing	\$21.03	\$22.71	8%	\$1.69	\$21.03	\$22.71	8%	\$1.69
94618	TC		\$12.29	\$14.36	17%	\$2.07	\$12.29	NA	NA	NA
94619		Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)	\$63.40	\$66.80	5%	\$3.40	\$63.40	NA	NA	NA
94619	26		\$20.38	\$21.38	5%	\$1.00	\$20.38	\$21.38	5%	\$1.00
94619	TC		\$43.02	\$45.43	6%	\$2.40	\$43.02	NA	NA	NA
94621			\$150.73	\$165.67	10%	\$14.93	\$150.73	NA	NA	NA
94621	26	Pulm stress test/complex	\$64.69	\$67.80	5%	\$3.11	\$64.69	\$67.80	5%	\$3.11
94621	TC		\$86.04	\$97.86	14%	\$11.82	\$86.04	NA	NA	NA
94625		Phy/ghp op pulm rhb w/o mntr	\$75.04	\$87.51	17%	\$12.47	\$75.04	\$16.37	-5%	(\$0.78)
94626		Phy/ghp op pulm rhb w/ mntr	\$81.51	\$109.22	34%	\$27.71	\$24.91	\$24.38	-2%	(\$0.52)
94640		Airway inhalation treatment	\$7.76	\$8.68	12%	\$0.92	\$7.76	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	\$55.96	\$62.46	12%	\$6.50	\$55.96	NA	NA	NA
94645		Cbt each addl hour	\$16.50	\$16.70	1%	\$0.20	\$16.50	NA	NA	NA
94660		Pos airway pressure cpap	\$63.40	\$69.14	9%	\$5.74	\$35.26	\$32.40	-8%	(\$2.86)
94662		Neg press ventilation cnp	\$32.99	NA	NA	NA	\$32.99	NA	NA	NA
94664		Evaluate pt use of inhaler	\$17.47	\$20.04	15%	\$2.57	\$17.47	NA	NA	NA
94667		Chest wall manipulation	\$24.58	\$27.39	11%	\$2.81	\$24.58	NA	NA	NA
94668		Chest wall manipulation	\$37.52	\$39.08	4%	\$1.56	\$37.52	NA	NA	NA
94680			\$51.11	\$57.78	13%	\$6.68	\$51.11	NA	NA	NA
94680	26	Exhaled air analysis o2	\$11.97	\$12.36	3%	\$0.39	\$11.97	\$12.36	3%	\$0.39
94680	TC		\$39.14	\$45.43	16%	\$6.29	\$39.14	NA	NA	NA
94681			\$46.58	\$50.44	8%	\$3.86	\$46.58	NA	NA	NA
94681	26	Exhaled air analysis o2/co2	\$9.06	\$9.69	7%	\$0.63	\$9.06	\$9.69	7%	\$0.63
94681	TC		\$37.52	\$40.75	9%	\$3.23	\$37.52	NA	NA	NA
94690			\$46.90	\$52.44	12%	\$5.54	\$46.90	NA	NA	NA
94690	26	Exhaled air analysis	\$3.56	\$3.67	3%	\$0.12	\$3.56	\$3.67	3%	\$0.12
94690	TC		\$43.34	\$48.77	13%	\$5.42	\$43.34	NA	NA	NA
94726			\$54.99	\$63.80	16%	\$8.81	\$54.99	NA	NA	NA
94726	26	Pulm funct tst plethysmograph	\$11.32	\$12.02	6%	\$0.70	\$11.32	\$12.02	6%	\$0.70
94726	TC		\$43.67	\$51.77	19%	\$8.10	\$43.67	NA	NA	NA
94727			\$43.67	\$49.77	14%	\$6.10	\$43.67	NA	NA	NA
94727	26	Pulm function test by gas	\$11.32	\$12.02	6%	\$0.70	\$11.32	\$12.02	6%	\$0.70
94727	TC		\$32.35	\$37.74	17%	\$5.40	\$32.35	NA	NA	NA
94728			\$43.02	\$48.10	12%	\$5.08	\$43.02	NA	NA	NA
94728	26	Pulm funct test oscillometry	\$11.64	\$12.36	6%	\$0.71	\$11.64	\$12.36	6%	\$0.71
94728	TC		\$31.38	\$35.74	14%	\$4.36	\$31.38	NA	NA	NA
94729			\$54.34	\$63.46	17%	\$9.12	\$54.34	NA	NA	NA
94729	26	Co/membrane diffuse capacity	\$8.41	\$9.35	11%	\$0.94	\$8.41	\$9.35	11%	\$0.94
94729	TC		\$45.93	\$54.11	18%	\$8.18	\$45.93	NA	NA	NA
94760		Measure blood oxygen level	\$3.56	\$4.01	13%	\$0.45	\$3.56	NA	NA	NA
94761		Measure blood oxygen level exercise	\$3.88	\$4.34	12%	\$0.46	\$3.88	NA	NA	NA
94762		Measure blood oxygen level	\$23.94	\$24.05	0%	\$0.11	\$23.94	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

CPT/ HCPCS	Modifier	Short Description	2025 NF Allowable	2026 NF Allowable	NF Allowable	NF Allowable	2025 FAC Allowable	2026 FAC Allowable	FAC Allowable	FAC Allowable
94776		Ped home apnea rec downld	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
94777		Ped home apnea rec report	\$0.00	\$0.00	NA	\$0.00	\$0.00	\$0.00	NA	\$0.00
94780		Car seat/bed test 60 min	\$51.75	\$55.11	6%	\$3.36	\$22.00	\$20.37	-7%	(\$1.62)
94781		Car seat/bed test + 30 min	\$21.03	\$22.04	5%	\$1.02	\$7.76	\$7.01	-10%	(\$0.75)
94799		Pulmonary service/procedure	\$0.00	\$0.00	NA	\$0.00	\$0.00	NA	NA	NA
94799	26	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			\$942.90	\$1,010.38	7%	\$67.48	\$942.90	NA	NA	NA
#95782	26	Polysom <6 yrs 4/> paramtrs	\$116.77	\$120.91	4%	\$4.14	\$116.77	\$120.91	4%	\$4.14
#95782	TC		\$826.13	\$889.47	8%	\$63.34	\$826.13	NA	NA	NA
#95783			\$999.18	\$1,070.16	7%	\$70.98	\$999.18	NA	NA	NA
#95783	26	Polysom <6 yrs cpap/bilvl	\$127.12	\$131.27	3%	\$4.14	\$127.12	\$131.27	3%	\$4.14
#95783	TC		\$872.06	\$938.90	8%	\$66.84	\$872.06	NA	NA	NA
#95800			\$124.53	\$141.29	13%	\$16.75	\$124.53	NA	NA	NA
#95800	26	Slp stdy unattended	\$37.20	\$38.75	4%	\$1.55	\$37.20	\$38.75	4%	\$1.55
#95800	TC		\$87.34	\$102.54	17%	\$15.21	\$87.34	NA	NA	NA
#95801			\$94.45	\$103.88	10%	\$9.43	\$94.45	NA	NA	NA
#95801	26	Slp stdy unatnd w/anal	\$38.82	\$41.08	6%	\$2.27	\$38.82	\$41.08	6%	\$2.27
#95801	TC		\$55.64	\$62.79	13%	\$7.16	\$55.64	NA	NA	NA
#95803			\$126.47	\$135.27	7%	\$8.80	\$126.47	NA	NA	NA
#95803	26	Actigraphy testing	\$39.79	\$42.75	7%	\$2.97	\$39.79	\$42.75	7%	\$2.97
#95803	TC		\$86.69	\$92.52	7%	\$5.83	\$86.69	NA	NA	NA
95805			\$425.68	\$479.97	13%	\$54.29	\$425.68	NA	NA	NA
95805	26	Multiple sleep latency test	\$54.34	\$57.78	6%	\$3.44	\$54.34	\$57.78	6%	\$3.44
95805	TC		\$371.34	\$422.19	14%	\$50.85	\$371.34	NA	NA	NA
95806			\$93.16	\$103.21	11%	\$10.05	\$93.16	NA	NA	NA
95806	26	Sleep study unatt & resp efft	\$41.73	\$44.76	7%	\$3.03	\$41.73	\$44.76	7%	\$3.03
95806	TC		\$51.43	\$58.45	14%	\$7.02	\$51.43	NA	NA	NA
95807			\$401.74	\$443.90	10%	\$42.15	\$401.74	NA	NA	NA
95807	26	Sleep study attended	\$55.96	\$59.45	6%	\$3.49	\$55.96	\$59.45	6%	\$3.49
95807	TC		\$345.78	\$384.44	11%	\$38.66	\$345.78	NA	NA	NA
95808			\$476.14	\$512.70	8%	\$36.56	\$476.14	NA	NA	NA
95808	26	Polysom any age 1-3> param	\$77.96	\$81.50	5%	\$3.54	\$77.96	\$81.50	5%	\$3.54
95808	TC		\$398.19	\$431.21	8%	\$33.02	\$398.19	NA	NA	NA
95810			\$608.44	\$674.36	11%	\$65.93	\$608.44	NA	NA	NA
95810	26	Polysom 6/> yrs 4/> param	\$112.24	\$119.58	7%	\$7.33	\$112.24	\$119.58	7%	\$7.33
95810	TC		\$496.20	\$554.79	12%	\$58.59	\$496.20	NA	NA	NA
95811			\$637.23	\$708.43	11%	\$71.21	\$637.23	NA	NA	NA
95811	26	Polysom 6/>yrs cpap 4/> parm	\$117.09	\$123.92	6%	\$6.82	\$117.09	\$123.92	6%	\$6.82
95811	TC		\$520.13	\$584.52	12%	\$64.38	\$520.13	NA	NA	NA
97550		Caregiver traing 1st 30 min	\$52.08	\$52.77	1%	\$0.70	\$44.64	\$39.75	-11%	(\$4.89)
97551		Caregiver traing ea addl 15	\$25.55	\$26.05	2%	\$0.50	\$23.94	\$21.04	-12%	(\$2.89)
97552		Group caregiver training	\$22.00	\$22.04	0%	\$0.05	\$10.35	\$9.35	-10%	(\$1.00)
99202		Office/outpatient visit new 15	\$69.87	\$75.15	8%	\$5.28	\$45.29	\$41.08	-9%	(\$4.20)
99203		Office o/p new sf 30 min	\$109.01	\$117.57	8%	\$8.56	\$79.25	\$71.48	-10%	(\$7.77)
99204		Office o/p new low 45 min	\$163.35	\$177.36	9%	\$14.01	\$129.06	\$116.90	-9%	(\$12.16)
99205		Office o/p new mod 60 min	\$215.75	\$236.81	10%	\$21.06	\$175.64	\$160.32	-9%	(\$15.32)
99211		Office o/p est minimal prob	\$22.64	\$24.38	8%	\$1.74	\$8.41	\$7.68	-9%	(\$0.73)
99212		Office o/p est sf 10 min	\$54.99	\$59.45	8%	\$4.46	\$33.96	\$31.06	-9%	(\$2.90)
99213		Office o/p est low 20 min	\$88.95	\$95.19	7%	\$6.24	\$63.72	\$57.45	-10%	(\$6.27)
99214		Office o/p est mod 30 min	\$125.18	\$135.61	8%	\$10.43	\$93.80	\$84.50	-10%	(\$9.30)
99215		Office o/p est mod 40 min	\$175.64	\$192.39	10%	\$16.75	\$138.77	\$125.59	-9%	(\$13.18)
99151		Mod sed same phys/ghp <5 yrs	\$57.90	\$62.13	7%	\$4.23	\$22.97	\$21.04	-8%	(\$1.92)
99152		Mod sed same phys/ghp 5/>yrs	\$48.52	\$51.44	6%	\$2.92	\$11.64	\$11.02	-5%	(\$0.62)
99153		Mod sed same phys/ghp ea	\$11.64	\$12.69	9%	\$1.05	\$11.64	NA	NA	NA
99155		Mod sed oth phys/ghp <5 yrs	\$79.57	NA	NA	NA	\$79.57	\$81.50	2%	\$1.93
99156		Mod sed oth phys/ghp 5/>yrs	\$71.16	NA	NA	NA	\$71.16	\$71.14	0%	(\$0.02)
99157		Mod sed other phys/ghp ea	\$55.31	NA	NA	NA	\$55.31	\$54.11	-2%	(\$1.20)
99221		Initial hospital care	\$79.57	NA	NA	NA	\$79.57	\$74.48	-6%	(\$5.09)
99222		Initial hospital care	\$125.50	NA	NA	NA	\$125.50	\$116.90	-7%	(\$8.60)
99223		Initial hospital care	\$167.23	NA	NA	NA	\$167.23	\$156.32	-7%	(\$10.92)
99231		Subsequent hospital care	\$47.23	NA	NA	NA	\$47.23	\$44.09	-7%	(\$3.14)
99232		Subsequent hospital care	\$76.34	NA	NA	NA	\$76.34	\$70.48	-8%	(\$5.86)
99233		Subsequent hospital care	\$113.86	NA	NA	NA	\$113.86	\$106.88	-6%	(\$6.98)
99234		Observ/hosp same date	\$93.80	NA	NA	NA	\$93.80	\$88.18	-6%	(\$5.63)
99235		Observ/hosp same date	\$152.68	NA	NA	NA	\$152.68	\$142.96	-6%	(\$9.72)
99236		Observ/hosp same date	\$199.58	NA	NA	NA	\$199.58	\$189.72	-5%	(\$9.86)
99238		Hospital discharge day	\$78.28	NA	NA	NA	\$78.28	\$74.82	-4%	(\$3.46)
99239		Hospital discharge day	\$110.63	NA	NA	NA	\$110.63	\$106.55	-4%	(\$4.08)

CPT/ HCPCS	Modifier	Short Description	2025 NF Allowable	2026 NF Allowable	NF Allowable	NF Allowable	2025 FAC Allowable	2026 FAC Allowable	FAC Allowable	FAC Allowable
99418		Prolng ip/obs e/m ea 15 min	\$37.85	NA	NA	NA	\$37.85	\$34.74	-8%	(\$3.11)
99291		Critical care first hour	\$265.56	\$308.96	16%	\$43.39	\$205.72	\$199.07	-3%	(\$6.65)
99292		Critical care each add 30 min	\$115.48	\$133.94	16%	\$18.46	\$102.86	\$100.20	-3%	(\$2.66)
G0424		Pulmonary Rehab	NA	NA	NA	NA	NA	NA	NA	NA
G0508		Crit care telehea consult 60	\$199.25	NA	NA	NA	\$199.25	\$184.71	-7%	(\$14.55)
G0509		Crit care telehea consult 50	\$182.43	NA	NA	NA	\$182.43	\$176.36	-3%	(\$6.08)
99358		Prolong service w/o contact	\$86.37	\$91.85	6%	\$5.49	\$85.07	\$76.82	-10%	(\$8.25)
99359		Prolong serv w/o contact add	\$36.55	\$39.08	7%	\$2.53	\$34.93	\$32.40	-7%	(\$2.54)
99406		Behav chng smoking 3-10 min	\$13.91	\$15.36	10%	\$1.46	\$11.32	\$10.69	-6%	(\$0.63)
99407		Behav chng smoking > 10 min	\$26.52	\$29.06	10%	\$2.53	\$23.94	\$22.04	-8%	(\$1.89)
99421		Ol dig e/m svc 5-10 min	\$14.56	\$15.70	8%	\$1.14	\$12.29	\$11.02	-10%	(\$1.27)
99422		Ol dig e/m svc 11-20 min	\$28.46	\$30.73	8%	\$2.26	\$24.58	\$22.38	-9%	(\$2.20)
99423		Ol dig e/m svc 21+ min	\$44.96	\$48.77	8%	\$3.80	\$38.17	\$35.07	-8%	(\$3.10)
99424		Prin care mgmt phs 1st 30	\$80.87	\$87.51	8%	\$6.64	\$72.13	\$64.80	-10%	(\$7.33)
99425		Prin care mgmt phs ea 30	\$58.87	\$61.46	4%	\$2.59	\$49.17	\$44.09	-10%	(\$5.08)
99426		Prin care mgmt staff 1st 30	\$61.78	\$67.80	10%	\$6.02	\$47.55	\$44.09	-7%	(\$3.46)
99427		Prin care mgmt staff ea addl	\$50.46	\$54.11	7%	\$3.65	\$34.29	\$31.40	-8%	(\$2.89)
99437		Chrc care mgmt phys ea addl	\$57.58	\$63.13	10%	\$5.55	\$47.87	\$43.76	-9%	(\$4.12)
99439		Chrc care mgmt svc ea addl	\$45.93	\$50.44	10%	\$4.50	\$32.99	\$30.73	-7%	(\$2.26)
99441		Phone e/m phys/ghp 5-10 min	NA	NA	NA	NA	NA	NA	NA	NA
99442		Phone e/m phys/ghp 11-20 min	NA	NA	NA	NA	NA	NA	NA	NA
99443		Phone e/m phys/ghp 21-30 min	NA	NA	NA	NA	NA	NA	NA	NA
99446		Ntrprof ph1/ntrnet/ehr 5-10	\$17.14	\$19.04	11%	\$1.89	\$17.14	\$16.03	-6%	(\$1.11)
99447		Ntrprof ph1/ntrnet/ehr 11-20	\$34.61	\$38.08	10%	\$3.47	\$34.61	\$32.06	-7%	(\$2.55)
99448		Ntrprof ph1/ntrnet/ehr 21-30	\$51.43	\$56.78	10%	\$5.35	\$51.43	\$47.76	-7%	(\$3.67)
99449		Ntrprof ph1/ntrnet/ehr 31/>	\$69.54	\$76.15	10%	\$6.61	\$69.54	\$63.46	-9%	(\$6.08)
99451		Ntrprof ph1/ntrnet/ehr 5/>	\$32.99	\$35.40	7%	\$2.41	\$32.99	\$30.06	-9%	(\$2.93)
99452		Ntrprof ph1/ntrnet/ehr rfrl	\$33.64	\$37.07	10%	\$3.43	\$33.64	\$31.06	-8%	(\$2.58)
99457		Rem physiол mnt 1st 20 min	\$47.87	\$51.77	8%	\$3.90	\$28.79	\$26.39	-8%	(\$2.40)
99458		Rem physiол mnt ea addl 20	\$38.49	\$41.42	8%	\$2.92	\$28.79	\$26.39	-8%	(\$2.40)
99483		Assmt & care pln pt cog imp	\$266.21	\$292.93	10%	\$26.71	\$185.99	\$169.68	-9%	(\$16.32)
99484		Care mgmt svc bhvl hlth cond	\$53.05	\$57.45	8%	\$4.40	\$41.40	\$38.75	-6%	(\$2.66)
99487		Cmplx chron care w/o pt vsit	\$131.65	\$144.29	10%	\$12.64	\$87.01	\$79.16	-9%	(\$7.85)
99489		Complx chron care addl 30 min	\$70.52	\$78.16	11%	\$7.64	\$47.23	\$43.76	-7%	(\$3.47)
99490		Chron care mgmt svc 20 min	\$60.49	\$66.13	9%	\$5.65	\$47.87	\$43.76	-9%	(\$4.12)
99439 previously G2058		CCM add 20min	\$45.93	\$50.44	10%	\$4.50	\$32.99	\$30.73	-7%	(\$2.26)
99491		Chrc care mgmt svc 30 min	\$82.16	\$89.18	9%	\$7.02	\$72.46	\$65.47	-10%	(\$6.99)
99437		Chrc care mgmt phys ea addl	\$57.58	\$63.13	10%	\$5.55	\$47.87	\$43.76	-9%	(\$4.12)
99495		Trans care mgmt 14 day disch	\$201.20	\$220.11	9%	\$18.92	\$134.24	\$122.25	-9%	(\$11.99)
99496		Trans care mgmt 7 day disch	\$272.68	\$298.60	10%	\$25.92	\$182.43	\$166.34	-9%	(\$16.10)
99497		Advncd care plan 30 min	\$79.57	\$86.84	9%	\$7.27	\$72.46	\$65.80	-9%	(\$6.66)
99498		Advncd care plan addl 30 min	\$68.90	\$78.16	13%	\$9.26	\$68.57	\$63.46	-7%	(\$5.11)
G0019		Comm hlth intg svs sdoh 60mn	\$77.96	\$86.51	11%	\$8.55	\$47.55	\$44.09	-7%	(\$3.46)
G0022		Comm hlth intg svs add 30 m	\$48.52	\$54.11	12%	\$5.59	\$33.32	\$30.73	-8%	(\$2.59)
G0023		Pin service 60m per month	\$77.96	\$87.18	12%	\$9.22	\$47.55	\$44.42	-7%	(\$3.13)
G0024		Pin srv add 30 min pr m	\$48.52	\$54.44	12%	\$5.92	\$33.32	\$31.06	-7%	(\$2.25)
G0237		Therapeutic procd strg endur	\$11.32	\$12.69	12%	\$1.37	\$11.32	NA	NA	NA
G0238		Oth resp proc, indiv	\$10.03	\$11.36	13%	\$1.33	\$10.03	NA	NA	NA
G0239		Oth resp proc, group	\$12.94	\$14.36	11%	\$1.42	\$12.94	NA	NA	NA
G0296		Visit to determ LDCT elig	\$26.85	\$28.72	7%	\$1.88	\$24.26	\$22.38	-8%	(\$1.88)
71250 Prev G0297		Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	\$131.00	\$132.60	1%	\$1.60	\$131.00	NA	NA	NA
71250	26		\$49.17	\$49.43	1%	\$0.27	\$49.17	\$49.43	1%	\$0.27
71250	TC		\$81.84	\$83.17	2%	\$1.33	\$81.84	NA	NA	NA
G0277		Hbot, full body chamber, 30m	\$170.14	\$194.06	14%	\$23.92	\$170.14	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

CPT/ HCPCS	Modifier	Short Description	2025 NF Allowable	2026 NF Allowable	NF Allowable	NF Allowable	2025 FAC Allowable	2026 FAC Allowable	FAC Allowable	FAC Allowable
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	\$54.99	\$66.80	21%	\$11.81	\$5.50	\$5.34	-3%	(\$0.15)
G0506		Comp asses care plan ccm svc	\$60.81	\$66.47	9%	\$5.66	\$41.73	\$38.41	-8%	(\$3.32)
G0508		Crit care telehea consult 60	\$199.25	NA	NA	NA	\$199.25	\$184.71	-7%	(\$14.55)
G0509		Crit care telehea consult 50	\$182.43	NA	NA	NA	\$182.43	\$176.36	-3%	(\$6.08)
G0513		Prolong prev svcs, first 30m	\$60.81	\$64.80	7%	\$3.99	\$56.61	\$50.77	-10%	(\$5.84)
G0514		Prolong prev svcs, addl 30m	\$60.81	\$64.80	7%	\$3.99	\$56.61	\$50.77	-10%	(\$5.84)
G2010		Remote pt submit record	\$11.97	\$13.03	9%	\$1.06	\$8.73	\$8.02	-8%	(\$0.72)
G2012		Brief check in by md/qhp	NA	NA	NA	NA	NA	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	\$13.91	\$14.03	1%	\$0.12	\$12.29	\$10.69	-13%	(\$1.60)
G2252		Brief chkin by md/qhp, 11-20	\$25.55	\$28.39	11%	\$2.84	\$24.26	\$22.38	-8%	(\$1.88)
G2086		Off base opioid tx 70 min	\$454.47	\$491.33	8%	\$36.86	\$394.95	\$362.73	-8%	(\$32.22)
G2087		Off base opioid tx, 60 m	\$411.12	\$443.23	8%	\$32.11	\$371.66	\$345.03	-7%	(\$26.63)
G2088		Off base opioid tx, add 30	\$55.31	\$60.79	10%	\$5.48	\$35.90	\$34.07	-5%	(\$1.84)
G2211		Complex e/m visit add on	\$15.53	\$17.37	12%	\$1.84	\$15.53	\$14.36	-7%	(\$1.16)
G2212		Prolong outpt/office vis	\$31.05	\$34.07	10%	\$3.02	\$29.76	\$27.39	-8%	(\$2.37)
G0316		Prolong hosp inpt each ad 15m	\$30.73	\$34.74	13%	\$4.01	\$29.44	\$27.72	-6%	(\$1.71)

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.

2025 October Compared to Final 2026 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 2025 October Addendum B 9-26-2025](#)

[Click here for Link to References: CMS Website HOPPS CY 2026 Final Addendum B -11-3-2025](#)

October 2025 HOPPS File & Final 2026 HOPPS File

CPT/ HCPCS	CMS Short Description Description	Status		APC		Oct CY 2025	Final CY 2026	Dollar	Percent
		CY 2025	CY 2026	CY 2025	CY 2026	Payment Rate	Payment Rate	Change	Change
31615	Visualization of windpipe	T	T	5162	5162	\$509.25	\$551.01	\$41.76	8%
31620	Endobronchial us add-on	NA	NA	NA	NA	NA	NA	NA	NA
31622	Dx bronchoscope/wash	J1	J1	5153	5153	\$1,724.47	\$1,818.45	\$93.98	5%
31623	Dx bronchoscope/brush	J1	J1	5153	5153	\$1,724.47	\$1,818.45	\$93.98	5%
31624	Dx bronchoscope/lavage	J1	J1	5153	5153	\$1,724.47	\$1,818.45	\$93.98	5%
31625	Bronchoscopy w/biopsy(s)	J1	J1	5153	5153	\$1,724.47	\$1,818.45	\$93.98	5%
31626	Bronchoscopy w/markers	J1	J1	5155	5155	\$6,922.47	\$7,210.32	\$287.85	4%
31627	Navigational bronchoscopy	N	N					NA	NA
31628	Bronchoscopy/lung bx each	J1	J1	5154	5154	\$3,686.95	\$3,809.10	\$122.15	3%
31629	Bronchoscopy/needle bx each	J1	J1	5154	5154	\$3,686.95	\$3,809.10	\$122.15	3%
31630	Bronchoscopy dilate/fx repr	J1	J1	5154	5154	\$3,686.95	\$3,809.10	\$122.15	3%
31631	Bronchoscopy dilate w/stent	J1	J1	5155	5155	\$6,922.47	\$7,210.32	\$287.85	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	\$6,922.47	\$7,210.32	\$287.85	4%
31635	Bronchoscopy w/fb removal	J1	J1	5153	5153	\$1,724.47	\$1,818.45	\$93.98	5%
31636	Bronchoscopy bronch stents	J1	J1	5155	5155	\$6,922.47	\$7,210.32	\$287.85	4%
31637	Bronchoscopy stent add-on	N	N					NA	NA
31638	Bronchoscopy revise stent	J1	J1	5155	5155	\$6,922.47	\$7,210.32	\$287.85	4%
31640	Bronchoscopy w/tumor excise	J1	J1	5154	5154	\$3,686.95	\$3,809.10	\$122.15	3%
31641	Bronchoscopy treat blockage	J1	J1	5154	5154	\$3,686.95	\$3,809.10	\$122.15	3%
31643	Diag bronchoscope/catheter	J1	J1	5153	5153	\$1,724.47	\$1,818.45	\$93.98	5%
31645	Bronchoscopy clear airways	J1	J1	5153	5153	\$1,724.47	\$1,818.45	\$93.98	5%
31646	Bronchoscopy reclear airway	T	T	5152	5152	\$388.31	\$399.59	\$11.28	3%
31647	Bronchial valve init insert	J1	J1	5155	5155	\$6,922.47	\$7,210.32	\$287.85	4%
31648	Bronchial valve remov init	J1	J1	5154	5154	\$3,686.95	\$3,809.10	\$122.15	3%
31649	Bronchial valve remov addl	Q2	Q2	5153	5153	\$1,724.47	\$1,818.45	\$93.98	5%
31651	Bronchial valve addl insert	N	N					NA	NA
31652	Bronch ebus sampling 1/2 node	J1	J1	5154	5154	\$3,686.95	\$3,809.10	\$122.15	3%
31653	Bronch ebus sampling 3/> node	J1	J1	5154	5154	\$3,686.95	\$3,809.10	\$122.15	3%
31654	Bronch ebus ivntj perph les	N	N					NA	NA
31660	Bronch thermoplasty 1 lobe	J1	J1	5155	5155	\$6,922.47	\$7,210.32	\$287.85	4%
31661	Bronch thermoplasty 2/> lobes	J1	J1	5155	5155	\$6,922.47	\$7,210.32	\$287.85	4%
32554	Aspirate pleura w/o imaging	T	T	5181	5181	\$618.26	\$640.89	\$22.63	4%
32555	Aspirate pleura w/ imaging	T	T	5181	5181	\$618.26	\$640.89	\$22.63	4%
32556	Insert cath pleura w/o image	J1	J1	5302	5302	\$1,896.99	\$1,960.47	\$63.48	3%
32557	Insert cath pleura w/ image	J1	J1	5182	5182	\$1,553.44	\$1,608.25	\$54.81	4%
94002 Single Code	Vent mgmt inpat init day (Single Code APC Assignment & Rate)	Q3	Q3	5801	5801	\$661.10	\$631.17	(\$29.93)	-5%
94002 Composite	Vent mgmt inpat init day (Composite APC Assignment & Rate)	S	S	5041	5041	\$842.61	\$843.92	\$1.31	0%
94002 Composite	Vent mgmt inpat init day (Composite APC Assignment & Rate)	S	S	5045	5045	\$1,323.17	\$1,361.78	\$38.61	3%
94003 Single Code	Vent mgmt inpat subq day (Single Code APC Assignment & Rate)	Q3	Q3	5801	5801	\$661.10	\$631.17	(\$29.93)	-5%

CPT/ HCPCS	CMS Short Description Description	Status		APC		Oct CY 2025	Final CY 2026	Dollar	Percent
		CY 2025	CY 2026	CY 2025	CY 2026	Payment Rate	Payment Rate	Change	Change
94003 Composite	Vent mgmt inpat subq day (Composite APC Assignment & Rate)	S	S	5041	5041	\$842.61	\$843.92	\$1.31	0%
94003 Composite	Vent mgmt inpat subq day (Composite APC Assignment & Rate)	S	S	5045	5045	\$1,323.17	\$1,361.78	\$38.61	3%
94010	Breathing capacity test	Q1	Q1	5721	5722	\$156.46	\$220.60	\$64.14	41%
94011	Spirometry up to 2 yrs old	Q1	Q1	5721	5721	\$156.46	\$131.46	(\$25.00)	-16%
94012	Spirimtry w/brnchdil inf-2 yr	Q1	Q1	5722	5722	\$311.40	\$220.60	(\$90.80)	-29%
94013	Meas lung vol thru 2 yrs	S	S	5723	5723	\$530.60	\$381.24	(\$149.36)	-28%
94014	Patient recorded spirometry	Q1	Q1	5735	5735	\$399.04	\$456.40	\$57.36	14%
94015	Patient recorded spirometry	Q1	Q1	5722	5722	\$311.40	\$220.60	(\$90.80)	-29%
94016	Review patient spirometry	A	A					NA	NA
94060	Evaluation of wheezing	S	S	5722	5723	\$311.40	\$381.24	\$69.84	22%
94070	Evaluation of wheezing	S	S	5722	5723	\$311.40	\$381.24	\$69.84	22%
94150	Vital capacity test	Q1	Q1	5721	5721	\$156.46	\$131.46	(\$25.00)	-16%
94200	Lung function test (MBC/MVV)	Q1	Q1	5733	5733	\$59.40	\$60.27	\$0.87	1%
94250	Expired gas collection	NA	NA	NA	NA	NA	NA	NA	NA
94375	Respiratory flow volume loop	Q1	Q1	5722	5722	\$311.40	\$220.60	(\$90.80)	-29%
94400	CO2 breathing response curve	NA	NA	NA	NA	NA	NA	NA	NA
94450	Hypoxia response curve	Q1	Q1	5721	5721	\$156.46	\$131.46	(\$25.00)	-16%
94452	Hast w/report	Q1	Q1	5734	5734	\$128.90	\$135.93	\$7.03	5%
94453	Hast w/oxygen titrate	Q1	Q1	5734	5734	\$128.90	\$135.93	\$7.03	5%
94610	Surfactant admin thru tube	Q1	Q1	5791	5791	\$203.39	\$223.72	\$20.33	10%
94621	Pulm stress test/complex	S	S	5722	5723	\$311.40	\$381.24	\$69.84	22%
94625	Phy/qhp op pulm rhb w/o mntr	S	S	5733	5733	\$59.40	\$60.27	\$0.87	1%
94626	Phy/qhp op pulm rhb w/mntr	S	S	5733	5733	\$59.40	\$60.27	\$0.87	1%
94617	Exercise tst brncpspm	Q1	Q1	5734	5734	\$128.90	\$135.93	\$7.03	5%
94618	Pulmonary stress testing	Q1	Q1	5734	5734	\$128.90	\$135.93	\$7.03	5%
94640	Airway inhalation treatment	Q1	Q1	5791	5791	\$203.39	\$223.72	\$20.33	10%
94642	Aerosol inhalation treatment	Q1	Q1	5791	5791	\$203.39	\$223.72	\$20.33	10%
94644	Cbt 1st hour	Q1	Q1	5734	5734	\$128.90	\$135.93	\$7.03	5%
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	\$203.39	\$223.72	\$20.33	10%
94662 Single Code CPT deleted 2026	Neg press ventilation cnp (Single Code APC Assignment & Rate)	Q3	D	5801	CPT Deleted	\$661.10	\$0.00	(\$661.10)	-100%
94662 Composite CPT deleted	Neg press ventilation cnp (Composite APC Assignment & Rate)	S	D	5041	CPT Deleted	\$842.61	\$0.00	(\$842.61)	-100%
94662 Composite CPT deleted	Neg press ventilation cnp (Composite APC Assignment & Rate)	S	D	5045	CPT Deleted	\$1,323.17	\$0.00	(\$1,323.17)	-100%
94664	Evaluate pt use of inhaler	Q1	Q1	5791	5791	\$203.39	\$223.72	\$20.33	10%
94667	Chest wall manipulation	Q1	Q1	5734	5734	\$128.90	\$135.93	\$7.03	5%
94668	Chest wall manipulation	Q1	Q1	5734	5734	\$128.90	\$135.93	\$7.03	5%
94680	Exhaled air analysis o2	Q1	Q1	5721	5721	\$156.46	\$131.46	(\$25.00)	-16%
94681	Exhaled air analysis o2/co2	Q1	Q1	5722	5723	\$311.40	\$381.24	\$69.84	22%
94690	Exhaled air analysis	Q1	Q1	5733	5733	\$59.40	\$60.27	\$0.87	1%
94726	Pulm funct tst plethysmograp	Q1	Q1	5722	5723	\$311.40	\$381.24	\$69.84	22%
94727	Pulm function test by gas	Q1	Q1	5721	5722	\$156.46	\$220.60	\$64.14	41%
94728	Pulm funct test oscillometry	Q1	Q1	5721	5721	\$156.46	\$131.46	(\$25.00)	-16%
94729	Co/membrane diffuse capacity	N	N					NA	NA
94760	Measure blood oxygen level	N	N					NA	NA
94761	Measure blood oxygen level	N	N					NA	NA

CPT/	CMS Short Description	Status		APC		Oct CY 2025	Final CY 2026	Dollar	Percent
HCPCS	Description	CY 2025	CY 2026	CY 2025	CY 2026	Payment Rate	Payment Rate	Change	Change
94762 Single Code	Measure blood oxygen level (Single Code APC Assignment & Rate)	Q3	Q3	5721	5721	\$156.46	\$131.46	(\$25.00)	-16%
94762 Composite	Measure blood oxygen level (Composite APC Assignment & Rate)	S	Q3	5041	5041	\$842.61	\$843.92	\$1.31	0%
94762 Composite	Measure blood oxygen level (Composite APC Assignment & Rate)	S	Q3	5045	5045	\$1,323.17	\$1,361.78	\$38.61	3%
94770	Exhaled carbon dioxide test	NA	NA	NA	NA	NA	NA	NA	NA
94772	Breath recording infant	S	S	5723	5723	\$530.60	\$381.24	(\$149.36)	-28%
94774	Ped home apnea rec compl	B	B					NA	NA
94775	Ped home apnea rec hk-up	S	S	5721	5721	\$156.46	\$131.46	(\$25.00)	-16%
94776	Ped home apnea rec downld	S	S	5721	5721	\$156.46	\$131.46	(\$25.00)	-16%
94777	Ped home apnea rec report	B	B					NA	NA
94780	Car seat/bed test 60 min	Q1	Q1	5732	5732	\$39.25	\$38.16	(\$1.09)	-3%
+ 94781	Car seat/bed test + 30 min	N	N					NA	NA
94799	Pulmonary service/procedure Unlisted	Q1	Q1	5721	5721	\$156.46	\$131.46	(\$25.00)	-16%
# 95782	Polysom <6 yrs 4/> paramtrs	S	S	5724	5724	\$1,017.39	\$877.34	(\$140.05)	-14%
# 95783	Polysom <6 yrs cpap/bilvl	S	S	5724	5724	\$1,017.39	\$877.34	(\$140.05)	-14%
# 95800	Slp stdy unattended	S	S	5721	5722	\$156.46	\$220.60	\$64.14	41%
# 95801	Slp stdy unatnd w/anal	Q1	Q1	5733	5733	\$59.40	\$60.27	\$0.87	1%
95803	Actigraphy testing	Q1	Q1	5733	5733	\$59.40	\$60.27	\$0.87	1%
95805	Multiple sleep latency test	S	S	5723	5724	\$530.60	\$877.34	\$346.74	65%
95806	Sleep study unatt&resp efft	S	S	5721	5722	\$156.46	\$220.60	\$64.14	41%
95807	Sleep study attended	S	S	5723	5723	\$530.60	\$381.24	(\$149.36)	-28%
95808	Polysom any age 1-3> param	S	S	5724	5724	\$1,017.39	\$877.34	(\$140.05)	-14%
95810	Polysom 6/> yrs 4/> param	S	S	5724	5724	\$1,017.39	\$877.34	(\$140.05)	-14%
95811	Polysom 6/>yrs cpap 4/> parm	S	S	5724	5724	\$1,017.39	\$877.34	(\$140.05)	-14%
97550	Caregiver traing 1st 30 min	A	A				\$0.00	#VALUE!	#VALUE!
97551	Caregiver traing ea addl 15	A	A				\$0.00	#VALUE!	#VALUE!
99221	1st hosp ip/obs sf/low 40	B	B				\$0.00	#VALUE!	#VALUE!
99222	1st hosp ip/obs moderate 55	B	B				\$0.00	#VALUE!	#VALUE!
99223	1st hosp ip/obs high 75	B	B				\$0.00	#VALUE!	#VALUE!
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					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	\$842.61	\$843.92	\$1.31	0%
99291 Comprehensive	Critical care first hour (Comprehensive APC Assignment & Rate)	J2	J2	8011	8011	\$2,647.73	\$2,672.15	\$24.42	1%
99292	Critical care each add 30 min	N	N					NA	NA
99358	Prolong service w/o contact	N	N					NA	NA
99359	Prolong serv w/o contact add	N	N					NA	NA
99406	Behav chng smoking 3-10 min	S	S	5821	5821	\$29.79	\$38.28	\$8.49	28%
99407	Behav chng smoking > 10 min	S	S	5821	5821	\$29.79	\$38.28	\$8.49	28%
99418	Prolng ip/obs e/m ea 15 min	C	C					NA	NA
99421	Ol dig e/m svc 5-10 min	B	B					NA	NA
99422	Ol dig e/m svc 11-20 min	B	B					NA	NA

CPT/ HCPCS	CMS Short Description Description	Status		APC		Oct CY 2025	Final CY 2026	Dollar	Percent
		CY 2025	CY 2026	CY 2025	CY 2026	Payment Rate	Payment Rate	Change	Change
G0384 Comprehensive	Lev 5 hosp type bed visit (Composite/Comprehensive APC Assignment & Rate)	J2	J2	8011	8011	\$2,647.73	\$2,672.15	\$24.42	1%
G0390	Trauma respons w/hosp criti	S	S	5045	5045	\$1,323.17	\$1,361.78	\$38.61	3%
G0398	Home sleep test/type 2 porta	S	S	5721	5722	\$156.46	\$220.60	\$64.14	41%
G0399	Home sleep test/type 3 porta	S	S	5721	5722	\$156.46	\$220.60	\$64.14	41%
G0400	Home sleep test/type 4 porta	S	S	5722	5722	\$311.40	\$220.60	(\$90.80)	-29%
G0424 Deleted 1-2023 see 94625-94626	Pulmonary rehab w exer	NA	NA	NA	NA	NA	NA	Deleted	Deleted
G0463 Single Code	Hospital outpt clinic visit (Single Code APC Assignment & Rate)	J2	J2	5012	5012	\$128.87	\$136.02	\$7.15	6%
G0463 Comprehensive	Hospital outpt clinic visit (Composite/Comprehensive APC Assignment & Rate)	J2	J2	8011	8011	\$2,647.73	\$2,672.15	\$24.42	1%
G0508	Crit care telehea consult 60	B	B					NA	NA
G0509	Crit care telehea consult 50	B	B					NA	NA
G0513	Prolong prev svcs, first 30m	N	N					NA	NA
G0514	Prolong prev svcs, addl 30m	N	N					NA	NA
G2010	Remot image submit by pt	B	B					NA	NA
G2012	Brief check in by MD/QHP	NA	NA	NA	NA	NA	NA	NA	NA
C-APC	Comprehensive Observation Services	J2	J2	8011	8011	\$2,647.73	\$2,672.15	\$24.42	1%
G0019	Comm hlth intg svcs sdoh 60mn	S	S	5822	5822	\$92.50	\$103.79	\$11.29	12%
G0022	Comm hlth intg svcs add 30 m	N	N					NA	NA
G0023	Pin service 60m per month	S	S	5822	5822	\$92.50	\$103.79	\$11.29	12%
G0024	Pin srv add 30 min pr m	N	N					NA	NA
G0136	Admin of soc deter assess 5-15 m	S	S	5821	5821	\$29.79	\$38.28	\$8.49	28%
G2086	Off base opioid tx 70 min	S	S	5823	5823	\$160.67	\$181.34	\$20.67	13%
G2087	Off base opioid tx, 60 m	S	S	5823	5823	\$160.67	\$181.34	\$20.67	13%
G2088	Off base opioid tx, add 30	N	N					NA	NA
G2211	Complex e/m visit add on	B	B					NA	NA
G2212	Prolong outpt/office vis	N	N					NA	NA
G0316	Prolong inpt eval add 15 m	N	N					NA	NA
G0317	Prolong nursin fac eval 15m	B	B					NA	NA
G0318	Prolong home eval add 15m	B	B					NA	NA
G0323	Care manage beh svcs 20mins	S	S	5821	5821	\$29.79	\$38.28	\$8.49	28%
G3002	Chronic pain tx monthly b	M	M				\$0.00	NA	NA
G3003	Addition 15m pain mang	M	M				\$0.00	NA	NA
Q3014	Addition 15m pain mang	A	A				\$0.00	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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