

County Hospital
Cardiopulmonary Rehabilitation and Wellness Clinic
Charge Master

Patient Name: _____ **MR#** _____ **Date:** _____

-
- _____ 4460001 - Physical therapy evaluation
 - _____ 4460002 - Physical therapy re-evaluation
 - _____ 4460004 - Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
 - _____ 4460005 - Therapeutic procedure(s), group (2 or more individuals) *UNIT CHARGE (MINUTES)
 - _____ 4460007 - Self care-home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of adaptive, equipment) direct one on one contact by provider, each 15 minutes
 - _____ 4460008 - Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes
*6 MINUTE WALK
-
- _____ 4460022 - Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. (Note: This code is to be used for assessment and reassessment services performed by RTs, respiratory nurses and other qualified personnel * RT EVALUATION AND RE-EVALUATION
 - _____ 4460023 - Therapeutic procedure to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 min. G0237 (THRESHOLD)
 - _____ 4460024 - Therapeutic procedure to improve respiratory function, other than described by G0237, one on one, face to face, per 15 min. (includes monitoring)
 - _____ 4460025 - Therapeutic procedure to improve respiratory function, other than services described by G0237, two or more (includes monitoring) P.T. procedure 1/day
-
- _____ **4460009 - PFT - Basic Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation
 - _____ **4460010 - Bronchospasm evaluation: spirometry as in 94010, before and after bronchodilator (aerosol or parenteral)
 - _____ **4460011 - Functional residual capacity or residual volume: HELIUM METHOD nitrogen open circuit method, or other method
 - _____ **4460026 - Determination of maldistribution of inspired gas: breath NITROGEN washout curve
 - _____ **4460012 - Nonpressurized inhalation treatment for acute airway obstruction Aerosol TX
 - _____ **4460013 - Nebulizer TX: Aerosol or vapor inhalations for sputum mobilization, bronchodilation, or sputum induction for diagnostic purposes; initial demonstration and/or evaluation
 - _____ **4460014 - Aerosol or nebulizer subsequent treatment
 - _____ **4460015 - Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation
 - _____ **4460016 - Manipulation chest well, subsequent
-
- _____ **4460017 - Noninvasive ear or pulse oximetry for oxygen saturation; single determination
 - _____ **4460018 - Noninvasive ear or pulse oximetry - multiple determinations (e.g., during exercise)
-
- _____ **4460019 - Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report
 - _____ **4460020 - Rhythm ECG, one to three leads; tracing only without interpretation and report

* 4460095 is to be billed only once per day per discipline.

** The above diagnostic and therapeutic codes are not routinely rendered to all patients receiving PR services. Documentation in the medical record must support the medical necessity for the individual services for the particular patient receiving these services.

*** ECGs are not routinely performed on patient receiving PR services. Documentation must include clinical rationale to support medical necessity.

DAILY CHARGES IN RED (4460005, 4460025 AND 4460018) EXCEPT ON DAYS OF PT EVAL. AND RE-EVAL. (PT 4460005 NOT CHARGED)

Do not charge an RT re-evaluation unless documentation of change in patient.