

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 continuous positive airway pressure (CPAP) and bilevel devices have download capabilities via ResScan™ data cards, the S9™ SD card or equipment remote monitoring technology (eg, EasyCare Online, S9 Wireless Module).



CPT ¹	Description	Medicare Reimbursement 2012 Fee Schedule (subject to change) ²
94660	CPAP initiation and management	\$60.93
99090	Analysis of clinical data stored in computers	bundled*
99091	Physician/health care professional collection and interpretation of physiologic data stored/transmitted by patient/caregiver	bundled*
99211	Evaluation and management, established patient, problems are minimal (5 minutes)	\$19.74
99212	Evaluation and management, established patient, problems are minor (10 minutes)	\$42.55
99213	Evaluation and management, established patient, problems are low/moderate severity (15 minutes)	\$70.46
99214	Evaluation and management, established patient, problems are moderate/high severity (25 minutes)	\$104.16
99215	Evaluation and management, established patient, problems are severe in nature (40 minutes)	\$139.89

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: CPAP ventilation, 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, 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 (meaning the physician can bill this code multiple times for future visits depending on payor 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.*

* Medicare considers 99090 and 99091 as bundled into payment for other basic services (eg, an office visit provided the same day or other services incident to the service provided). Therefore, Medicare does not make separate payment for 99090 and 99091. Providers should consider contacting commercial payors as they may reimburse for the service.



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 5 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 severe in nature, 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.*

CPT code 99090-99091

99090: Analysis of clinical data stored in computers

99091: Collection and interpretation of physiologic data digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, requires minimum 30 minutes

What physicians need to know: These codes are not specific to CPAP management and therapy and they can be billed if the 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 EasyCare Online, S9 Wireless Module, ResLink™ and ResScan products, as well as the S9 SD card. Suppliers should bill A9279 when providing the equipment to the patient, including the ResScan data card or S9 SD card at setup or when providing and using the S9 Wireless Module to remotely transfer compliance data. Since there is no payment attached to the HCPCS code A9279 at this time, suppliers can bill commercial payors and payment will be at their discretion, or consider negotiating payment with payors directly.

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 CPAP. 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 or 99091 for review of data (these codes are not specific to CPAP).

Q: Explain the term "visual inspection" as it relates to adherence monitoring. What does this mean and how can it be documented?

Visual inspection is determining adherence by looking at information on the PAP device's display screen and documenting the values in a written report. The supplier may contact the beneficiary via telephone and ask them to read values from their device (ie, phone-in compliance), or the supplier or physician may read the values during a home/office visit. The values must document that the patient is using the device for four or more hours per night for 70% of the nights in a consecutive 30-day period.

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 using EasyCare Online or the S9 Wireless Module?

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 payors. 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 S9 Wireless Module equipment.

The information provided with this notice is general reimbursement information only as of January 1, 2012. It is not legal advice, nor is it advice about how to code, complete or submit any particular claim for payment. Although we supply this information to the best of our current knowledge, it is always the provider's responsibility to determine and information is subject to change without notice.

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2 2012 Medicare fee schedule information accurate as of January 1, 2012.