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Health Services Cost Review Commission

4160 Patterson Avenue, Baltimore, Maryland 21215
Phone: 410-764-2605 · Fax: 410-358-6217
Toll Free: 1-888-287-3229
hsrc.maryland.gov

To: Chief Financial Officers

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

Date: May 3, 2018

Re: Request for Respiratory Therapy/Pulmonary Function Testing RVU Conversion Data

Effective January 1, 2018, the AMA has added new codes to the Current Procedural Terminology (CPT) codes for Respiratory Therapy (RES) and Pulmonary Function Testing (PUL) services. In order to determine the rate conversion necessary to incorporate the new CPT codes, please submit volume and RVU information for RES and PUL for the proposed RVUs on the attached listing. The hospital may utilize any time frame for their sample, however this period must be representative of a year's worth of activity in these centers.

Attached is a template conversion worksheet to show how the RES and PUL conversion factors should be developed. Each column is to be completed as follows:

Col. 1- CPT Code- Enter the applicable CPT code.

Col. 2- Description- Enter the description of the CPT code

Col. 3 – Current Quantity- Report the current quantity of procedures conducted for each CPT code.

Col. 4- Current RVU- Enter the previous RVU value in effect prior to July 1, 2018.

Col. 5- Total Old RVUs- Multiply procedures reported on column 4 by the RVU value reported in column 5.

Col. 6- New Quantity- Enter the current quantity under the new reporting rules effective July 1, 2018. (e.g. CPT 92590 is currently reported once per quarter hour and effective July 1, 2018 will be reported per session).

Col. 7- New RVU- Enter the new RVU effective July 1, 2018.

Col. 8- Total New RVUs- Multiply the procedures in column 6 by the RVU in column 7.

Col. 9- Conversion Factor- Conversion factor is calculated by taking the Total New RVUs (Col. 8) and dividing by the amount by the Total Old RVUs Col. 5).

Col. 10- Current Rate- Enter the current approved rate for each rate center.

Col. 11- Converted Rate- Multiply the current rate in column 10 by the total conversion factor in column 9.

Col. 12- Current Revenue- Multiply the current rate in column 10 by the old RVUs in column 5.

Col. 13- New Revenue- Multiple the converted rate in column 11 by the new RVUs in column 8.

Col. 14- New v. Current Revenue- Subtract the current revenue in column 12 from the new revenue in column 13.

Col. 15- Revenue Variance- Divide the difference in revenue in column 14 by the current quantity in column 3.

Col. 16- Current Price- Multiply the current rate in column 10 by the current RVUs in column 4.

Col. 17- Current Price Variance- Divide the revenue variance in column 15 by the current price in column 16.

Please complete a separate worksheet for each rate center. The deadline to submit your Respiratory Therapy and Pulmonary Function Testing conversion worksheet to the Commission is Thursday May 31, 2018.

If you have any questions, please feel free to contact me at 410-764-2579 or via e-mail to chris.konsowski@maryland.gov.

Respiratory Therapy/Pulmonary Function RVU Conversion
 Sample Hospital
 21-1234
 7/1/17 to 4/30/18

Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8	Col. 9	Col. 10	Col. 11	Col. 12	Col. 13	Col. 14	Col. 15	Col. 16	Col. 17
CPT Code	Description	Current Quantity	Current RVUs	Total Old RVUs	New Quantity	New RVUs	Total New RVUs	Conversion Factor [2]	Current Rate per Rate Order	Converted Rate (RVU Factor * Current Rate)	Current Revenue (Current Rate * Current RVUs)	New Revenue (Converted Rate * New RVUs)	New vs. Current Revenue	Revenue Variance per Current Qty	Current Price (Current Rate * Current RVU)	% Current Price Variance
31500	Intubation	5	26	130	5	25	125	0.9615	\$ 20.0000	\$ 22.3494	\$ 2,600.00	\$ 2,793.67	\$ 193.67	\$ -86.75	\$ 300.00	7%
36416	Collection of Capillary blood specimen	10	15	150	10	0	0	0.0000	\$ 20.0000	\$ 22.3494	\$ 3,000.00	\$ -	\$ (3,000.00)	\$ (300.00)	\$ 300.00	-100%
92950	Cardiopulmonary Resuscitation	40	15	600	10	80	800	1.3333	\$ 20.0000	\$ 22.3494	\$ 12,000.00	\$ 17,879.52	\$ 5,879.52	\$ 1,466.89	\$ 300.00	49%
94011	Measurement of spirometric	15	20	300	15	30	450	1.5000	\$ 20.0000	\$ 22.3494	\$ 6,000.00	\$ 10,057.23	\$ 4,057.23	\$ 270.48	\$ 480.00	68%
93721	Plethysmography [new code 94621]	15	45	675	15	19	285	0.4222	\$ 20.0000	\$ 22.3494	\$ 13,500.00	\$ 6,369.58	\$ (7,130.42)	\$ (475.36)	\$ 900.00	-53%
Total		85		1855	55		1660	0.8949			\$ 37,100.00	\$ 37,100.00	\$	\$	\$	

Conversion Factor (New RVU/Old RVU)

0.8949

Notes:

For any line item where a service is changing by a conversion factor greater than 3 or price change greater than \$500, confirm that new RVU weighting is clinically appropriate

RESPIRATORY RVU WORKSHEET

<u>CPT</u>	<u>AMA description and/or Proposed Appendix D description</u>	<u>FINAL RVU</u>
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 Procedural Assist
31720	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL	15
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

RESPIRATORY RVU WORKSHEET

<u>CPT</u>	<u>AMA description and/or Proposed Appendix D description</u>	<u>FINAL RVU</u>
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

RESPIRATORY RVU WORKSHEET

<u>CPT</u>	<u>AMA description and/or Proposed Appendix D description</u>	<u>FINAL RVU</u>
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) CATH LAB ONLY	46
93503	INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER (EG, SWAN-GANZ) FOR MONITORING PURPOSES	0 See Procedural Assist
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, 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, system checks, etc.]	250/day- adult, 300/day- neonates

RESPIRATORY RVU WORKSHEET

CPT	<u>AMA description and/or Proposed Appendix D description</u>	FINAL RVU
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
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

RESPIRATORY RVU WORKSHEET

CPT	<u>AMA description and/or Proposed Appendix D description</u>	FINAL RVU
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
94018	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 QUALIFIEDHEALTH 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

RESPIRATORY RVU WORKSHEET

<u>CPT</u>	<u>AMA description and/or Proposed Appendix D description</u>	<u>FINAL RVU</u>
94150	VITAL CAPACITY, TOTAL (SEPARATE PROCEDURE)	18
94200	MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION	12
94250	EXPIRED GAS COLLECTION, QUANTITATIVE, SINGLE PROCEDURE (SEPARATEPROCEDURE)	30
94375	RESPIRATORY FLOW VOLUME LOOP	0
94400	BREATHING RESPONSE TO CO2 (CO2 RESPONSE CURVE)	30
94450	BREATHING RESPONSE TO HYPOXIA (HYPOXIA RESPONSE CURVE)	30
94452	HIGH ALTITUDE SIMULATION TEST (HAST), WITH INTERPRETATION AND REPORTBY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL;	45
94453	HIGH ALTITUDE SIMULATION TEST (HAST), WITH INTERPRETATION AND REPORTBY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; WITH SUPPLEMENTAL OXYGEN TITRATION	45

RESPIRATORY RVU WORKSHEET

<u>CPT</u>	<u>AMA description and/or Proposed Appendix D description</u>	<u>FINAL RVU</u>
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

RESPIRATORY RVU WORKSHEET

<u>CPT</u>	<u>AMA description and/or Proposed Appendix D description</u>	<u>FINAL RVU</u>
94645	CONTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OBSTRUCTION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	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 [This includes services provided by the Inexsufflator - Cough Assist and other products providing the same function.]	30

RESPIRATORY RVU WORKSHEET

<u>CPT</u>	<u>AMA description and/or Proposed Appendix D description</u>	<u>FINAL RVU</u>
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

RESPIRATORY RVU WORKSHEET

<u>CPT</u>	<u>AMA description and/or Proposed Appendix D description</u>	<u>FINAL RVU</u>
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), 12-24 HOUR 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

RESPIRATORY RVU WORKSHEET

CPT	AMA description and/or Proposed Appendix D description	FINAL RVU
94775	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORYRATE, PATTERN AND HEART RATE PER 30-DAY PERIOD OF TIME; MONITORATTACHMENT ONLY (INCLUDES HOOK-UP, INITIATION OF RECORDING AND DISCONNECTION)	By Report
94776	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORYRATE, PATTERN AND HEART RATE PER 30-DAY PERIOD OF TIME; MONITORING,DOWNLOAD OF INFORMATION, RECEIPT OF TRANSMISSION(S) AND ANALYSES BY COMPUTER ONLY	0
94777	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORYRATE, PATTERN AND HEART RATE PER 30-DAY PERIOD OF TIME; REVIEW,INTERPRETATION AND PREPARATION OF REPORT ONLY BY A PHYSICIAN OR OTHERQUALIFIED HEALTH CARE PROFESSIONAL	0
94780	CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, NEONATE, WITH CONTINUA LNURSING 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, HEARTRATE AND RESPIRATORY RATE, WITH INTERPRETATION AND REPORT; EACH ADDITIONAL FULL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE	30

RESPIRATORY RVU WORKSHEET

<u>CPT</u>	<u>AMA description and/or Proposed Appendix D description</u>	<u>FINAL RVU</u>
94799	ALTERNATIVE GAS THERAPY 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.	120/day
94799	BEDSIDE PULMONARY MECHANICS: 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	CONTINUOUS NEBULIZATION-NON BRONCHODILATOR Used for continuous nebulization of non-bronchodilation medications, includes pulmonary vasodilator medications, antibiotics, or any non-bronchodilator nebulized medication administered.	250/DAY

RESPIRATORY RVU WORKSHEET

CPT	<u>AMA description and/or</u> Proposed Appendix D description	FINAL RVU
94799	CONTINUOUS AEROSOL MIST W/ OR W/OUT OXYGEN The initial application of equipment to supply and maintain a continuous aerosol mist, with or without increased oxygen concentration (FIO2), 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 (FIO2) to a patient. The aerosol may be heated or cool.	30/day
94799	GENERATION OF NON-EMERGENT NIV PATIENT COMPLIANCE STUDY 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.	15
94799	HIGH FLOW OXYGEN THERAPY Heated, humidified high flow nasal cannula (HFNC) that can deliver up to 100% heated and humidified oxygen at a flow rate that meets or exceeds patient demand	120/day

RESPIRATORY RVU WORKSHEET

<u>CPT</u>	<u>AMA description and/or Proposed Appendix D description</u>	<u>FINAL RVU</u>
94799	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	250/day
94799	COMPREHENSIVE PATIENT ASSESSMENT 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.	20/day
94799	MANUAL VENTILATION 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	15/qtr hr
94799	MINI BRONCHO ALVEOLAR LAVAGE (BAL) This activity describes the collection of a non-bronchoscopic bronchoalveolar lavage to obtain fluid specimen for the diagnosis of ventilator associated pneumonia.	30

RESPIRATORY RVU WORKSHEET

<u>CPT</u>	<u>AMA description and/or Proposed Appendix D description</u>	<u>FINAL RVU</u>
94799	NASOPHARNGEAL TUBE CARE 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	OXYGEN THERAPY The initial application and periodic monitoring of equipment supplying and maintaining continuous increased oxygen concentration (FIO2) to a patient using a cannula, simple oxygen mask, non-rebreather mask or enturi-type mask. This excludes high flow nasal cannula and cannot reported with Continuous Aerosol therapy.	20/DAY
94799	RAPID RESPONSE Used when a 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 therapists	30
94799	TRACH TUBE CARE The routine care of a tracheostomy tube and tracheostomy site. Not reported for ventilator patient.	20
94799	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	40/day

RESPIRATORY RVU WORKSHEET

<u>CPT</u>	<u>AMA description and/or Proposed Appendix D description</u>	<u>FINAL RVU</u>
94799	BEDSIDE SLEEP APNEA SCREENING 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	UNLISTED PULMONARY SERVICE OR PROCEDURE	BY REPORT
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	NITRIC OXIDE EXPIRED GAS DETERMINATION	15
99406	SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTERMEDIATE, GREATER THAN 3 MINUTES UP TO 10 MINUTES	10

RESPIRATORY RVU WORKSHEET

<u>CPT</u>	<u>AMA description and/or Proposed Appendix D description</u>	<u>FINAL RVU</u>
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