

## Reimbursement Fast Facts

This tool will assist you in understanding Medicare coding and coverage for downloads

**Downloads** from a positive airway pressure (PAP) device increase patient compliance, lead to better patient care and outcomes and can assist in meeting reimbursement documentation requirements. The majority of ResMed's CPAP and bilevel devices have download capabilities via ResScan™ data cards or ResTraxx™ remote monitoring technology.



CPT <sup>1</sup>	Description	Medicare Reimbursement
94660	CPAP initiation and management	\$55.90 <sup>2</sup>
99090	Analysis of clinical data stored in computers	bundled
99211	Evaluation and management, established patient, problems are minimal (five minutes)	\$18.75
99212	Evaluation and management, established patient, problems are minor (10 minutes)	\$37.15
99213	Evaluation and management, established patient, problems are low/moderate severity (15 minutes)	\$61.31
99214	Evaluation and management, established patient, problems are moderate/high severity (25 minutes)	\$92.33
99215	Evaluation and management, established patient, problems are severe in nature (40 minutes)	\$124.79

HCPCS	Description	Medicare Reimbursement
A9279	Monitoring feature/ device, stand-alone or integrated, any type, includes all accessories	Discretion of contractor

### Billing Options

There are several different billing options for physicians interested in downloading information from PAP devices. If a physician is meeting face-to-face with a patient, they can bill for an office visit; if a physician is reviewing data outside of an office visit they can only bill for analysis of the data itself.

#### CPT code 94660

Description: Continuous positive airway pressure ventilation (CPAP), initiation and management

What physicians need to know: If the patient's chief purpose for the visit to the MD's office is to review issues related to

the treatment and management of their sleep disorders, they can bill CPT code 94660. This code is specific to the initial education and long-term management of the patient related to CPAP (meaning the physician can bill this code multiple times for future visits depending on payer restrictions). CPT code 94660 should not be billed in addition to an evaluation and management code for the same patient service. *If a separate and distinct service is offered on the same day, bill the appropriate CPT code with a -25 modifier.*



### CPT codes 99211-99215

Description: Evaluation and management services provided in the physician's office for established patients

**99211:** Evaluation and management of established patient, presenting problems are minor, typically five minutes are spent performing or supervising these services

**99212:** Evaluation and management of established patient, presenting problems are self-limited or minor, typically 10 minutes are spent face-to-face with the patient

**99213:** Evaluation and management of established patient, presenting problems are low to moderate severity, typically 15 minutes are spent face-to-face with the patient

**99214:** Evaluation and management of established patient, presenting problems are moderate to high severity, typically 25 minutes are spent face-to-face with the patient

**99215:** Evaluation and management of established patient, presenting problems are moderate to high severity, typically 40 minutes are spent face-to-face with the patient

What physicians need to know: Physicians bill one of these codes as an office visit when meeting with a patient to discuss multiple issues. The codes vary based on the complexity and the amount of time spent with the patient. An evaluation and management code should not be billed in addition to CPT code 94660 for the same patient service.

*If a separate and distinct service is offered on the same day, bill the appropriate CPT code with a -25 modifier.*

## Q & A

### Q: Can a physician bill for reading a download report from a ResMed device?

If the physician is meeting with the patient, then the physician could bill CPT code 94660 if the patient's/physician's chief purpose is to discuss the treatment and management with PAP. Alternatively, the physician could bill an evaluation and management code based on the amount of time spent with the patient. The patient could bring his/her CPAP (or the data card or faxed compliance report from the DME) to the physician's office so they can go over any issues with the physician, make changes to settings based on review of the data from the report, and check the device to see if it needs new filters or replacement of accessories. If the physician is not meeting with the patient, then the physician could bill CPT code 99090 for analysis of clinical data stored in computers (this code is not specific to CPAP).

### CPT code 99090

Description: Analysis of clinical data stored in computers  
Paid as a bundled service

What physicians need to know: This code is not specific to CPAP management and therapy, and it can be billed if physician is reviewing data but not meeting with the patient.

### In 2007, Medicare established a HCPCS code specific to a monitoring feature device that is billable by DME suppliers.

#### HCPCS code A9279

Description: Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components, and electronics, not otherwise classified

What DME suppliers need to know: This code applies to ResMed equipment including the ResTraxx™, ResLink™ and ResScan™ products. Suppliers should bill A9279 when providing the equipment to the patient, including the ResScan data card at setup or when providing and using the ResTraxx device to remotely transfer compliance data. Since there is no payment attached to the HCPCS code A9279 at this time, suppliers can bill commercial payers and payment will be at their discretion, or consider negotiating payment with payers directly.

### Q: What can a physician bill for a patient follow-up visit after CPAP has been set up by a DME?

If the patient's primary purpose for the visit is to review issues related to PAP therapy, then the physician can bill CPT code 94660. This code is specific to the initial education and long-term management of the patient related to CPAP.

### Q: Can a DME supplier bill for utilizing ResTraxx?

The only applicable HCPCS code is A9279. Medicare does not currently reimburse for this code, but suppliers can try billing and/or negotiating payment with commercial payers. HCPCS code A9279 does not have a recommended frequency schedule, but should be billed when the equipment is provided to the patient (ie, in the first month of setup) and on an ongoing rental basis if the patient continues to use the ResTraxx equipment.

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<sup>2</sup> CMS-1385-FC dated November 1, 2007 and revised 11/21/07. They also reflect legislation passed by Congress 12/19/07.

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