Codify by AAPC

Part B Insider (Multispecialty) Coding Alert

Reader Question: Determine When to Report CPAP vs. E/M

Question: A patient had a sleep study done and came to our office afterwards for an evaluation. The physician evaluated the patient, reviewed the sleep study results, and initiated CPAP. How do I report the service? Can we charge separately for CPAP (94660) or is it included in the E/M?

Oregon Subscriber

Answer: You should use 94660 for the initiation and management of CPAP therapy. You bill this code when the treatment is initiated with the patient, in order to describe the initiation and instruction of the patient. If the patient returns and requires additional instruction on use or other issues related to the use of the CPAP device, you should report this service once again.

Exception: If, on those occasions, a separately identifiable service occurs (i.e., the physician does not spend the visit solely for management of the patient's use of the CPAP machine), then you can bill a level of office visit with 94660. CCI (Correct Coding Initiative) edits bundle the visit into 94660, but allow for modifier 25 to be reported with the visit, if separately identifiable from the CPAP management.

Another option: According to CPT® Assistant from October 2014, you can sometimes choose to report an E/M code instead of 94660, if your physician is performing an evaluation and addressing other issues or diagnoses in addition to sleep apnea during the encounter. Even if you're only addressing the sleep apnea, an E/M code could be appropriate to select if the documentation requirements are met if the management options provided extend beyond CPAP titration.

Careful: Do not ever bill 94660 on a routine basis, such as monthly or even quarterly. Report the code when only when the patient's need warrants it. If the service is provided to a Medicare beneficiary by a non-physician provider in the physician's office, report 94660 under the NPP's name (as permitted by the State Scope of Practice).

CPT® 2023 American Medical Association. All rights reserved.