SLEEP STUDIES AND THERAPY MANAGEMENT

Effective November 1st, 2012

Policy
NHP has partnered with SMS (Sleep Management Solutions) and their parent company, CareCentrix (CCX) to provide sleep study and therapy management services for all NHP product lines, effective May 1, 2012. Testing may be approved in the patient’s home, using a Home Sleep Test (HST) or in an in-network sleep lab using a polysomnogram (PSG).

Prerequisites

Authorization, Notification and Referral

<table>
<thead>
<tr>
<th>Service</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleep Studies, effective May 1, 2012</td>
<td>Prior Authorization from SMS, LLC</td>
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<tr>
<td>Sleep Therapy and Supplies, and Vendor Selection</td>
<td>Prior Authorization from SMS, LLC</td>
</tr>
<tr>
<td>For HVMA Members</td>
<td>A referral number for most specialists is required for NHP members with a Harvard Vanguard Medical Associates PCP seeking non-emergency care outside of the Harvard Vanguard Medical Associates Network. Please verify that the member has the appropriate referral number prior to rendering care.</td>
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</tbody>
</table>

Limitations
NHP’s reimbursement of these procedures is subject to benefit coverage and the provider’s compliance with NHP’s prior authorization requirements.

If the requested sleep study can be performed in the NHP member’s home, an SMS rendering provider will provide the home sleep test (HST) distribution, member education, study interpretation, recommendation to the ordering physician, and the initiation of PAP therapy when appropriate.

If the sleep study is to be performed at a sleep lab, the sleep facility must obtain the authorization number from the referring provider at the time the procedure is scheduled.

All members receiving a PAP machine (APAP, CPAP, BIPAP, as appropriate) to manage obstructive sleep apnea will be enrolled in the SMS iComply Therapy Program.

Exceptions to Policy Criteria
NHP members under the age of 16 years will be authorized for facility sleep studies only at a NHP contracted sleep facility.

For NHP members 16 years and older, authorization may be for a NHP contracted sleep facility or home sleep test (HST), according to NHP’s current guidelines and criteria.
**Member Cost-Sharing**
The provider is responsible for verifying at each encounter and when applicable for each day of care when the patient is hospitalized, coverage, available benefits, and member out-of-pocket costs; copayments, coinsurance, and deductible required, if any.

**SMS/CCX Sleep Studies and Therapy Management Program**
Effective May 1, 2012, NHP requires that all sleep studies and therapy management have prior authorization from SMS/CCX. It is the responsibility of the **ordering** provider or designee who may be a member of the physician office staff, to request and obtain prior authorization. The **rendering** provider (a.k.a. diagnostic provider, sleep lab, contracted HST and DME provider), is responsible for ensuring that all sleep studies and therapy management services have the required authorization number prior to the service being performed, without which the claim will be denied.

All sleep supplies and re-supplies require individual prior authorization from SMS.

Authorization and the corresponding authorization number(s) may be obtained by:

- Visiting the SMS website [http://www.sleepmanagementsolutions.com/](http://www.sleepmanagementsolutions.com/) and accessing the [Sleep Portal](http://www.sleepmanagementsolutions.com/) to submit the request via the secure portal.
- Phoning SMS/CCX Monday through Friday, 8AM to 5:00 PM, EST, at: (886)-827-5861,
- Submission of the **SMS PA Request Form by** Fax, Monday through Friday, 8AM to 5:00 PM, EST, at: (866)-536-8046.

The authorization number must be submitted with the claim to be reimbursed.

Accurate claims payment requires matching the billed CPT/HCPCS Level II codes with the authorized CPT/HCPCS Level II codes.

Claims for services requiring prior authorization which are lacking an authorization number will be denied.

**Definitions**

- **Actigraphy**: The monitoring of body movements with a small device usually attached to the wrist or foot, used in sleep medicine to determine whether and how well a person is resting or sleeping. It can aid in the diagnosis of insomnia, obstructive sleep apnea, and periodic limb movements. Evidence indicates that actigraphy does not provide a reliable measure of sleep efficiency in clinical populations. Evidence to date does not indicate that this technology is as beneficial as the established alternatives.

- **American Academy of Sleep Medicine (AASM)**: A professional medical specialty society, recognized by the AMA, originally formed in 1987 as the American Sleep Disorder Association (ASDA) as a result of a merger between the Association of Sleep Disorders Centers result of a merger between the Association of Sleep Disorders Centers and the Clinical Sleep Society. It represents practitioners of sleep medicine and sleep research. Sleep medicine is a clinical specialty concerned with diagnosis and treatment of patients with disorders of sleep and daytime alertness. The spectrum of sleep disorders ranges from primary dysfunctions of the neural mechanisms of sleep and arousal (such as narcolepsy) to sleep-exacerbated medical
conditions (such as chronic obstructive pulmonary disease) to disturbances associated with medical, psychiatric, or behavioral syndromes. Although the field is multidisciplinary in origin, it serves as a common meeting ground for clinicians studying and treating the fundamental processes and disorders of the sleeping brain.

**Apnea Hypopnea Index (AHI):** Equal to the average number of episodes of apnea and hypopnea per hour.

**Auto-titrating Positive Airway Pressure (APAP):** A non-invasive device for automatically adjusting pressure based on airway dynamics and device algorithm.

**Apnea** – Cessation of near cessation of respiration for a minimum of 10 seconds.

**Bi-level PAP Device:** A non-invasive technique for providing one level of pressure on inspiration and a lower level of pressure on expiration.

**Continuous Positive Airway Pressure (CPAP):** A non-invasive technique for providing single levels of air pressure from a flow generator, via a nose mask, through the nares. Its purpose is to prevent the collapse of the oropharyngeal walls and the obstruction of airflow during sleep that occurs in obstructive sleep apnea.

**Epworth Sleepiness Scale (ESS):** The ESS is a self-administered questionnaire with 8 questions. It provides a measure of a person’s general level of daytime sleepiness, or their average sleep propensity in daily life. It has become the world standard method for making this assessment.

**Hypopnea:** An abnormal respiratory event lasting at least 10 seconds with at least a 30% reduction in thoracoabdominal movement of airflow as compared to baseline, with at least a 4% oxygen desaturation.

**Independent Diagnostic Testing Facility (IDTF):** An entity such as a Sleep Center that is physically and financially independent of a hospital or physician’s office, and performs diagnostic tests. For sleep testing to be performed in an IDTF, the supervising physician must be certified by boards in psychiatry and neurology, internal medicine with pulmonary specialty, or in sleep medicine. IDTF technologists must be certified in electro-neuro-diagnostic testing or registered in polysomnography.

**Insomnia:** The complaint of inadequate sleep. Insomnia is subdivided into difficulty falling asleep, frequent or sustained awakenings, early morning awakenings, or persistent sleepiness despite sleep of adequate duration.

**Narcolepsy:** A syndrome characterized by abnormal sleep tendencies which diagnosis is usually confirmed by an overnight sleep study (polysomnography) followed by a multiple sleep latency test (MSLT).

**Obstructive Sleep Apnea (OSA):** Obstructive sleep apnea occurs when air cannot flow into or out of the person’s nose or mouth although efforts to breathe continue.

**Parasomnia:** A behavior disorder during sleep that is associated with brief or partial arousals but not with marked sleep disruption or impaired daytime alertness.

**Polysomnography:** The technique or process of using a polygraph to make a continuous record during sleep of multiple physiological variables (as breathing, heart rate, and muscle activity).
Polysomnography, Supervised: Supervised polysomnography is distinguished from sleep studies by the inclusion of sleep staging defined to include:

- A 1-4 lead electroencephalogram (EEG)
- An electrooculogram (EOG)
- A submental electromyogram (EMG)
- An electrocardiogram (ECG)
- Oximetry

It should be performed in a hospital, sleep laboratory, or in an IDTF. (Refer to IDTF requirements in the definition, above.)

Respiratory Assist Device (RAD): Bi-level units with and without back-up prescribed for diagnosis other than OSA.

Sleep Centers: Clinics that perform diagnostic tests to determine the existence and type of sleep disorders.

Sleep Studies: Sleep studies refer to the continuous and simultaneous monitoring and recording of various physiological and patho-physiological parameters of sleep for 6 or more hours with physician review, interpretation and report. Sleep studies are performed to diagnose a variety of sleep disorders such as sleep apnea, insomnia, or other sleep problems, and to evaluate a patient’s response to therapies such as continuous positive airway pressure (CPAP). Technical names for sleep studies include Polysomnography, Titration Study, and Home Sleep Test (HST).

SMS iComply Therapy Adherence Program: Comprehensive member support and monitoring of members prescribed a PAP machine for adherence to PAP treatment. Members not adherent to PAP treatment will be coached to improve adherence. Members not responding to coaching and identified as non-adherent will not receive continued coverage by NHP and will be directed back to the requesting physician to assess other therapeutic options.

Neighborhood Health Plan Reimburses
- Home Sleep Studies as approved by SMS.
- Facility Sleep Studies as approved by SMS.
- CPAP only in previously diagnosed OSA patients.
- RAD and supplies for the first three months of therapy in previously diagnosed patients with:
  - Restrictive Thoracic Disorders
  - Severe Chronic Obstructive Pulmonary Disease (COPD)
  - Central Sleep Apnea of Complex Sleep Apnea
  - Hypoventilation Syndrome

Neighborhood Health Plan Does Not Reimburse
- Non-invasive airway devices for any conditions not listed above.
- Sleep Studies and Polysomnography used to diagnose diseases other than sleep disorders (e.g. CPT 95808-95811 when billed with CPT 54250: Impotence).
- CPT 95803 (Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)).
### Procedure Codes Applicable To Guideline

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
<th>Comments (Billing instructions when detailed specificity required)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td><strong>Sleep Diagnostics</strong></td>
<td></td>
</tr>
<tr>
<td>94660</td>
<td>Continuous positive airway pressure ventilation (CPAP), initiation and management</td>
<td><strong>Not payable.</strong> This service is included in the CPAP DME service. (Used for physician billing when setting a patient up on CPAP and providing education in the office.)</td>
</tr>
<tr>
<td>94799</td>
<td>Unlisted pulmonary service or procedure</td>
<td>Prior Authorization Required from SMS</td>
</tr>
<tr>
<td>95800</td>
<td>Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time</td>
<td><strong>Not a covered service.</strong></td>
</tr>
<tr>
<td>95801</td>
<td>Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)</td>
<td><strong>Not a covered service.</strong></td>
</tr>
<tr>
<td>95803</td>
<td>Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)</td>
<td><strong>Not a covered service. Effective November 1, 2012</strong></td>
</tr>
</tbody>
</table>
| 95805  | Multiple sleep latency for maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness | Prior Authorization Required from SMS.  
• Submit for Sleep Facility billing.  
• Always involves at least 4 naps.  
• Code once for all naps done in a single day. |
| 95806  | Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, unattended by a technologist | **Not a covered service.**                                           |
| 95807  | Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist | Prior Authorization Required from SMS.  
• Submit for Sleep Facility billing. |
| 95808  | Polysomnography; sleep staging with 1-3 additional parameters of sleep, attended by a technologist |                                                        |
| 95810  | Polysomnography; sleep staging with 4 or more additional parameters of sleep, attended by a technologist |                                                        |
| 95811  | Polysomnography; sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist |                                                        |
| G0398  | Home sleep study test (HST) with type I portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort and oxygen saturation | **Not a covered service.**                                           |
| G0399  | Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation | Prior Authorization Required from SMS. |
### Sleep Studies and Therapy Management

#### Home sleep test (HST) with type IV portable monitor, unattended: minimum of 3 channels.

**Not a covered service.**

### Sleep Therapy

<table>
<thead>
<tr>
<th>Code</th>
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<tbody>
<tr>
<td>G0400</td>
<td>Home sleep test (HST) with type IV portable monitor, unattended: minimum of 3 channels.</td>
<td></td>
</tr>
<tr>
<td>E0470</td>
<td>Respiratory assist device, bi-level pressure capability, without backup rate feature, used with non-invasive interface e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)</td>
<td>Prior Authorization Required from SMS.</td>
</tr>
<tr>
<td>E0471</td>
<td>Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)</td>
<td></td>
</tr>
<tr>
<td>E0561</td>
<td>Humidifier, non-heated, used with positive airway pressure device</td>
<td></td>
</tr>
<tr>
<td>E0562</td>
<td>Humidifier, heated, used with positive airway pressure device</td>
<td></td>
</tr>
<tr>
<td>E0601</td>
<td>Continuous airway pressure (CPAP) device</td>
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### Sleep Therapy Supplies

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Information</th>
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<tbody>
<tr>
<td>A4604</td>
<td>Tubing with integrated heating element for use with positive airway pressure device</td>
<td>Prior Authorization Required from SMS.</td>
</tr>
<tr>
<td>A7027</td>
<td>Combination oral/nasal mask, used with continuous positive airway pressure device, each</td>
<td></td>
</tr>
<tr>
<td>A7028</td>
<td>Oral cushion for combination oral/nasal mask, replacement only, each</td>
<td></td>
</tr>
<tr>
<td>A7029</td>
<td>Nasal pillow for combination oral/nasal mask, replacement only, pair</td>
<td></td>
</tr>
<tr>
<td>A7030</td>
<td>Full face mask used with positive airway pressure device, each</td>
<td></td>
</tr>
<tr>
<td>A7031</td>
<td>Face mask interface, replacement for full face mask, each</td>
<td></td>
</tr>
<tr>
<td>A7032</td>
<td>Cushion for use on nasal mask interface, replacement only, each</td>
<td></td>
</tr>
<tr>
<td>A7033</td>
<td>Pillow for use on nasal cannula type interface, replacement only, pair</td>
<td></td>
</tr>
<tr>
<td>A7034</td>
<td>Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap</td>
<td></td>
</tr>
<tr>
<td>A7035</td>
<td>Headgear used with positive airway pressure device</td>
<td></td>
</tr>
<tr>
<td>A7036</td>
<td>Chinstrap used with positive airway pressure device</td>
<td></td>
</tr>
<tr>
<td>A7037</td>
<td>Tubing used with positive airway pressure device</td>
<td></td>
</tr>
<tr>
<td>A7038</td>
<td>Filter, disposable, used with positive airway pressure device</td>
<td></td>
</tr>
<tr>
<td>A7039</td>
<td>Filter, non-disposable, used with positive airway pressure device</td>
<td></td>
</tr>
<tr>
<td>A7044</td>
<td>Oral interface used with positive airway pressure device, each</td>
<td></td>
</tr>
<tr>
<td>A7045</td>
<td>Exhalation port with or without swivel used with accessories for positive airway devices, replacement only</td>
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</table>
Provider Payment Guidelines and Documentation

Polysomnography (CPT codes 95808-95811) normally includes sleep staging using a 1-4 lead EEG. Separate payment of a sleep-only EEG (codes 95822 and 95827) is not appropriate.

CPT code 95805 always involves at least four naps. It should be noted that CPT code 95805 includes all the naps done in a single day. Only one (1) unit of service should be submitted.

-26 modifier (professional component) is only reimbursed for sleep studies/polysomnography provided in a hospital outpatient setting. Please submit on the CMS 1500 form for separate professional reimbursement to the provider for the interpretation of the tests.

-52 modifier (reduced services) is reported if less than six hours of recording or in other cases of reduced services, as appropriate. Documentation should be included in Item 19 of the CMS 1500 claim form or the electronic equivalent noting the reason for non-completion and duration of testing for any claims for which the -52 modifier is used so that payment is appropriately reduced.

Claim Submission

- Claims for approved Home Sleep Studies and approved DME therapy supplies must be submitted directly to SMS.
  - Submit claims with the place of service 12 (home).
  - For Home Sleep Tests and DME supplies/equipment, the pay to provider will always be SMS.
- Claims for SMS approved sleep studies performed at a facility must be submitted directly to NHP by the facility.
  - Submit claims with an outpatient place of service.
  - For Sleep Labs, the pay to provider will always be the Sleep Lab (facility).
  - The facility may not submit a claim for any DME supply/equipment.

Required Documentation

The patient’s medical record must contain documentation that fully supports the medical necessity of the requested test, including but not limited to:

- Clinical Information:
  - Epworth Sleepiness Score
  - Patient height and weight to obtain BMI
  - Patient’s complaints (supporting need for a sleep study)
  - Patient’s symptoms with documented evidence
  - Duration of patients symptoms
  - Patient’s current medications
  - Co-morbid medical illnesses
- Demographic information:
The following minimum information must be included in the sleep disorders evaluation report:

- Parameters monitored;
- Start time and duration of day/night of study
- Total sleep time, sleep efficiency, number/duration of awakenings
- For tests involving sleep staging: time and percent spent in each stage
- For tests monitoring sleep latency or maintenance of wakefulness testing: latency to both NREM and REM sleep
- Individual sub-test sleep latencies, mean sleep latency, and the number of REM occurrences on MSLT
- Respiratory patterns including type, number and duration, effect on oxygenation, sleep stage/body position relationship, and response to any diagnostics/therapeutic maneuvers.
- Cardiac rate/rhythm and any effect of sleep disordered breathing on EKG
- Detailed behavioral observations, and
- EEG or EMG abnormalities

References
Medicare Learning Network MLN Matters Article MM6048, revised October 15, 2008
Medicare Benefit Policy Manual, Chapter 15-Covered Medical and Other Health Services, Rev. 109, 08-07-09, §70-Sleep Disorder Clinics (Rev. 1, 10-01-03) B3-2055
SLEEP, Vol. 28, No. 4, 2005 Practice Parameters for the Indications for PSG-AAMS Practice Parameters: An Update for 2005

Publication History

<table>
<thead>
<tr>
<th>Topic: Sleep Studies and Therapy Management</th>
<th>Owner: Provider Network Management</th>
</tr>
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<tbody>
<tr>
<td>2012/08/01 Original documentation. <strong>Effective</strong> November 1, 2012</td>
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