

Sleep Testing Prior Authorization/Advance Notification Requirements Frequently Asked Questions

Key Points

- UnitedHealthcare Community Plan care providers must obtain prior authorization for attended sleep testing performed in a health care facility or sleep clinic.
- Prior authorization is not required for unattended home sleep testing.
- The prior authorization/advance notification requirements are for UnitedHealthcare Community Plan in the following states: New Jersey, New York and Rhode Island.

Overview

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 UnitedHealthcare Community Plan in the following states: **New Jersey, New York and Rhode Island.**

Frequently Asked Questions and Answers

Q1. What is the Sleep Test Optimization Program?

A1. The Sleep Test Optimization Program is a 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 unattended/home sleep testing.

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

A2. 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 they may facilitate a faster diagnosis of obstructive sleep apnea.

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

A3. A copy of UnitedHealthcare Community Plan's medical policy, "Attended Polysomnography for Evaluation of Sleep Disorders", is available at UHCommunityPlan.com > For Health Care Professionals > Select your state > Provider Information > UnitedHealthcare Community Plan Medical Policies and Coverage Determination Guidelines > Attended Polysomnography for Evaluation of Sleep Disorders.

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

A4. UnitedHealthcare Community Plan requires prior authorization and/or advance notification 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 don't require prior authorization and/or notification?

A5. UnitedHealthcare Community Plan doesn't 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?

A6. 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 don't require prior authorization and are not subject to clinical review.

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

A7. UnitedHealthcare Community Plan members in New Jersey, New York and Rhode Island are affected by the program.

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

A8. 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 doesn't apply to children younger than 18.

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

A9. You can submit prior authorization requests online using the Prior Authorization and Notification app on Link. To access the app, sign in to Link by going to UHCprovider.com and clicking on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Learn more at UHCprovider.com/PAAN.

You can also submit prior authorization requests by calling the phone number on the back of the member's ID card.

Q10. How long is the prior authorization valid?

A10. 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?

A11. Clinical coverage review is required to determine authorization. If the network physicians, ancillary providers and health care professionals provide services before we make a coverage decision and it is ultimately determined that the services aren't covered, the claim will be denied and the member cannot be billed for the services.

Q12. What if I don't obtain prior authorization for attended sleep studies?

A12. Network care providers are required to complete the prior authorization process for attended sleep studies. If the care provider doesn't 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 services.

Q13. How is home sleep testing equipment provided?

A13. UnitedHealthcare has contracted with a national ancillary provider for home sleep testing equipment.

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

A14. For attended sleep studies, the ordering physician/care provider submits a request online or by phone (see Q9). For unattended sleep studies, you can arrange this home sleep test with a network-contracted local sleep clinic, office or with other care providers that facilitate home sleep testing.

Q15. How does the ordering/delivery process work for the sleep testing equipment?

A15. You may submit an order online or by phone. After receiving the order, the national ancillary provider contacts our member to arrange a delivery time, 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 provider. 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 provider?

A16. The national ancillary provider 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?

A17. 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?

A18. Please contact your Network Account Manager for questions about your contract or your Market Director for information about the medical policy. For general questions, call Provider Services at **877-842-3210**.