

# 2025 FRACTIONAL EXHALED NITRIC OXIDE (FENO) CODING GUIDE

ivatmo  
pro



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# THE VIVATMO *PRO* INTENDED USE / INDICATIONS OF USE

Vivatmo *pro* Nitric Oxide Test is a portable, non-invasive device to measure fractional exhaled nitric oxide (FeNO) in human breath. FeNO is increased in some airway inflammatory processes, such as asthma, and often decreases in response to anti-inflammatory treatment. Measurement of FeNO by Vivatmo *pro* is a method to measure the decrease in FeNO concentration in asthma patients that often occurs after treatment with anti-inflammatory pharmacological therapy as an indication of therapeutic effect in patients with elevated FeNO levels. FeNO measurements are to be used as an adjunct to established clinical assessments.

## 1. HOSPITAL OUTPATIENT CODING AND REIMBURSEMENT

In the hospital outpatient prospective payment system, CMS assigns all CPT and HCPCS codes a status indicator (SI) which indicates if and how a service is considered for payment. The status indicators that apply to the CPT and HCPCS codes listed in this guide and their definitions are provided below:

**N** Payment packaged with the primary procedure

**APC** Ambulatory Payment Classification

**Q1** Packaged APC payment if billed on the claim as a HCPCS code assigned status indicator "S", "T" or "V".

**J2** Comprehensive APC payment based on OPFS comprehensive-specific payment criteria. Payment for all covered Part B services on the claim is packaged into a single payment for specific combinations of services, except services with OPFS SI=F, G, H, L and U: ambulance services

**HOPPS** Hospital Outpatient Prospective Payment System

**MPFS** Medicare Physician Fee Schedule

All payment rates reflect the Medicare national average rates for 2024

CPT¹	Descriptor	HOPPS			Physician	
		SI	APC	Payment	MPFS³ Facility	Non-MPFS³ Facility
FeNO Testing with Vivatmo pro						
95012	Nitric oxide expired gas determination	Q1	5732	\$39 or Packaged	N/A	\$18
Mouthpiece						
A4617	Mouthpiece (oxycap)	N	N/A	Packaged	N/A	Contractor Priced
Clinic Visit (HOPPS Only)						
G0463	Hospital outpatient clinic visit for assessment and management of a patient	J2	5012	\$129	N/A	N/A
Evaluation & Management Coding (New Patient) If an E&M code is reported with CPT 95012 the 25 modifier must be appended						
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 total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.			N/A	\$45	\$70
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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.			N/A	\$79	\$109

CPT <sup>1</sup>	Descriptor	HOPPS			Physician	
		SI	APC	Payment	MPFS <sup>3</sup> Facility	Non-MPFS <sup>3</sup> Facility
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 total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.			N/A	\$129	\$163
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 total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.			N/A	\$176	\$216
Evaluation & Management Coding (Established Patient)						
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			N/A	\$8	\$23
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 total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.			N/A	\$34	\$55
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 total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.			N/A	\$64	\$89
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 medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.			N/A	\$94	\$125
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 total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.			N/A	\$129	\$176

### Use of Modifiers

Modifier	Descriptor
53	Diagnostic Procedure was started but discontinued
25	Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service The separately billed E/M service must meet documentation requirements for the code level selected.

## REFERENCES

- 2025 CPT Professional, ©2024 American Medical Association
- CY 2025 Hospital Outpatient Prospective Payment and Ambulatory Payment Systems – Final Rule (CMS-1809-FC); Addendum B and ASC Addenda
- CY 2025 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; (CMS-1807-F); Addendum B. All MPFS Fee Schedules calculated using CF of \$32.3465 effective January 1, 2025
- Dweik RA et al. An official ATS clinical practice guideline: interpretation of exhaled nitric oxide levels (FeNO) for clinical applications. Am J Respir Crit Care Med. 2011;184(5):602-15.