

## REIMBURSEMENT SERVICES

# HELPFUL HINTS FOR FILING

## ENCORE® PRO SOFTWARE WITH SMARTCARD® OR SLEEPLINK®



## OVERVIEW

The following provides an overview of coding, coverage and payment for services associated with the download and interpretation of data from Encore Pro Software with SmartCard or SleepLink Modem System when performed in a physician's office. Coding information and national average Medicare fee schedule amounts are listed in this document. The fee schedules do not take into consideration geographic practice cost indices.

Although accurate coding is essential to ensure prompt claims processing and reimbursement, inclusion of a specific code and fee schedule amount does not guarantee payment. It is critical to be aware of each payer's coverage guidelines. For information regarding specific reimbursement guidelines, including coding, coverage and payment, please consult your local payer, the *Federal Register* or the *Physicians' Current Procedural Terminology (CPT)*<sup>1</sup>. The Respironics Reimbursement Support Line can also further address your complex reimbursement issues.

When selecting a CPT code, healthcare providers should choose the one that most accurately identifies the procedure or service performed. In addition to diagnostic or therapeutic procedures, the physician may also report other medically necessary procedures that are performed. All procedures and services should be accurately documented in the patient's medical record.

### General Coding Guidelines

There are several factors to consider when selecting a CPT code to report the download and interpretation of data from the Encore Pro with SmartCard or SleepLink Modem System. The first factor is whether the physician has face-to-face contact with the patient during the office visit that involves the download and interpretation of data. Providers should also consider the payer that is being billed. Payers may have additional guidelines or specific coding recommendations for these types of services. Providers should contact the payer directly to confirm the most appropriate coding for these services.

<sup>1</sup>Current Procedural Terminology (CPT), Fourth Edition, 2006. American Medical Association, 2005. All rights reserved.

### Physician has direct (face-to-face) patient contact

If the physician has direct (face-to-face) contact with the patient, several coding options exist for the download and interpretation of data from the Encore Pro with SmartCard or SleepLink Modem System.

- If the visit is in conjunction with a follow-up office visit for management of a patient's PAP therapy, it may be appropriate to report the following code:

**94660**, *Continuous positive airway pressure ventilation (CPAP), initiation and management*

- Another option for reporting follow-up visits for management of PAP therapy is with the appropriate Evaluation and Management (E/M) CPT code. These codes vary according to the patient status (new or established), and the complexity of the presenting problem as documented in the patient record. When selecting an E/M code, there are several components that physicians and their billing staff should consider and document:

- Patient history
- Type of examination
- Level of medical decision-making
- Counseling provided
- Coordination of care
- Nature of presenting problem
- Time spent in direct contact with the patient or family

Sample E/M codes used to report physician office or outpatient services for established patients include:

**99212**, *Evaluation and management, established patient, presenting problems are self-limited or minor*

**99213**, *Evaluation and management, established patient, presenting problems are of low to moderate severity*

**99214**, *Evaluation and management, established patient, presenting problems are of moderate to high severity*

Providers may not bill an E/M code in addition to CPT code 94660 for the same patient service. An E/M code may be reported in addition to CPT code 94660 only if there is a "significant, separately identifiable service" above and beyond management of the PAP therapy.

- Additionally, there are several CPT codes that may be used by providers to report special services, such as the download and interpretation of Encore Pro with SmartCard or SleepLink Modem System data. For example:

**99090**, *Analysis of clinical data stored in computers (e.g., ECGs, blood pressures, hematologic data)*

**99091**, *Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, requiring a minimum of 30 minutes of time*

Code 99090 may be used to report the interpretation of Encore Pro with SmartCard or SleepLink Modem System data, and 99091 may be appropriate to report both the download and the interpretation of the data. Providers should not report both of these codes for one service encounter.

### Physician does not have direct (face-to-face) patient contact

In the absence of a face-to-face encounter between the physician and the patient, coding options for reporting the download and interpretation of Encore Pro with SmartCard or SleepLink Modem System data will vary.

- One option is to report the download and interpretation with a miscellaneous CPT code, such as:

**99499**, *Unlisted evaluation and management service*

The American Medical Association (AMA)<sup>2</sup> has confirmed that this CPT code may be used by providers to report interpretation of Encore Pro with SmartCard or SleepLink Modem System data in the absence of an actual patient office visit/encounter. As this is a miscellaneous code, providers should attach supporting documentation to the claim, such as an explanation of services provided and the medical necessity for those services. The payment level for this code will be determined on a case-by-case basis upon individual payer review.

- Another option is to report the download and interpretation of Encore Pro with SmartCard or SleepLink Modem System data with 99090 or 99091. Again, code 99090 would be used to report the interpretation of the data, and 99091 may be appropriate to report both the download and the interpretation of the data. Providers should not report both of these codes for one service.

<sup>2</sup>Based on guidance provided by AMA's CPT Information Services representatives.

## Coverage and Payment Guidelines

### Medicare

Under Medicare, codes 99090 and 99091 have a “bundled” status. This means Medicare payment for these codes is bundled into reimbursement for other basic services rendered. Even though these codes are not separately reimbursable under Medicare, providers may report these codes when appropriate to represent the additional time and resources spent providing these services.

E/M codes and CPT code 94660 are eligible for Medicare coverage and payment. If an E/M code is billed in conjunction with CPT code 94660, payment will be bundled, unless a “significant and separately identifiable service” is provided. Payment is based on the Medicare Physician Fee Schedule. The following table indicates some sample coding options and corresponding national average Medicare fee schedule amounts:

CPT Code	Code Description	2006 National Average Medicare Fee Schedule Amount*
94660	CPAP initiation and management	\$54.95
99212	Evaluation and management, established patient, presenting problems are self-limited or minor	\$38.66
99213	Evaluation and management, established patient, presenting problems are of low to moderate severity	\$52.68
99214	Evaluation and management, established patient, presenting problems are of moderate to high severity	\$82.62
99090	Analysis of clinical data stored in computer (e.g., ECGs, blood pressures, hematologic data)	Bundled
99091	Collection and interpretation of physiological data (e.g., ECG blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, requiring a minimum of 30 minutes of time	Bundled
99499	Unlisted evaluation and management service	Manually priced

\* 70 Fed. Reg. 68516–68980 (2005) & Centers for Medicare and Medicaid Services. Pub. 100-20, Transmittal 207, CR4313, February 1, 2006

### Private Payers and Medicaid

Private payers and Medicaid programs reimburse providers for professional services in a variety of ways, including fee schedules and a percentage of the usual and customary charges. CPT-4 codes 99090 and 99091 may be considered bundled by some private payer plans, while other plans may provide separate reimbursement. The provider should contact the specific plan to determine actual payment rates.

*Note: Inclusion or exclusion of a code for a specific product or supply does not imply any health insurance coverage or reimbursement policy.*

*All referenced information and codes were taken from HCPCS. Please refer to DMEPOS Supplier Manual for complete explanations.*

FOR MORE INFORMATION FROM RESPIRONICS CONCERNING		
Reimbursement	Contact	Website/Phone:
Information & Fee Schedules	Respironics Website	www.respironics.com
Educational Materials & Questions (coding, coverage and payment)	Customer Service	1-800-345-6443; listen to the instructions and follow prompts to select the Insurance Reimbursement Information option



Customer Service: 1-800-345-6443 or 724-387-4000

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