

## 2022 FeNO Reimbursement Guide

### FeNO Testing

CPT	Descriptor	MPFS*
		Non-Facility**
<b>FeNO Testing</b>		
95012	Nitric oxide expired gas determination	\$19.38

### Evaluation and Management

CPT	Descriptor	MPFS*
		Non-Facility**
<b>NEW PATIENT Evaluation and Management</b> <i>If reported with 95012 modifier -25 must be appended</i>		
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	\$74.06
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.	\$113.85
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.	\$169.57
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.	\$224.25

<b>ESTABLISHED PATIENT Evaluation and Management</b> <i>If reported with 95012 modifier -25 must be appended</i>		
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.	\$23.53
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.	\$57.45
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.	\$92.05
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of	\$129.77

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	medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.	
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.	\$183.07
<b>*MPFS</b>	Medicare Physician Fee Schedule	
<b>**Non-Facility</b>	Physician payment in the office setting/global fee	

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## Guidelines for Reporting Evaluation and Management Codes with FeNO Testing

- If an E/M code is reported with CPT 95012 modifier -25 modifier must be appended
- The E/M service must be considered significant and documentation must support the need for the visit and the modifier -25:
  - AAFP states that the key is recognizing when an E/M qualifies as significant and billable the provider should consider the following:
    - Did you perform and document the key components of a problem-oriented E/M service for the complaint or problem?
    - Could the complaint or problem stand alone as a billable service?
    - Is there a unique diagnosis for this portion of the visit?
    - If there is not a unique diagnosis, did you perform extra work that was above and beyond the typical pre- or post-operative work associated?
- The reason for E/M must warrant physician work that is medically necessary
  - Identified as a problem that requires treatment with a prescription or that would require the patient to return for separate visit
  - A minor problem or concern would not warrant the billing of an E/M with modifier -25 service
  - The problem must be distinct from the E/M service provided (e.g., preventive medicine) or the procedure being completed
- The separately billed E/M service must meet documentation requirements for the code level selected
  - See AMA CPT E/M service guidelines for appropriate criteria for each E/M code level

## Additional Notes Related to FeNO Testing

- There is no Medicare National Coverage Decision (NCD) or Local Coverage Determination for FeNO testing. A national payment level has been assigned by Medicare and coverage will be determined on a claim-by-claim basis however, >95% of CPT® 95012 claims were paid<sup>3</sup>.
- Most private payers do offer coverage for FeNO testing. Check with local payers for coverage and coding guidelines.
- Private payers may require prior authorization for patients receiving FeNO testing. Check the patients benefits prior to offering testing so coverage will not be denied due to lack of prior authorization.
- FeNO testing CPT 95012 does not generally require a modifier, however, the associated E/M code will require modifier -25 if reported on the same date of service. Some private plans may require -59 modifier so please check modifier requirements with each patient plan.
- Private payers may have coverage guidelines that include covered diagnosis. Check the payer's coverage policy for specific covered diagnosis coding and limitations for FeNO testing.

### References:

1. CY 2022 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; (CMS-175-F); Addendum B. All MPFS Fee Schedules calculated using CF of \$34.6062 effective January 1, 2022.
2. AMA CPT 2022 Codebook, Professional Edition
3. CodeMap® [Internet]. Codemap.com. 2022 [cited 30 August 2022]. Available from: <https://www.codemap.com/physicianfee2020.cfm>

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