



Billing for Inhaler Education

CPT 94664

Demonstration and/or evaluation of patient utilization of aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing device.

Assessment & Education

Providers may delegate the inhaler technique evaluation and education to staff such as nurses and respiratory therapists.

Common reasons for billing 94664 include:

- training a new nebulizer or inhaler user
- a prescription for a new type of device – moving from one type to another
- assessing and re-educating appropriate technique if a patient is poorly controlled

Documentation Requirements

- There must be a signed, written order in the chart for the education, which documents medical necessity.
- Documentation should clearly indicate that the service provided was the demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler, or IPPB device.



Tips for Billing

- Services must be billed by a physician, physician assistant, nurse practitioner or clinical nurse specialist.
- For BCBSM patients: a modifier 59 must be added to the 94664 CPT code.
 - Modifier 59 indicates that a procedure is separate and distinct from another procedure on the same date of service. The medical record must support that the inhaler education service was separate and distinct from another service delivered on the same date of service, such as an evaluation and management (E/M) visit.
 - The modifier should not be added to an evaluation and management (E/M) code if a medically necessary E/M service is provided on the same day as the nebulizer or inhaler education.
- Care management G-codes may be billed at the same time.
- Per CMS, four (4) sessions per year are allowed with only one session per day, and a maximum of two (2) sessions in a six (6) month period. (<https://www.cms.gov/medicare-coverage-database>)
- Each claim must be submitted with ICD-10-CM codes that reflect the actual current condition of the patient.
- Education must be given separate from a nebulizer treatment for an acute exacerbation.
- CPT 94640 or 94645 may not be billed at the same time as 94664.

DISCLAIMERS

Please note the following for patients with BCBS of Michigan Coverage:

- This is not a guarantee of payment, only a guideline on how you may bill for this service. Benefits are based on the BCBSM member's group. Some members may have coverage from an out-of-state Blue's plan (hosted member). Benefits for hosted members are based on the member's home plan.
- Lastly, if the physician agrees with the billing and it is documented in the member's/patient's medical record, then bill the service. All claims billed are subject to audit.

