

Current published medical findings cited by the Centers for Medicare & Medicaid Services (CMS) support sleep studies being performed outside the traditional facility environment, including at home, with the use of portable testing devices. As a result, we require our providers to obtain prior authorization for *attended* sleep testing performed in a health care facility or sleep clinic. However, prior authorization is *not* required for *unattended* home sleep testing. The prior authorization/advance notification requirements are for the following UnitedHealthcare Community Plan states:

AZ, DE, IA, MD, MI, NE, NJ, NY, OH, PA, RI, TN, TX, and WI

Effective Aug. 3, 2015 in FL, LA, MS, and WA

Q1. What is the Sleep Test Optimization Program?

- A. The Sleep Test Optimization Program is prior authorization initiative for Polysomnography (PSG). There are two types of sleep studies – (1) Attended Sleep Studies - performed in an outside facility, office, sleep clinic or laboratory; and (2) Unattended Sleep Studies (performed in the home setting). Members who meet evidence-based clinical criteria may be referred for an unattended/home sleep testing.

Q2. Why does UnitedHealthcare Community Plan refer members to home sleep testing?

- A. Medical findings cited by CMS support sleep studies being performed outside the traditional facility environment, including at home, with the use of portable testing devices. These portable testing devices have been found to be cost-effective and often more convenient, so may facilitate a faster diagnosis of obstructive sleep apnea.

Q3. Where can I find additional information about the clinical criteria supporting this program?

- A. A copy of UnitedHealthcare Community Plan's medical policy, "Attended Polysomnography for Evaluation of Sleep Disorders", is available at uhccommunityplan.com > *Health Professionals* > *Pick State* > *Provider Information* > *Medical Policies and Coverage* > *Attended Polysomnography for Evaluation of Sleep Disorders*.

Q4. Which sleep-related procedure codes require prior authorization?

- A. The UnitedHealthcare Community Plan requires prior authorization and/or advance notification requires for *attended* sleep testing performed in a health care facility, laboratory or sleep clinic using current procedural terminology (CPT) codes 95805, 95807, 95808, 95810 and 95811.

Q5. Which sleep-related procedure codes do *not* require prior authorization and/or notification?

- A. UnitedHealthcare Community Plan does *not* require prior authorization and/or advance notification for *unattended* sleep testing performed at home. The CPT codes are 95800, 95801, 95806 and HCPCS codes G0398, G0399 and G0400.

Q6. What are the sleep-related procedure codes for children younger than six?

- A. The procedure codes are:
- CPT code 95782: younger than six, sleep staging with four or more additional parameters of sleep, attended by a technologist.
 - CPT code 95783: younger than six, sleep staging with four or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist.

CPT Codes 95782 and 95783 took effect Jan. 1, 2013 and do not require prior authorization and are not subject to clinical review.

Q7. Which UnitedHealthcare Community Plan members are affected by the Sleep Test Optimization program?

- A. UnitedHealthcare Community Plan members in AZ, DE, FL, IA, LA, MD, MI, MS, NE, NJ, NY, OH, PA, RI, TN, TX, WA, WI are affected by the program.

Q8. Who is responsible for obtaining prior authorization for attended sleep testing from UnitedHealthcare Community Plan?

- A. Physicians, health care professionals and ancillary providers are responsible for obtaining prior authorization for *attended* sleep testing performed in a health care facility, laboratory or sleep clinic. The clinical review does not apply to children younger than 18.

Q9. How do I submit a prior authorization/advance notification request?

- A. You may initiate a prior authorization request at UnitedHealthcareOnline.com or by calling the phone number on the back of the member's ID card.

Q10. How long is the prior authorization valid?

- A. Prior authorization is valid for 90 days from the date of decision.

Q11. If the submitted claim is denied for no authorization, can the member be billed for the services?

- A. Clinical coverage review is required to determine authorization. If the network physicians, ancillary providers and health care professionals provide services before a coverage decision is rendered and it is ultimately determined that the services are not covered, the claim will be denied and the member *cannot* be billed for the services.

Q12. What if I do not obtain prior authorization for attended sleep studies?

- A. Network providers are required to complete the prior authorization process for attended sleep studies (not for *unattended* sleep studies). If the provider does not obtain prior authorization for services they

perform, the claim will be denied in part or in whole for failure to obtain prior authorization and the member *cannot* be billed for the service.

Q13. How is home sleep testing equipment provided?

- A. UnitedHealthcare has contracted with national ancillaries for home sleep testing equipment.

Q14. Who do I contact to arrange a home sleep test?

- A. Contact Sleep Central, a division of Rotech Healthcare Inc., at **800-288-1853** or help@sleepcentral.com or visit <http://www.sleepcentral.com>.

*For Arizona non-CRS members, home sleep studies can be arranged through local providers:

Sleep Test and Respiratory Services	877-792-7383
Valley Sleep Center	480-830-3900
Sleep Med Phoenix	800-373-7326
PM Sleep Center (part of Phoenix Medical Group)	623-815-7800, Select Option 5
Rejuvenight Sleep Center also known as Infinity Sleep Solutions)	602-942-3777

Q15. How does the ordering/delivery process work for the sleep testing equipment when using a National Ancillary Provider?

- A. You may submit an order online or by phone. After receiving the order, the national ancillary providers contacts our member to arrange a delivery time and then mails the device along with operating instructions to the member. The member wears the device while sleeping and it records certain physiological functions. When finished, the member mails the device back to the national ancillary. If the member has questions, they may contact the national ancillary provider at any time.

Q16. How do referring physicians receive test results from the National Ancillary?

- A. The National Ancillary employs licensed respiratory therapists to score the results and board-certified sleep medicine physicians to interpret them. The results are then mailed, faxed or posted to the UnitedHealthcare provider website for you within seven days of interpretation.

Q17. What is the reimbursement rate for home sleep testing?

- A. Please refer to your contracted fee schedule and reference the most appropriate CPT or HCPC code.

Q18. Who do I contact with questions or for more information?

- A. Please contact your Network Account Manager for questions about your contract or your Market Medical Director for information about the medical policy. For general questions, call Provider Services at **877-842-3210**.