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To: Chief Financial Officers

From: Christopher N. Konsowski, Chief, Audit & Compliance

Date: May 10, 2018

Re: Respiratory Therapy/Pulmonary Function Testing Relative Value Units

On May 9, 2018, the Health Services Cost Review Commission approved for review and public comment the revisions to the Relative Value Unit (RVU) scale for Respiratory Therapy (RES) and Pulmonary Function Testing (PUL) services. The revisions are specific to the Chart of Accounts and Appendix D of the Accounting and Budget Manual and were established by a workgroup established by the HSCRC comprising of experienced financial and clinical personnel of many of the Maryland hospitals. The RVU scale was updated to reflect new additions the Current Procedural Terminology (CPT) codes, changes in clinical practices and to eliminate RVUs developed "By Report" to ensure standardized charging practices for RES and PUL services.

Please have your respiratory therapy/pulmonary function testing and finance department personnel review these proposed RVUs. If these proposed RVUs are approved by the Commission, they would be effective July 1, 2018.

Comments should be sent to my attention and received in this office by May 30, 2018 by fax at 410-358-6217 or email at [chris.konsowski@maryland.gov](mailto:chris.konsowski@maryland.gov).

# **Draft Staff Recommendation**

**MAY 9, 2018**

The Commission staff recommends for review and public comment revisions to the Relative Value Unit (RVU) Scale for Respiratory Therapy and Pulmonary Function Testing services. The revisions are specific to the Chart of Accounts and Appendix D of the Accounting and Budget Manual. These revised RVUs were developed by a workgroup established by the Health Services Cost Review Commission, and membership included representatives of many of the Maryland hospitals. The RVU scale was updated to reflect the revisions to the Current Procedural Terminology (CPT) codes mandated by the American Medical Association. At your direction, the staff will send the revisions to all Maryland hospitals for their review and comment.

**APPENDIX D**  
**STANDARD UNIT OF MEASURE REFERENCES**  
**RESPIRATORY THERAPY & PULMONARY FUNCTION TESTING**

**ACCOUNT NUMBER**

~~7240-7420~~  
7440

**COST CENTER TITLE**

Respiratory Therapy  
Pulmonary Function Testing

The Respiratory Therapy and Pulmonary Function Testing ~~rate centers~~ encompass services that ~~various members of the health care team may~~ **respiratory care practitioners and specially trained pulmonary function teams** provide. In keeping with the principles in the Medicare Hospital Manual §210.10, when a respiratory therapist **or pulmonary function technologist** provides these services, they are reportable as respiratory **or pulmonary** services, ~~and in accordance with the Code of Maryland Regulations (COMAR) for scope of service.~~ **However, if** a nurse or other health care team member provides the services, they are considered a component of the patient day or visit charge, and they are not separately reportable. ~~When services are provided on an inpatient basis, no CPT (Current Procedural Terminology) code is associated with the individual service on the patient bill. When providing services to outpatients, a CPT code must be associated with each service.~~

~~In an attempt to standardize the reporting of respiratory and pulmonary services, the most appropriate code(s) are listed in this appendix. These CPT codes are based on the 2018 AMA (American Medical Association) CPT manual. CPT codes are updated annually; therefore, these codes may change from year to year. As CPT is a physician based code set, it has a limited number and variety of CPT codes representing the services generally performed by respiratory therapists. A number of procedures did not have a matching CPT code; therefore, 94799 was used. It is recognized that the prevalence of the nonspecific 94799 code might be cause for concern to some institutions. However, in order to code the procedure appropriately, using 94799 was the best code available in many instances. It is understood that, as a nonspecific code, 94799 may not be accepted by some payers on an outpatient basis.~~

~~Each institution is expected to abide by CPT coding tenets and modifier use when assigning CPT codes to individual respiratory and pulmonary procedures.~~

**Approach**

**Respiratory Therapy (RES) and Pulmonary Function (PUL) Relative Value Units (RVUs) were developed with the aid of an industry task force under the auspices of and approved by the Health Services Cost Review Commission. The descriptions of codes in this section of Appendix D were obtained from the 2018 edition of the Current Procedural Terminology (CPT) manual and the 2018 edition of the Healthcare Common Procedure Coding System (HCPCS). In addition, for those services requiring usage of an “unlisted” CPT code, the task force developed a description for the service. In assigning RVUs, the task force used the procedure minutes established in the 2012 AARC Uniform Reporting Manual as a reference with a ratio of 1 minute = 1 RVU. RVUs were then assigned using the following protocol (“RVU Assignment Protocol”).**

**RVU Assignment Protocol**

**The AARC Uniform Reporting Manual has established minutes for respiratory therapy services. The AARC established minutes based on the mean and median time to perform the service within patient**

<sup>1</sup> For service descriptions and RVU explanations refer to the Appended D Preface for RES/PUL services

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categories of Adult, Pediatric and Neonatal. The median number of minutes in the Adult category ~~will be~~ has been used as the basis for RVUs as adults are the majority patient population that receives respiratory therapy and pulmonary function services. All exceptions have been noted.

1. CPT codes that were not assigned in accordance with the AARC median:
  - a. CPT 33946 [Extracorporeal membrane oxygenation {ECMO/extracorporeal life support (ECLS)} provided by physician; initiation, veno-venous] and CPT 33947 [Extracorporeal membrane oxygenation {ECMO/extracorporeal life support (ECLS)} provided by physician; initiation, veno-arterial] do not have any associated AARC minutes. These services require 1,820 minutes of staff time per initial day on average per the task force. 1,820 RVUs have been assigned.
  - b. CPT 33948 [Extracorporeal membrane oxygenation {ECMO/extracorporeal life support (ECLS)} provided by physician; daily management, each day, veno-venous] and CPT 33949 [Extracorporeal membrane oxygenation {ECMO/extracorporeal life support (ECLS)} provided by physician; daily management, each day, veno-arterial] do not have any associated AARC minutes. These services require 1,440 minutes of staff time per subsequent day on average per the task force. 1,440 RVUs have been assigned.
  - c. CPT 36410 [Venipuncture, age 3 years or older] is assigned 15 minutes by the AARC. However, this procedure is typically “packaged” by Medicare and will be assigned zero (0) RVUs.
  - d. CPT 36416 [Collection of capillary blood specimen (eg, finger, heel, ear stick)] has a median of 17.5 AARC minutes. However, as this is a lab service, RVUs will not be assigned. The code will remain in Appendix D and will be referenced as a lab service. The task force also noted that Medicare requests hospitals not separately report this service.
  - e. CPT 92950 [Cardiopulmonary resuscitation (eg, in cardiac arrest)] has a median of 40 AARC minutes. This service typically involves includes two (2) respiratory therapists. Therefore, the task force agreed the AARC minutes would be doubled and 80 RVUs would be assigned.
  - f. CPT 93463 [Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after, and repeat pharmacologic agent administration, when performed (list separately in addition to code for primary procedure)] has a median of 15.5 AARC minutes for Nitric Oxide Delivery- System Calibration and 30 AARC minutes for Nitric Oxide Delivery- Set up. The task force agreed that the minutes would be combined and 46 RVUs would be assigned. This code is sometimes referred to as a “Vaso-active challenge” test and is only used when support is provided by a respiratory therapist in the Cath Lab. This service is bundled into Inhaled Nitric Oxide Therapy, code 94799, daily reportable service, is used when provided in non-Cath lab, typically intensive care settings.
  - g. CPT 93503 [Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes] does not have any associated AARC minutes. The task force indicated that this service is currently not performed in Maryland and is a physician service. Therefore zero (0) RVUs will be assigned.

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- h. CPT 94002 [Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day] has a median of 30 AARC minutes. This service has many component services within the AARC listing. The task force agreed to assign 250 RVUs for adults and 300 RVUs for neonates based on the combined amount of time spent on direct and indirect ventilator activities/support for patients. This service bundles all services provided to ventilator patients including but not limited to mobility, transports, spontaneous mechanics, patient assessments and system checks, etc. into a once daily reportable service.
- i. CPT 94003 [Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, subsequent day] has a median 15 AARC minutes. This service has many component services within the AARC listing. The task force agreed to assign 250 RVUs for adults and 300 RVUs for neonates based on the combined amount of time spent on direct and indirect ventilator activities/support for patients. This service bundles all services provided to ventilator patients including but not limited to mobility, transports, spontaneous mechanics, patient assessments and system checks, etc., into a once daily reportable service.
- j. CPT 94004 [Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day] did not have assigned AARC minutes. This service is specific to a nursing facility. Therefore, zero (0) RVUs will be assigned.
- k. CPT 94005 [Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living) requiring review of status, review of laboratories and other studies and revision of orders and respiratory care plan (as appropriate), within a calendar month, 30 minutes or more] did not have assigned AARC minutes. This service is performed on patients at home or a rest home. Therefore, zero (0) RVUs will be assigned.
- l. CPT 94014 [Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, period recalibration and review and interpretation by a physician or other qualified health care professional] and 94015 [Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)] did not have assigned AARC minutes. These services are rarely performed currently, therefore, the task force agreed these codes should be reported as "By Report."
- m. CPT 94016 [Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional] did not have assigned AARC minutes. This is a physician only service, therefore zero (0) RVUs will be assigned.
- n. CPT 94150 [Vital capacity, total (separate procedure)] did not have assigned AARC minutes. The task force briefly discussed this code and agreed that the current 18 RVUs per Appendix D are still valid. Therefore, 18 RVUs will be assigned to this code. See note regarding SEPARATE PROCEDURES.
- o. CPT 94250 [Expired gas collection, quantitative, single procedure (separate procedure)] did not have assigned AARC minutes. This code is similar in time and resources to CPT

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94400. Therefore, 30 RVUs will be assigned. See note regarding SEPARATE PROCEDURES.

- p. CPT 94375 [Respiratory flow volume loop] did not have assigned AARC minutes. This procedure is bundled into spirometry therefore zero (0) RVUs will be assigned.
- q. CPT 94450 [Breathing response to hypoxia (hypoxia response curve)] has 60 AARC minutes. This code will be assigned 30 RVUs as it is more similar to CPT 94400 [Breathing response to CO<sub>2</sub>, CO<sub>2</sub> response curve].
- r. CPT 94453 [High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional; with supplemental oxygen titration] did not have assigned AARC minutes. This service is similar to CPT 94452 (45 RVUs) and therefore will be assigned 45 RVUs.
- s. CPT 94617 [Exercise test for bronchospasm, including pre-and post-spirometry, electrocardiographic recording(s), and pulse oximetry] did not have assigned AARC minutes. This service is similar to deleted CPT 94620 [Exercise-Induced Bronchospasm Challenge] with median minutes of 71 therefore, 71 RVUs will be assigned.
- t. CPT 94618 [Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed] did not have assigned AARC minutes. This code was similar to deleted CPT 94620 [Shuttle Walk Test] with median minutes of 30 therefore, 30 RVUs will be assigned.
- u. CPT 94621 [Pulmonary stress testing; complex (including measurements of CO<sub>2</sub> production, O<sub>2</sub> uptake, and electrocardiographic recordings] has 30 AARC minutes. This code will be assigned 90 minutes as complex pulmonary stress testing should be higher than the simple pulmonary stress testing RVUs.
- v. CPT 94640 [Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device] is reportable once per encounter. An encounter starts when the patient enters the facility and ends when the patient leaves the facility. The time involved with this service varies with each patient and is considerably different between an inpatient and outpatient; as such, there is a different RVU based upon patient classification. An inpatient may receive on average of 6 treatments per day with each treatment requiring 20 minutes of clinical care time. An average stay for these patients may be 4 days. Calculation: 6 treatments x 20 minutes per treatment x 4 days = 480 minutes. An outpatient receives on average 2 treatments per day with each treatment requiring 20 minutes of clinical care time. Calculation: 2 treatments x 20 minutes per treatment = 40 minutes/RVUs.
- w. CPT 94642 [Aerosol inhalation of Pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis] did not have AARC minutes. This procedure is about 60 minutes in duration. Therefore, 60 RVUs will be assigned.
- ⌘. CPT 94660 [Continuous positive airway pressure ventilation (CPAP), initiation and management] did not have AARC minutes. This service requires an average of six separate respiratory therapist visits per day with an average of 20 minutes each. Therefore, 120 RVUs will be assigned to this code. This service is inclusive of

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respiratory therapist time. Home equipment used only in the absence of respiratory therapist time is not reportable.

- y. CPT 94662 [Continuous negative pressure ventilation (CNP), initiation and management] did not have AARC minutes. This service requires an average of six separate respiratory therapist visits per day with an average of 20 minutes each. Therefore, 120 RVUs will be assigned to this code.
- z. CPT 94669 [Mechanical chest wall oscillation to facilitate lung function, per session] did not have AARC minutes. This procedure is approximately 30 minutes in duration. Therefore, the task force agreed to assign 30 RVUs to this code. This is not to be reported with CPT 94667 [Manipulation chest wall; Initial demonstration] and CPT 94668 [Manipulation chest wall; Subsequent demonstration].
- aa. CPT 94680 [Oxygen uptake, expired gas analysis; rest and exercise, direct, simple] did not have AARC minutes. This procedure is approximately 75 minutes in length. Therefore, 75 RVUs will be assigned to this code.
- bb. CPT 94681 [Oxygen update, expired gas analysis; including CO<sub>2</sub> output, percentage oxygen extracted] did not have AARC minutes. This procedure is similar to CPT 94621 [Pulmonary Stress Testing, complex...] in time and resources, which is assigned 90 RVUs. Therefore, 90 RVUs will be assigned to this code.
- cc. CPT 94727 [Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes] did not have AARC minutes. This procedure is similar to CPT 94726 (Plethysmography for determination of lung volumes and when performed, airway resistance) in time and resources, which is assigned 19 RVUs. Therefore, 19 RVUs will be assigned to this code.
- dd. CPT 94750 [Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)] did not have AARC minutes. This procedure is approximately 30 minutes in length. Therefore, 30 RVUs will be assigned to this code.
- ee. CPT 94761 [Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)] has a median of 20 AARC minutes. The task force agreed that 20 RVUs was not sufficient for this procedure as this typically takes 30 minutes. Therefore 30 RVUs will be assigned to this code.
- ff. CPT 94762 [Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)] has a median of 20 AARC minutes. The task force agreed that 20 RVUs was not sufficient for this procedure as this typically takes 30 minutes as it is a separate procedure that includes downloading and reporting. Therefore 30 RVUs will be assigned to this code. See note regarding SEPARATE PROCEDURES.
- gg. CPT 94770 [Carbon dioxide, expired gas determination by infrared analyzer] has a median of 7 AARC minutes. The task force referenced applicable to bedside end tidal CO<sub>2</sub> procedures, and agreed that 7 RVU was not sufficient for this procedure it typically takes 40 minutes. Therefore, 40 RVUs will be assigned to this code.
- hh. CPT 94774 [Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; includes monitor attachment, download of data, review, interpretation, and preparation of a report by a physician or other

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- qualified health care professional] did not have AARC minutes. This code will be assigned zero (0) RVUs as this is a global CPT not to be used by hospitals.
- ii. CPT 94775 [Pediatric home apnea monitoring event recording including respiratory rate, pater and heart rate per 30-day period of time; monitor attachment only (includes hook-up, initiation of recording and disconnection)] did not have AARC minutes. This service is currently not being reported. The task force agreed that this should remain in Appendix D for future reporting and RVUs should be established "By Report."
  - jj. CPT 94776 [Pediatric home apnea monitoring event recording including respiratory rate, pater and heart rate per 30-day period of time; monitoring, download of information, receipt of transmission(s) and analyses by computer only] did not have AARC minutes. This code will be assigned zero (0) RVUs as the patient is not present at the hospital.
  - kk. CPT 94777 [Pediatric home apnea monitoring event recording including respiratory rate, pater and heart rate per 30-day period of time; review, interpretation and preparation of report only by a physician or other qualified health care professional] did not have AARC minutes. This code will be assigned zero (0) RVUs as this is a physician service.
  - ll. CPT 9780 [Car seat/bed testing for airway integrity, neonate, with continual nursing observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; 60 minutes] did not have AARC minutes. Per the AMA description, this procedure is 60 minutes. Therefore, 60 RVUs will be assigned.
  - mm. CPT 94781 [Car seat/bed testing for airway integrity, neonate, with continual nursing observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report each additional full 30 minutes (List separately in addition to code for primary procedure)] did not have AARC minutes. Per the AMA description, this procedure is 30 minutes. Therefore, 30 RVUs will be assigned.
  - nn. CPT 99406 [Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes] did not have AARC minutes. Per the AMA description, this service is up to 10 minutes. Therefore, 10 RVUs will be assigned.
  - oo. CPT 99407 [Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes] did not have AARC minutes. Per the AMA description, this service is 10 minutes or greater. Based on discussion from clinical staff, the task force agreed that this service is approximately 20 minutes. Therefore, 20 RVUs will be assigned.
  - pp. CPT 99464 [Attendance at delivery (when requested by the delivering physician or other qualified health care professional) and initial stabilization of newborn] has a median of 35 AARC minutes. The task force referenced applicable time and support and agreed that 35 minutes was not sufficient. After discussion, the task force agreed that this procedure requires approximately 60 minutes. Therefore, 60 RVUs will be assigned.
  - qq. HCPCS G0237 [Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)] did not have AARC minutes. Per the AMA description, this service is each 15 minutes. Therefore, 15 RVUs, for each 15 minutes, will be assigned.
  - rr. HCPCS G0238 [Therapeutic procedures to improve respiratory function, other than described by G0237, one on one, face to face, per 15 minutes (includes monitoring)] did not have AARC minutes. Per the AMA description, this service is each 15 minutes. Therefore, 15 RVUs, for each 15 minutes, will be assigned.

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- ss. HCPCS G0239 [Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals (includes monitoring)] did not have AARC minutes. The ratio of care team provider to patient is ~~often~~ generally 1:4 and sessions last one hour. Therefore, 15 RVUs (60 minutes/4 patients) will be assigned.
- tt. HCPCS G0424 [Pulmonary rehabilitation, including exercise (includes monitoring), one hour, per session, up to two sessions per day] did not have AARC minutes. The ratio of care team provider to patient is often 1:4 and sessions last one hour. The first and last sessions typically requires one-on-one time. Therefore, 18 RVUs (60 minutes/4 patients plus additional time to account for the first and last sessions) will be assigned.

**SERVICES WITHOUT AN ASSIGNED CPT CODE**

Various respiratory services do not have assigned CPT codes. These services will be included in Appendix D under CPT 94799. For all other usage of 94799, the RVU is “by report” and will require development based on minutes of staff time required.

a. Aerosol Therapy-

- a. Continuous aerosol mist= 30 RVUs/day. Note: Daily oxygen is bundled with this service.
- b. Continuous nebulization- non-bronchodilator= 250 RVUs/day. Used for continuous nebulization of non-bronchodilator medications, includes pulmonary vasodilator medications, antibiotics, or any non-bronchodilator nebulized medication administered.

Patients receiving more than one of the types of aerosol therapies listed above report the highest complexity service Ie) Cont Aerosol mist + Cont Neb-BD: Report ONLY Cont Neb-BD; Ie) Cont Neb-BD + Cont Neb-Non BD: Report ONLY Cont Neb-Non BD. A second less complex aerosol therapy is bundled into the highest complexity service.

b. Arterial blood sampling via indwelling catheter – This service is bundled with other services and not to be reported separately.

c. Gas Therapies –

- a. High Flow Oxygen – This procedure requires an average of six ~~checks~~ patient visits per day with an average of 20 minutes per check. Therefore, 120 RVUs/day will be assigned to this code.
- b. Inhaled Nitric Oxide – Therapeutic gas administration for the treatment of Pulmonary Hypertension and other related conditions in patients who have this condition or related disease processes primarily in newborns and adults who exhibit signs of Pulmonary Hypertension. May also be used to treat reperfusion injury as in patients who have received heart and/or lung transplants. The task force agreed this service is similar in time and resources to CPT 94002 [Ventilation assist and management] therefore 250 RVUs/day will be assigned.
- c. Alternative Gases- The administration of gases or mixtures of gases other than the traditional administration of oxygen or medical air. Administration requires procuring special equipment, special expertise, and additional time in providing this gas and systems to patients. Examples of these gases are Helium, Helium oxygen measures, Carbon dioxide and mixtures, and Nitrogen gas mixtures excluding Nitric Oxide. The

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task force agreed this service is similar in time and resources as High Flow Oxygen therefore 120 RVUs/day will be assigned.

- d. Oxygen – This is all-inclusive rate for oxygen that is not high flow nasal cannula oxygen. The task force assigned 20 RVUs per day based on the average amount of minutes required for this service. This service may not be reported with CPT 94799 [Aerosol Therapy]. Daily care and cleaning of transtracheal oxygen catheter is not to be separately reported.
- d. Bedside pulmonary mechanics – Non-vent- Used only for spontaneous breathing, non-ventilator patients, as a diagnostic measure of respiratory muscle strength, volumes, and capacities. Includes, not limited to, negative inspiratory force, tidal volume, and minute volumes. This must be performed stand-alone to be reported. The task force recommended using the AARC median minutes of 15. Therefore 15 RVUs will be assigned.
- e. Generation of Non-Emergent NIV patient compliance study – The task force recommended using the AARC median minutes of 15. Therefore 15 RVUs will be assigned.
- f. Incentive spirometry – This service is not to be reported separately; generally is performed by nursing and it does not meet the requirements of the spirometry CPT 94010. This is assigned zero (0) RVUs.
- g. Comprehensive Patient Assessment- The process of gathering and evaluating data from a complete medical record, consultations, physiologic monitors, that does not lead to the immediate administration of another respiratory service/treatment. This service is not intended to be used for routine Respiratory Assess and Treat order and must be specifically ordered and provided stand alone. There is a maximum of once/day allowed. This service is approximately 20 minutes in duration, therefore, 20 RVUs will be assigned.
- h. Manual ventilation – This cannot be reported with ventilator or rapid response service. The task force recommended keeping this service weighted at 15 RVUs per quarter hour.
- i. Nasopharyngeal airway- This service is bundled with other services and not separately reportable. This is assigned zero (0) RVUs.
- j. Peak flow/spirometry monitoring – This service is bundled with other services and not separately reportable. This is assigned zero (0) RVUs.
- k. Mini broncho alveolar lavage (BAL) – This is for stand-alone usage only and would not be ~~charged~~ reported in addition to other bedside procedural assist. The task force recommended ~~used~~ using the AARC median minutes of 30. Therefore 30 RVUs will be assigned.

This activity describes the collection of a non-bronchoscopic bronchoalveolar lavage to obtain fluid specimen for the diagnosis of ventilator associated pneumonia.

- l. Bedside Procedural Assistance – This is used when respiratory therapists assist physicians or other authorized providers with complex bedside procedures including but not limited to bedside bronchoscopy, laryngoscopy, endoscopy, lung biopsy, chest tube insertion, percutaneous tracheostomy, A-line insertion, peripherally inserted central catheter (PICC), thoracentesis, cricothyrotomy, central line insertion pulmonary artery catheter setup, and hemodynamic monitoring/measurements. The task force assigned 30 minutes for this service based on the average amount of support time. Therefore 30 RVUs will be assigned.

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- m. Rapid response –This service is reportable once per rapid response event and may not be used in combination with Cardiopulmonary Resuscitation. These events typically require an average of 30 minutes of support. Therefore 30 RVUs will be assigned.
- n. Bedside Sleep Apnea Screening- The application of an Impedance Monitoring system to assess a patient's ventilatory pattern with periodic evaluation of patient. When in hospital bedside sleep apnea screenings are performed by inpatient respiratory therapists as a separate service, average amount of support time 30 minutes. Therefore 30 RVUs will be assigned.
- o. Speech Services-The task force agreed certain services are reportable via the Speech Therapy rate center/assigned zero (0) RVUs
  - a. Placement/Removal of Assistive Speech Value
  - b. Transdiaphragmatic pressure
- p. Subsequent Patient Assessment- Limited patient assessments are bundled with associated procedures and therefore zero (0) RVUs will be assigned.
- q. Tracheostomy Tube Care- This service cannot be charged with ventilator daily charges. For non-vent patients, the task force agreed this procedure is approximately 20 minutes. Therefore 20 RVUs will be assigned. Initial placement, daily care, and removal of tracheostomy button are bundled with this service.
- r. Transcutaneous Monitoring- Transcutaneous (existing, applied, or measured across the depth of the skin) oxygen/carbon dioxide monitoring. A method of measuring the oxygen/carbon dioxide in the blood by attaching electrodes to the skin which contain heating coils to raise the skin temperature and increase blood flow at the surface. This is similar in support time to 94770 [end tidal CO2 procedure] assigned 40 RVUs. Therefore 40 RVUs will be assigned.
- s. Ventilator services- The following services are considered a component of ventilator services and not separately reportable/assigned zero (0) RVUs and are bundled into the daily vent management service.
  - a. Ambulation
  - b. Endotracheal tube re-stabilization and positioning
  - c. Extubation of Airway
  - d. FRC determination during mechanical ventilation
  - e. Maximal inspiratory and expiratory pressure (also bundled with Pulmonary Function Testing)
  - f. Monitor cuff pressure/care
  - g. Placement or change of in-line suction catheter
  - h. Prone positioning
  - i. Spontaneous breathing trial and/or screen
  - j. Static pressure/volume loop (also bundled with Pulmonary Function Testing)
  - k. Therapeutic ventilator maneuver (recruitment maneuver)
  - l. Transport/MRI ventilator use during – invasive Mechanical Ventilation
  - m. Ventilator circuit change – invasive mechanical ventilation

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n. Work of breathing

**CPT Codes with Bundled Procedures**

CPT codes from 2018 with a surgical component have been assigned a zero (0) RVU value. If a RES or PUL CPT becomes bundled with a surgical code or replaced with a surgical code, these procedures should be charged as Interventional Radiology/Cardiovascular (IRC) and the associated costs of the procedure/service are to be reclassified to the IRC cost center. (This is minimal for Respiratory/Pulmonary Services.)

**CPT Codes without an Assigned RVU Value**

RVUs for new codes developed and reported by CMS after the 2018 reporting, must be developed “By Report”. When assigning RVUs to these new codes, hospitals should use the RVU Assignment Protocol described above, where possible, using the most current AARC Uniform Reporting Manual. For codes that are not listed in the AARC Uniform Reporting Manual, hospitals should assign RVUs based on time and resource intensity of the services provided compared to like services in the department. Documentation of descriptions and the assignment of RVUs to codes not listed in Appendix D should always be maintained by the hospital.

**Separate Procedures**

These are codes that include the parenthetical statement “separate procedure”. The inclusion of this statement indicates that the procedure can only be reported when it is performed stand-alone. A “separate procedure” should not be reported when performed along with another procedure in an anatomically related region through the same skin incision or orifice, or approach.

**General Guidelines**

The AMA CPT Code will be used as the identifier throughout the system. Assigned RVUs will be strictly tied to the CPT Code.

All RVUs are per CPT unless otherwise stated.

Standard supplies and other medical equipment are part of hospital room and board and are not separately reportable and should not be assigned separately.

Drugs are NOT a routine part of any Resp/Pulm examination. These drugs should NOT be included in the RVU of the exam and are to be billed reported separately through the pharmacy. Drugs should not be assigned an RVU.

<u>CPT</u>	<u>Description</u>	<u>RVU</u> <sup>1</sup>
31500	INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE	25
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT	22
31505	LARYNGOSCOPY, INDIRECT, DIAGNOSTIC (SEPARATE PROCEDURE)	0 See Procedure Assist
31720	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL	15

<sup>1</sup> For service descriptions and RVU explanations refer to the Appended D Preface for RES/PUL services

**APPENDIX D  
STANDARD UNIT OF MEASURE REFERENCES  
RESPIRATORY THERAPY & PULMONARY FUNCTION TESTING**

<u>CPT</u>	<u>Description</u>	<u>RVU <sup>1</sup></u>
33946	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; INITIATION, VENO-VENOUS	1820/day
33947	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; INITIATION, VENO-ARTERIAL	1820/day
33948	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; DAILY MANAGEMENT, EACH DAY, VENO-VENOUS	1440/day
33949	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; DAILY MANAGEMENT, EACH DAY, VENO-ARTERIAL	1440/day
36410	VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE SKILL OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (SEPARATEPROCEDURE), FOR DIAGNOSTIC OR THERAPEUTIC PURPOSES (NOT TO BE USED FORROUTINE VENIPUNCTURE)	Report via Lab
36416	COLLECTION OF CAPILLARY BLOOD SPECIMEN (EG, FINGER, HEEL, EAR STICK)	Report via Lab
36600	ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS	15
36620	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION (SEPARATE PROCEDURE); PERCUTANEOUS	30
92950	CARDIOPULMONARY RESUSCITATION (EG, IN CARDIAC ARREST)	80/ session
93463	PHARMACOLOGIC AGENT ADMINISTRATION (EG, INHALED NITRIC OXIDE,INTRAVENOUS INFUSION OF NITROPRUSSIDE, DOBUTAMINE, MILRINONE, OR OTHERAGENT) INCLUDING ASSESSING HEMODYNAMIC MEASUREMENTS BEFORE, DURING,AFTER AND REPEAT PHARMACOLOGIC AGENT ADMINISTRATION, WHEN PERFORMED(LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) NOTE: CATH LAB ONLY	46
93503	INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER (EG, SWAN-GANZ) FOR MONITORING PURPOSES	0 See Procedural Assistance

<sup>1</sup> For service descriptions and RVU explanations refer to the Appended D Preface for RES/PUL services

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<u>CPT</u>	<u>Description</u>	<u>RVU <sup>1</sup></u>
94002	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTILATORS FOR ASSISTED OR CONTROLLED BREATHING; HOSPITAL INPATIENT/OBSERVATION, INITIAL DAY [This service includes all services provided to ventilator patients including but not limited to mobility, transport, spontaneous mechanics, patient/system checks, etc.]	250/day-adult, 300/day-Neonates
94003	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTILATORS FOR ASSISTED OR CONTROLLED BREATHING; HOSPITAL INPATIENT/OBSERVATION, EACH SUBSEQUENT DAY [This service includes all services provided to ventilator patients including but not limited to mobility, transport, spontaneous mechanics, patient/system checks, etc.]	250/day-adult, 300/day-Neonates
94004	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTILATORS FOR ASSISTED OR CONTROLLED BREATHING; NURSING FACILITY, PER DAY	0
94005	HOME VENTILATOR MANAGEMENT CARE PLAN OVERSIGHT OF A PATIENT (PATIENT NOT PRESENT) IN HOME, DOMICILIARY OR REST HOME (EG, ASSISTED LIVING) REQUIRING REVIEW OF STATUS, REVIEW OF LABORATORIES AND OTHER STUDIES AND REVISION OF ORDERS AND RESPIRATORY CARE PLAN (AS APPROPRIATE), WITHIN A CALENDAR MONTH, 30 MINUTES OR MORE	0
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY, EXPIRATORY FLOW RATE MEASUREMENT(S), WITH OR WITHOUT MAXIMAL VOLUNTARY VENTILATION	25
94011	MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS IN AN INFANT OR CHILD THROUGH 2 YEARS OF AGE	30
94012	MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS, BEFORE AND AFTER BRONCHODILATOR, IN AN INFANT OR CHILD THROUGH 2 YEARS OF AGE	38

<sup>1</sup> For service descriptions and RVU explanations refer to the Appended D Preface for RES/PUL services

**APPENDIX D  
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<u>CPT</u>	<u>Description</u>	<u>RVU<sup>1</sup></u>
94013	MEASUREMENT OF LUNG VOLUMES (IE, FUNCTIONAL RESIDUAL CAPACITY [FRC], FORCED VITAL CAPACITY [FVC], AND EXPIRATORY RESERVE VOLUME [ERV]) IN AN INFANT OR CHILD THROUGH 2 YEARS OF AGE	33
94014	PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; INCLUDES REINFORCED EDUCATION, TRANSMISSION OF SPIROMETRIC TRACING, DATA CAPTURE, ANALYSIS OF TRANSMITTED DATA, PERIODIC RECALIBRATION AND REVIEW AND INTERPRETATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTHCARE PROFESSIONAL	BY REPORT
94015	PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; RECORDING (INCLUDES HOOK-UP, REINFORCED EDUCATION, DATA TRANSMISSION, DATA CAPTURE, TREND ANALYSIS, AND PERIODIC RECALIBRATION)	BY REPORT
94016	PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; REVIEW AND INTERPRETATION ONLY BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	0
94060	BRONCHODILATION RESPONSIVENESS, SPIROMETRY AS IN 94010, PRE- AND POST-BRONCHODILATOR ADMINISTRATION	37
94070	BRONCHOSPASM PROVOCATION EVALUATION, MULTIPLE SPIROMETRIC DETERMINATIONS AS IN 94010, WITH ADMINISTERED AGENTS (EG, ANTIGEN[S], COLD AIR, METHACHOLINE)	84
94150	VITAL CAPACITY, TOTAL (SEPARATE PROCEDURE)	18
94200	MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION	12
94250	EXPIRED GAS COLLECTION, QUANTITATIVE, SINGLE PROCEDURE (SEPARATE PROCEDURE)	30
94375	RESPIRATORY FLOW VOLUME LOOP	0
94400	BREATHING RESPONSE TO CO <sub>2</sub> (CO <sub>2</sub> RESPONSE CURVE)	30
94450	BREATHING RESPONSE TO HYPOXIA (HYPOXIA RESPONSE CURVE)	30

<sup>1</sup> For service descriptions and RVU explanations refer to the Appended D Preface for RES/PUL services

**APPENDIX D  
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<b><u>CPT</u></b>	<b><u>Description</u></b>	<b><u>RVU<sup>1</sup></u></b>
94452	HIGH ALTITUDE SIMULATION TEST (HAST), WITH INTERPRETATION AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL;	45
94453	HIGH ALTITUDE SIMULATION TEST (HAST), WITH INTERPRETATION AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; WITH SUPPLEMENTAL OXYGEN TITRATION	45
94610	INTRAPULMONARY SURFACTANT ADMINISTRATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL THROUGH ENDOTRACHEAL TUBE	30
94617	EXERCISE TEST FOR BRONCHOSPASM, INCLUDING PRE- AND POST-SPIROMETRY, ELECTROCARDIOGRAPHIC RECORDING(S), AND PULSE OXIMETRY	71
94618	PULMONARY STRESS TESTING (EG, 6-MINUTE WALK TEST), INCLUDING MEASUREMENT OF HEART RATE, OXIMETRY, AND OXYGEN TITRATION, WHEN PERFORMED	30
94621	PULMONARY STRESS TESTING; COMPLEX (INCLUDING MEASUREMENTS OF CO2 PRODUCTION, O2 UPTAKE, AND ELECTROCARDIOGRAPHIC RECORDINGS)	90
94640	PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUCTION FOR THERAPEUTIC PURPOSES AND/OR FOR DIAGNOSTIC PURPOSES SUCH AS SPUTUM INDUCTION WITH AN AEROSOL GENERATOR, NEBULIZER, METERED DOSE INHALER OR INTERMITTENT POSITIVE PRESSURE BREATHING (IPPB) DEVICE	480 per inpatient admission 40 per outpatient admission
94642	AEROSOL INHALATION OF PENTAMIDINE FOR PNEUMOCYSTIS CARINII PNEUMONIA TREATMENT OR PROPHYLAXIS	60
94644	CONTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OBSTRUCTION; FIRST HOUR	34

<sup>1</sup> For service descriptions and RVU explanations refer to the Appended D Preface for RES/PUL services



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<b>CPT</b>	<b>Description</b>	<b>RVU <sup>1</sup></b>
94645	CONTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OBSTRUCTION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) MAX 4	28
94660	CONTINUOUS POSITIVE AIRWAY PRESSURE VENTILATION (CPAP), INITIATION AND MANAGEMENT	120/day
94662	CONTINUOUS NEGATIVE PRESSURE VENTILATION (CNP), INITIATION AND MANAGEMENT	120/day
94664	DEMONSTRATION AND/OR EVALUATION OF PATIENT UTILIZATION OF AN AEROSOL GENERATOR, NEBULIZER, METERED DOSE INHALER OR IPPB DEVICE	15/day
94667	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO FACILITATE LUNG FUNCTION; INITIAL DEMONSTRATION AND/OR EVALUATION	30
94668	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO FACILITATE LUNG FUNCTION; SUBSEQUENT [This includes services provided by the Inexsufflator – Cough Assist and other products providing the same function.]	25
94669	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCTION, PER SESSION	30
94680	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST AND EXERCISE, DIRECT, SIMPLE	75
94681	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; INCLUDING CO2 OUTPUT, PERCENTAGE OXYGEN EXTRACTED	90
94690	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST, INDIRECT (SEPARATE PROCEDURE)	60
94726	PLETHYSMOGRAPHY FOR DETERMINATION OF LUNG VOLUMES AND, WHEN PERFORMED, AIRWAY RESISTANCE	19
94727	GAS DILUTION OR WASHOUT FOR DETERMINATION OF LUNG VOLUMES AND, WHEN PERFORMED, DISTRIBUTION OF VENTILATION AND CLOSING VOLUMES	19
94728	AIRWAY RESISTANCE BY IMPULSE OSCILLOMETRY	15

<sup>1</sup> For service descriptions and RVU explanations refer to the Appended D Preface for RES/PUL services

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<b>CPT</b>	<b>Description</b>	<b>RVU<sup>1</sup></b>
94729	DIFFUSING CAPACITY (EG, CARBON MONOXIDE, MEMBRANE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	20
94750	PULMONARY COMPLIANCE STUDY (EG, PLETHYSMOGRAPHY, VOLUME AND PRESSURE MEASUREMENTS)	30
94760	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; SINGLE DETERMINATION	8
94761	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; MULTIPLE DETERMINATIONS (EG, DURING EXERCISE)	30
94762	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; BY CONTINUOUS OVERNIGHT MONITORING (SEPARATE PROCEDURE)	30
94770	CARBON DIOXIDE, EXPIRED GAS DETERMINATION BY INFRARED ANALYZER	40/day
94772	CIRCADIAN RESPIRATORY PATTERN RECORDING (PEDIATRIC PNEUMOGRAM), 12-24HOUR CONTINUOUS RECORDING, INFANT	34
94774	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATTERN AND HEART RATE PER 30-DAY PERIOD OF TIME; INCLUDES MONITOR ATTACHMENT, DOWNLOAD OF DATA, REVIEW, INTERPRETATION, AND PREPARATION OF A REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	0
94775	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATTERN AND HEART RATE PER 30-DAY PERIOD OF TIME; MONITOR ATTACHMENT ONLY (INCLUDES HOOK-UP, INITIATION OF RECORDING AND DISCONNECTION)	By Report
94776	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATTERN AND HEART RATE PER 30-DAY PERIOD OF TIME; MONITORING, DOWNLOAD OF INFORMATION, RECEIPT OF TRANSMISSION(S) AND ANALYSES BY COMPUTER ONLY	0

<sup>1</sup> For service descriptions and RVU explanations refer to the Appended D Preface for RES/PUL services

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<b>CPT</b>	<b>Description</b>	<b>RVU<sup>1</sup></b>
94777	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATTERN AND HEART RATE PER 30-DAY PERIOD OF TIME; REVIEW, INTERPRETATION AND PREPARATION OF REPORT ONLY BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	0
94780	CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, NEONATE, WITH CONTINUAL NURSING OBSERVATION AND CONTINUOUS RECORDING OF PULSE OXIMETRY, HEART RATE AND RESPIRATORY RATE, WITH INTERPRETATION AND REPORT; 60 MINUTES	60
94781	CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, NEONATE, WITH CONTINUAL NURSING OBSERVATION AND CONTINUOUS RECORDING OF PULSE OXIMETRY, HEART RATE AND RESPIRATORY RATE, WITH INTERPRETATION AND REPORT; EACH ADDITIONAL FULL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	30
94799	<b>ALTERNATIVE GAS THERAPY</b> The administration of gases or mixtures of gases other than the traditional administration of oxygen or medical air. Administration requires procuring special equipment, special expertise, and additional time in providing this gas and systems to patients. Examples of these gases are Helium, Helium oxygen mixtures, Carbon dioxide and mixtures, and Nitrogen gas mixtures excluding Nitric Oxide.	120/day
94799	<b>BEDSIDE PULMONARY MECHANICS</b> Used for spontaneously breathing, non-vented patients, as a diagnostic measurement of respiratory muscle strength, volumes, and capacities. Includes, not limited to negative inspiratory force, tidal volume, and minute volumes. May have more than one session per day; each session may include multiple different measurements.	15
94799	<b>CONTINUOUS NEBULIZATION-NON-BRONCHODILATOR</b> Used for continuous nebulization of non-bronchodilator medications, includes pulmonary vasodilator medications, antibiotics, or any non-bronchodilator nebulized medication administered.	250/day

<sup>1</sup> For service descriptions and RVU explanations refer to the Appended D Preface for RES/PUL services

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<b>CPT</b>	<b>Description</b>	<b>RVU<sup>1</sup></b>
94799	<p><b>CONTINUOUS AEROSOL MIST W/ OR W/OUT OXYGEN</b> The initial application of equipment to supply and maintain a continuous aerosol mist, with or without increased oxygen concentration (FIO<sub>2</sub>), to a patient, using a face mask, tracheostomy mask, T-piece, hood, or other device. Includes the periodic evaluation of the system supplying and maintaining a continuous aerosol mist with or without increased oxygen (FIO<sub>2</sub>) to a patient. The aerosol may be heated or cool. Daily oxygen is bundled into this service.</p>	30/day
94799	<p><b>GENERATION OF NON-EMERGENT NIV PATIENT COMPLIANCE STUDY</b> This activity describes the evaluation, application, and monitoring of a patient, using a non-invasive portable ventilator, as a means in determining oxygenation/ventilation requirements during resting, ambulation, and walking/exercise to quantify the required ventilation needs with daily life activities.</p>	15
94799	<p><b>HIGH FLOW OXYGEN THERAPY</b> Heated, humidified high flow nasal cannula (HFNC, aka: HFO, HFT) that can deliver up to 100% heated and humidified oxygen at a flow rate that meets or exceeds patient demand</p>	120/day
94799	<p><b>INHALED NITRIC OXIDE</b> Therapeutic gas administration for the treatment of Pulmonary Hypertension and other related conditions in patients who have this condition or related disease processes primarily in newborns and adults who exhibit signs of Pulmonary Hypertension. May also be used to treat reperfusion injury as in patients who have received heart and/or lung transplants</p>	250/day
94799	<p><b>COMPREHENSIVE PATIENT ASSESSMENT</b> The process of gathering and evaluating data from a patient's complete medical record, consultations, physiological monitors and bedside observations (that does not lead to the immediate administration of a treatment). This must be specifically ordered and may only be charged once per day.</p>	20/day
94799	<p><b>MANUAL VENTILATION</b> Intermittent manual compression of a gas-filled reservoir bag to force gases into a patient's lungs to maintain and support oxygenation and carbon dioxide elimination during apnea or hypoventilation. Can't be reported with ventilator and rapid response.</p>	15/qtr hr
94799	<p><b>MINI BRONCHO ALVEOLAR LAVAGE (BAL)</b> This activity describes the collection of a non-bronchoscopic bronchoalveolar lavage to obtain fluid specimen for the diagnosis of ventilator associated pneumonia.</p>	30

<sup>1</sup> For service descriptions and RVU explanations refer to the Appended D Preface for RES/PUL services

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**STANDARD UNIT OF MEASURE REFERENCES**  
**RESPIRATORY THERAPY & PULMONARY FUNCTION TESTING**

<u>CPT</u>	<u>Description</u>	<u>RVU<sup>1</sup></u>
94799	<b>NASOPHARNGEAL TUBE CARE</b> A curved flexible endotracheal tube to be slotted down one nostril to open a channel between the nostril and nasopharynx, to sit behind the tongue, that can be used in an emergency (eg, unconscious patient), or for long-term purposes to create a patient airway.	10
94799	<b>OXYGEN THERAPY</b> The initial application and periodic monitoring of equipment supplying and maintaining continuous increased oxygen concentration (FIO <sub>2</sub> ) to a patient using a cannula, simple oxygen mask, non-rebreather mask or enturi-type mask. This excludes high flow oxygen therapy and cannot be reported with Continuous Aerosol therapy.	20/day
94799	<b>RAPID RESPONSE</b> Used when respiratory therapy is part of a multidisciplinary team of clinicians who bring critical care expertise and interventions directly to patients with early signs of deterioration. Use ONCE per rapid response event. DO NOT USE in combination with Cardiopulmonary Resuscitation. Regardless of number of therapists present	30
94799	<b>TRACH TUBE CARE</b> The routine care of a tracheostomy tube and tracheostomy site. Not reportable for ventilator patients.	20
94799	<b>TRANSCUTANEOUS MONITORING</b> Transcutaneous (existing, applied, or measured across the depth of the skin) oxygen/carbon dioxide monitoring. A method of measuring the oxygen/carbon dioxide in the blood by attaching electrodes to the skin which contain heating coils to raise the skin temperature and increase blood flow at the surface	40/day
94799	<b>Bedside Sleep Apnea Screening</b> The application of an Impedance Monitoring system to assess a patient's ventilatory pattern with periodic evaluation of patient	30
94799	Nasopharyngeal airway	0
94799	<b>UNLISTED PULMONARY SERVICE OR PROCEDURE</b>	<b>BY REPORT</b>
94799	Bedside Procedure Assist- Used for assistance during separate complex bedside procedures performed by authorized prescribers (physicians, PAs, NPs). Examples include, not limited to, bedside laryngoscopy/bronchoscopy/ endoscopy/ lung biopsy, chest tube insertion, bedside percutaneous trach, A-line insertion, peripherally inserted central catheter (PICC), thoracentesis, cricothyrotomy, central line insertion, hemodynamic monitoring/measurements; or other invasive diagnostic or therapeutic, or emergency procedure.	30
95012	<b>NITRIC OXIDE EXPIRED GAS DETERMINATION</b>	15

<sup>1</sup> For service descriptions and RVU explanations refer to the Appended D Preface for RES/PUL services

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<u>CPT</u>	<u>Description</u>	<u>RVU<sup>1</sup></u>
99406	SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTERMEDIATE, GREATER THAN 3 MINUTES UP TO 10 MINUTES	10
99407	SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTENSIVE, GREATER THAN 10 MINUTES	20
99464	ATTENDANCE AT DELIVERY (WHEN REQUESTED BY THE DELIVERING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL) AND INITIAL STABILIZATION OF NEWBORN	60
G0237	THERAPEUTIC PROCEDURES TO INCREASE STRENGTH OR ENDURANCE OF RESPIRATORY MUSCLES, FACE TO FACE, ONE ON ONE, EACH 15 MINUTES (INCLUDES MONITORING)	15
G0238	THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION, OTHER THAN DESCRIBED BY G0237, ONE ON ONE, FACE TO FACE, PER 15 MINUTES (INCLUDES MONITORING)	15
G0239	THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION OR INCREASE STRENGTH OR ENDURANCE OF RESPIRATORY MUSCLES, TWO OR MORE INDIVIDUALS (INCLUDES MONITORING)	15
G0424	PULMONARY REHABILITATION, INCLUDING EXERCISE (INCLUDES MONITORING), ONE HOUR, PER SESSION, UP TO TWO SESSIONS PER DAY	18

<sup>1</sup> For service descriptions and RVU explanations refer to the Appended D Preface for RES/PUL services

**SECTION 200  
CHART OF ACCOUNTS**

7440 PULMONARY FUNCTION TESTING

Function

~~This cost center~~ **Pulmonary Function Testing services** tests patients through measurement of inhaled and exhaled gases and analysis of blood, and evaluation of the patient's ability to exchange oxygen and other gases **under the order of a qualified healthcare provider (QHCP)**. This function is performed by specially trained personnel who initiate, monitor and evaluate patient performance, cooperation, and ability during testing procedures.

Description

This cost center contains **all** the direct expenses incurred in the ~~performance of patient and laboratory testing necessary for diagnostic~~ **diagnosis** and treatment of **disorders affecting the cardio-pulmonary system** ~~pulmonary disorders~~. Included as direct expenses are: salaries and wages, employee benefits, ~~professional fees (non-physician)~~, supplies, purchased services, other direct expenses, and transfers.

Standard Unit of Measure: Relative Value Units

Relative Value Units as determined by the Health Services Cost Review Commission (see Appendix D of this manual).

Data Source

The number of Relative Value Units shall be an actual count maintained by the Pulmonary Function Testing cost center.

Reporting Schedule

Schedule D - Line D37

**SECTION 200**  
**CHART OF ACCOUNTS**

7420                    RESPIRATORY THERAPY

Respiratory ~~Care~~ Therapy is the ~~medical services service that maintains or improves the function of the respiratory system including the administration of oxygen and certain potent drugs through inflation of positive pressure other pharmaceuticals and other forms of rehabilitative therapy as prescribed by physicians or other qualified healthcare professionals (QHCP).~~ This function is performed by ~~Respiratory Care Practitioners Professionals (RCP),~~ specially trained personnel who initiate, monitor, and evaluate patient performance, cooperation and ability during testing procedures. ~~These procedures and services provided by the RCPs are found in [https://www.mbp.state.md.us/licensure\\_ahapp\\_resp.aspx](https://www.mbp.state.md.us/licensure_ahapp_resp.aspx).~~ ~~Additional~~ ~~Examples of these~~ activities include, but are not limited, to the following:

~~Assisting physician QHCPs in performance of emergency care; reviving~~  
~~Reviving~~ and maintaining patients' vital life signs; maintaining open airways, breathing and blood circulation; maintaining aseptic conditions; transporting equipment to patients' bedsides; observing and instructing patients during therapy; visiting all assigned patients to ensure that ~~physicians' QHCP's~~ orders are being carried out; inspecting and testing equipment; enforcing safety rules; and calculating ~~and interpreting~~ test results ~~and all aspects of the Maryland RT Respiratory Care Scope of Practice.~~

Description

This cost center contains ~~the all~~ direct expenses incurred in the administration of ~~respiratory care therapy oxygen and other forms of therapy through inhalation.~~ Included as direct expenses are: salaries and wages, employee benefits, ~~professional fees (non-physician),~~ supplies, purchased services, other direct expenses, and transfers.

Standard Unit of Measure: Relative Value Units

Relative Value Units as determined by the Health Services Cost Review Commission (see Appendix D of this manual).

Data Source

The number of Relative Value Units shall be the actual count maintained by the Respiratory Therapy cost center.

Reporting Schedule

Schedule D- Line D36