

Summary of Request

In February 2024, AMA CPT editorial committee approved a new CPT code (0893T) for determining acute patient hypoxemia (low arterial blood oxygenation) and cardiorespiratory abnormality through non-invasive assessment of blood oxygenation, gas exchange efficiency, and cardiorespiratory status. These conditions can fast develop into life-threatening patient emergencies without timely medical intervention (e.g., rapid oxygen desaturation or respiratory failure).

In May 2024, CMS assigned 0893T to APC 5733, level 3 minor procedure. APC 5733 code is misaligned and will hinder patient access to this procedure that has substantial clinical and economic benefits in healthcare.

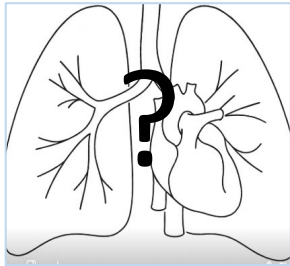
Procedure 0893T should be assigned to the appropriate APC 5722:

- While APC 5733 includes procedures like CPT 96490, this only covers oxygen uptake on the lung side and excludes blood-side oxygen and carbon dioxide measurements. The complexity of 0893T is comparable to codes already in APC 5722, specifically CPT 94681, oxygen uptake with gas analysis including CO₂, and CPT 93017, cardiovascular stress testing.
- The procedure addressed by the new code is relevant for acute patients suffering from conditions that impair pulmonary gas exchange, such as COPD exacerbation, pneumonia, pulmonary embolism, or heart failure. These conditions require an immediate and precise assessment of oxygen transfer from the lungs to the blood to ensure timely and effective treatment.
- The procedure presents significantly clinical and economic advantages (i.e., high diagnostic accuracy, higher cost offsets) over the current invasive and fragmented alternatives in healthcare.
- The procedure is a new technology, requiring new equipment, consumables, support, training and maintenance.
- The procedure requires physician education, interpretation and reporting, including assessment and analysis.

We request that CMS assign 0893T to the new technology code APC 5722

MediPines AGM100®: Complementary Cardiorespiratory Assessment

For Care Escalation, Differential Diagnosis, Treatment Decisions for Respiratory/Cardiac Care



*Breathing difficulty/
Chest pain/asymptomatic?*



Non-invasive and
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parameters



Diagnostic & Treatment
Decisions

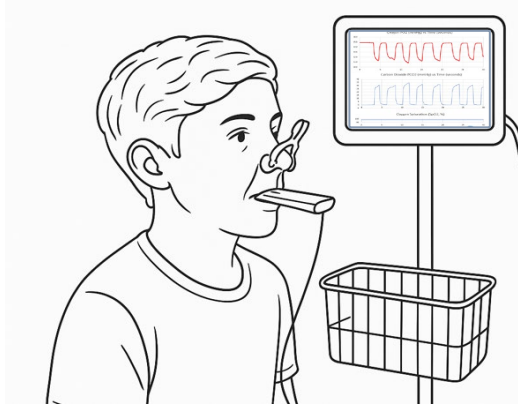


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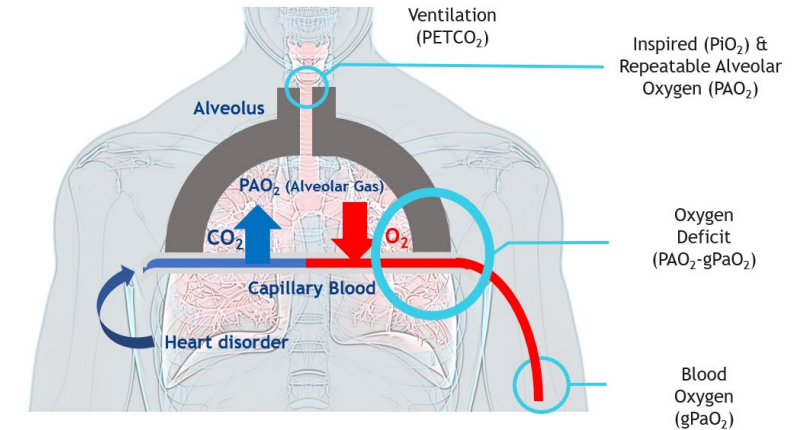
*Innovative cardio-respiratory assessment technology.
Providing rapid, non-invasive diagnosis and clinical decision support*

AGM100: Comprehensive Cardiorespiratory Assessment

Transforming Clinical Decision-Making and Patient Outcomes



AGM: Functional View of Lungs and Heart



As the patient breathes naturally, oxygen and carbon dioxide levels are continuously measured in real time noninvasively.

What is the operational advantage to HCP?

- Reduce diagnostic delays by 30x (1-2 vs 30-60 min)
- Eliminate unnecessary invasive procedures
- Enhance patient safety and satisfaction
- Boost staff morale and efficiency
- Improve department throughput
- Enable point-of-care decision making

Proven algorithms convert these readings into accurate estimates of blood gas levels and quantify the severity of cardiorespiratory impairment.

Acute illnesses or disease (e.g., COPD, heart failure, pulmonary embolism) severity that are normally missed can be seen immediately through measurements like elevated Oxygen Deficit and related abnormalities.

Physicians now get direct physiological parameters to answer three major clinical questions:

1. **Is ventilation adequate?** (*carbon dioxide clearance*)
2. **Is gas exchange efficient?** (Detects lung's oxygen transfer from alveoli to blood = **Oxygen Deficit**)
3. **Is blood oxygenation sufficient?** (*oxygen delivery to the bloodstream, aka PO₂*)

For Diagnostic Decisions, Care Escalation, Differential Diagnosis, Treatment support for Respiratory/Cardiac Care