# Sleep Studies and Therapy Management

## Policy

Mass General Brigham Health Plan has partnered with CareCentrix (CCX) company to provide sleep study and therapy management services for all Mass General Brigham Health Plan product lines. 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).

## Authorization, Notification and Referral

| Service | Requirement |
|---|---|
| Sleep Studies | Prior Authorization from CareCentrix (CCX) |
| Sleep Therapy and Supplies, and Vendor Selection | Prior Authorization from CareCentrix (CCX) |
| For HVMA Members | A referral number for most specialists is required for Mass General Brigham Health Plan 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. |

## Limitations

Mass General Brigham Health Plan's reimbursement of these procedures is subject to benefit coverage and the provider's compliance with Mass General Brigham Health Plan prior authorization requirements.

If the requested sleep study can be performed in the Mass General Brigham Health Plan member's home, a CCX rendering provider will provide the home sleep test (HST), 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 CareCentrix iComply Therapy Program.

### Exceptions to Policy Criteria

Mass General Brigham Health Plan members under the age of 16 years will be authorized for facility sleep studies only at a Mass General Brigham Health Plan contracted sleep facility.

For Mass General Brigham Health Plan members 16 years and older, authorization may be for Mass General Brigham Health Plan contracted sleep facility or home sleep test (HST), according to Mass General Brigham Health Plan 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.

### CareCentrix Sleep Studies and Therapy Management Program

Mass General Brigham Health Plan requires that all sleep studies and therapy management have prior authorization from CareCentrix. 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 authorizations from CareCentrix. Authorization and the corresponding authorization number(s) may be obtained by physicians and contracted rendering providers who submit requests via phone, fax, or web portal:

- Phone CareCentrix Monday through Friday, 8AM to 6:00 PM, EST, at: 1-866-827-5861
- Submission of the **CareCentrix PA Request Form by** Fax, Monday through Friday, 8:00 AM to 6:00 PM, EST at: 1-866-536-8046
- Web Portal : HomeBridge CareCentrix Provider Portal or sleep branded portal www.sleepsms.com.

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).

**CareCentrix 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 Mass General Brigham Health Plan and will be directed back to the requesting physician to assess other therapeutic options.

### Mass General Brigham Health Plan Reimburses

- Home Sleep Studies as approved by CareCentrix.
- Facility Sleep Studies as approved by CareCentrix.
- 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

### Mass General Brigham 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

| Code | Descriptor | Comments (Billing instructions when detailed specificity required) |
|---|---|---|
| **Sleep Diagnostics** | | |
| 94660 | Continuous positive airway pressure ventilation (CPAP), initiation and management | **Not reimbursable.** 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.) |
| 94799 | Unlisted pulmonary service or procedure | Prior Authorization Required from CareCentrix |

| Code | Descriptor | Comments (Billing instructions when detailed specificity required) |
|---|---|---|
| 95800 | Sleep study, **unattended**, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (e.g., by airflow or peripheral arterial tone), and sleep time. | Prior Authorization Required from CareCentrix |
| 95801 | Sleep study, **unattended**, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (e.g., by airflow or peripheral arterial tone). | Prior Authorization Required from CareCentrix |
| 95803 | Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording). | Prior Authorization Required from CareCentrix |
| 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 CareCentrix.<br>• Submit for Sleep Facility billing.<br>• Always involves at least 4 naps.<br>• 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. | Prior Authorization Required from CareCentrix |
| 95807 | Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, **attended** by a technologist. | Prior Authorization Required from CareCentrix.<br>• Submit for Sleep Facility billing. |
| 95808 | Polysomnography; sleep staging with 1-3 additional parameters of sleep, **attended** by a technologist. | |

| Code | Descriptor | Comments (Billing instructions when detailed specificity required) |
|---|---|---|
| 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 H portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort, and oxygen saturation. | Prior Authorization Required from CareCentrix |
| 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 CareCentrix, with Place of service 12 – Home. |
| G0400 | Home sleep test (HST) with type IV portable monitor, unattended: minimum of 3 channels. | Prior Authorization Required from CareCentrix |
| **Sleep Therapy** | | |
| E0470 | 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). | Prior Authorization Required from CareCentrix. |
| E0471 | 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). | Prior Authorization Required from CareCentrix. |

| Code | Descriptor | Comments (Billing instructions when detailed specificity required) |
|---|---|---|
| E0561 | Humidifier, non-heated, used with positive airway pressure device. | Prior Authorization Required from CareCentrix. |
| E0562 | Humidifier, heated, used with positive airway pressure device. | Prior Authorization Required from CareCentrix. |
| E0601 | Continuous airway pressure (CPAP) device. | Prior Authorization Required from CareCentrix. |
| **Sleep Therapy Supplies** | | |
| A4604 | Tubing with integrated heating element for use with positive airway pressure device. | Prior Authorization Required from CareCentrix. |
| A7027 | Combination oral/nasal mask used with continuous positive airway pressure device each. | |
| A7028 | Oral cushion for combination oral/nasal mask, replacement only, each. | |
| A7029 | Nasal pillow for combination oral/nasal mask, replacement only, pair. | |
| A7030 | Full face mask used with positive airway pressure device, each. | Prior Authorization Required from CareCentrix. |
| A7031 | Face mask interface, replacement for full face mask, each. | |
| A7032 | Cushion for use on nasal mask interface, replacement only, each. | Prior Authorization Required from CareCentrix. |
| A7033 | Pillow for use on nasal cannula type interface, replacement only, pair. | Prior Authorization Required from CareCentrix. |
| A7034 | Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap. | |

| Code | Descriptor | Comments (Billing instructions when detailed specificity required) |
|---|---|---|
| A7035 | Headgear used with positive airway pressure device. | |
| A7036 | Chinstrap used with positive airway pressure device. | |
| A7037 | Tubing used with positive airway pressure device. | |
| A7038 | Filter, disposable, used with positive airway pressure device. | |
| A7039 | Filter, non-disposable, used with positive airway pressure device. | Prior Authorization Required from CareCentrix. |
| A7044 | Oral interface used with positive airway pressure device, each. | Prior Authorization Required from CareCentrix. |
| A7045 | Exhalation port with or without swivel used with accessories for positive airway devices, replacement only. | Prior Authorization Required from CareCentrix. |
| A7046 | Water chamber for humidifier, used with positive airway device, replacement only. | Prior Authorization Required from CareCentrix. |

**Medical and Payment Policy Home Page**
Medical Policies
Provider Payment Guidelines

**References**

MassHealth Physician Manual
Medicare National Coverage Determination Manual, Chapter 1, Part 4 (Sections 200 - 310.1) Coverage Determinations, Section 240.4
Medicare Benefit Policy Manual, Chapter 15 - Covered Medical and Other Health Services, Section 70 - Sleep Disorder Clinics
SLEEP, Vol. 28, No. 4, 2005 Practice Parameters for the Indications for PSG-AAMS Practice Parameters: An Update for 2005

## Publication History

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| ***November 1, 2012*** | *Original documentation* |
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This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider's agreement, the terms and conditions of the provider's agreement shall prevail. Payment policies are intended to assist providers in obtaining Mass General Brigham Health Plan's payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy formulation takes into consideration a variety of factors including: the terms of the participating providers 'contract(s); scope of benefits included in a given member's benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

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