

Internal Medicine Coding Alert

Reader Question: Who Performed the CPAP Check? It Matters

Question: When a patient comes to the office and the respiratory therapist completes a pressure check on her continuous positive airway pressure (CPAP) equipment, our physician wants to bill 94660. How should we bill for this?

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Answer: You should not bill 94660 (Continuous positive airway pressure [CPAP] ventilation, initiation and management) for a pressure check on a patient's CPAP equipment because you should only report 94660 for the initiation and management of continuous positive airway pressure ventilation.

If a nurse practitioner or physician assistant checks the equipment and reviews information with the patient, you should bill the appropriate E/M code (99211, Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problems[s] are minimal. Typically, 5 minutes are spent performing or supervising these services).

If the physician saw the patient on the same day he or other staff checked the equipment, he could bill an E/M service for his visit but not for the respiratory therapist's work. If the therapist checked the equipment, and the physician did not see the patient, you could not bill for this service.