

2022 Billing and Coding Guidelines Microstream™ capnography technology

Capnography is a vital tool used in determining a patient's respiratory health. Capnography directly measures the level of CO₂ during the respiratory cycle and indirectly provides information about metabolism and perfusion. Capnography may be used as:

- an ongoing measuring/monitoring mechanism
- a diagnostic test measuring CO₂ at single point in time
- by clinicians as an intraoperative monitoring tool
- in facility settings (e.g., intensive care, emergency room, outpatient department, etc.)
- in a physician office or independent diagnostic testing facility
- with virtually all patients across the continuum of care

Coding options will vary depending on the service provided, where it is provided and who provided the service. Rates listed in this guide are based on their respective site of care - physician office, or hospital outpatient department. Independent Diagnostic Testing Facilities and Free-Standing Sleep Labs are paid under the Physician Non-Facility Fee Schedule. Hospital outpatient departments and Emergency Departments are paid based on the Facility Fee Schedule. All rates provided are for the Medicare national unadjusted average for the calendar year rounded to the nearest whole number and do not represent adjustment specific to the provider's location or facility. Commercial rates are based on individual contracts. Providers are encouraged to review contracts to verify their specific contracted allowables. The product addressed within this guide does not have a dedicated HCPCS¹ Level II code. Payment is included in the associated procedure.

Other non-physician qualified health professionals may be credentialed to perform these tests.

Physician Office and Hospital Outpatient

Unlisted CPT® codes do not carry a rate assignment from Medicare in the physician office setting. Payment may be available on a case-by-case basis with submission of medical records. In the Hospital outpatient setting, 94799 is assigned to APC 5721 with a status indicator (SI) of Q1 (Packaged Codes). When billed with another procedure with an SI of S, T, or V no additional payment will be made.

CPT® Code	Description	Physician ⁴	Hospital Outpatient ⁵
When performed as a diagnostic test measuring CO ₂ at a single point in time OR When performed as an ongoing measuring/monitoring service, the unlisted CPT code, 94799 unlisted pulmonary service or procedure is recommended in the absence of payer policy dictation CPT coding			
94799	Unlisted pulmonary service or procedure	Non-Facility: NA	\$143
		Facility: NA	
When performed as an intraoperative monitor service, the service is considered integral to the greater procedure(s)			
	Not separately coded or billed; monitoring is considered an integral component to primary work being performed (e.g., anesthesia, surgery)	Non-Facility: NA	\$143
		Facility: NA	

CPT® code 94770 (Carbon dioxide, expired gas determination by infrared analyzer) was deleted from the code set effective 12/31/2020. It is not appropriate to report an expired code.

[Hospital Inpatient \(includes Acute Care\)](#)

For capnography provided during an inpatient admission payment is included in the associated DRG (diagnosis related group) assignment. ICD-10-PCS does not provide a specific code for capnography.

For more information, contact the Medtronic MITG Reimbursement Hotline: 877-278-7482 or via email at: Rs.MedtronicMITGReimbursement@medtronic.com

¹ Centers for Medicare & Medicaid Services. Alpha-numeric HCPCS.

<https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

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³Centers for Medicare and Medicaid Services. Medicare Program; CY 2022 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Federal Register (86 Fed. Reg. No. 221 64996-66031)

<https://www.govinfo.gov/content/pkg/FR-2021-11-19/pdf/2021-23972.pdf> Published November 19, 2021. Physician Fee Schedule - January 2022 Release. <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeeschedpfs-relative-value-files/rvu22a>

⁴Centers for Medicare and Medicaid Services. Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Final Rule, Federal Register (86 Fed. Reg. No.218 63458-63477),

<https://www.govinfo.gov/content/pkg/FR-2021-11-16/pdf/2021-24011.pdf> Published November 16, 2021. ASC Payment Rates - Addenda January 2022 ASC Approved HCPCS Code and Payment Rates-Updated January 4, 2022.

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11_Addenda_Updates

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