Sleep Test Optimization Program Frequently Asked Questions

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, which is part of the reason we require you 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 (HST). The new prior authorization/advance notification requirement takes effect:

- July 1, 2013 for IA*, MD, MI, NE, NJ, NY, OH and RI
- August 1, 2013 for TN
- September 9, 2013 for TX.

*IA is just a reminder to continue to obtain prior authorization for attended sleep studies.

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Q1. What is the Sleep Test Optimization Program?
The Sleep Test Optimization Program is a prior authorization program for polysomnography (PSG). There are two types of sleep studies: attended sleep studies performed in an outside facility, office, sleep clinic or laboratory and unattended sleep studies performed in the home setting. Medicaid plan members who meet evidence-based clinical criteria may be referred for an unattended/home sleep testing (HST).

Q2. Why does UnitedHealthcare refer members to home sleep testing (HST)?
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. These portable testing devices are more cost-effective and often more convenient, so may facilitate a faster diagnosis of obstructive sleep apnea (OSA). (CMS, 2009)

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

Q4. How does home sleep testing (HST) using portable monitors compare to attended laboratory/facility sleep testing?
Recent comparative effectiveness research studies have shown that clinical outcomes of patients with a high pretest probability for obstructive sleep apnea (OSA) who receive ambulatory management using portable-monitor testing have similar functional outcomes and adherence to continuous positive airway pressure treatment (CPAP), compared to patients managed with in laboratory polysomnography. (Kuna, 2010) For more information, please refer to the clinical evidence section of the above-referenced medical policy.

Q5. How were UnitedHealthcare network physicians notified of this change?
We notified network physicians in an article published in the May and July 2013 Network Bulletins. Starting in April 2013 we mailed notification letters to the rendering and referring physicians.

Q6. Which sleep-related procedure codes require prior authorization?
UnitedHealthcare requires prior authorization for attended sleep testing performed in a health care facility, laboratory or sleep clinic using CPT codes 95805, 95807, 95808, 95810 and 95811 require prior authorization and/or advance notification.

Q7. Which sleep-related procedure codes do not require prior authorization and/or notification?
UnitedHealthcare does NOT require prior authorization for unattended sleep testing performed at home. The CPT codes are 95800, 95801, 95806 and HCPCS codes G0398, G0399 and G0400.

Q8. What are the sleep-related procedure codes* for children younger than six?
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.

*NOTE - 95782 and 95783 are new codes effective January 1, 2013 and do not require prior authorization and it is not subject to clinical review.

Q9. Which UnitedHealthcare benefit plans are included in the Sleep Test Optimization program?
Medicaid plans in IA, MD, MI, NE, NJ, NY, OH, RI, TN and TX are included in the program.

Q10. Which UnitedHealthcare benefit plans are excluded from the Sleep Test Optimization program?
All other lines of business, including Medicare, Medicare-eligible, long term care and all other states are excluded from the program.

Q11. Who is responsible for obtaining advance notification from UnitedHealthcare?
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.

Q12. How do I submit a prior authorization/advance notification?
You may initiate a prior authorization at UnitedhealthcareOnline.com or by calling the phone number on the back of the member’s ID card.

Q13. How long is the prior authorization valid?
Prior authorization is valid for 90 days from the date of decision.

Q14. Is prior authorization required if UnitedHealthcare is the secondary payer?
Yes. Preauthorization and precertification requirements still apply when UnitedHealthcare is the secondary payer.

Q15. If the submitted claim is denied for no authorization, can the member be billed for the services?
Clinical coverage review is required to determine authorization. If a network physician, ancillary provider or health care professional provides 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.

Q16. What if I do not obtain prior authorization for attended sleep studies?
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.

Q17. How is Home Sleep Testing (HST) equipment provided?
UnitedHealthcare has contracted with a national independent diagnostic testing facility (IDTF) for home sleep testing equipment.

Q18. How do I contact the national IDTF?
Contact Sleep Central, a division of Rotech Healthcare Inc., at 800-288-1853 or help@sleepcentral.com or visit http://www.sleepcentral.com.
Q19. May I use a locally contracted HST provider instead of a national IDTF?
Yes, locally contracted sleep specialists including physicians, sleep labs and IDTFs may also provide HST equipment.

Q20. How does the ordering/delivery process work for the sleep testing equipment when using a national IDTF?
You may submit an order online or by phone. After receiving the order, the IDTF 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 IDTF. If the member has any questions, they may contact the IDTF 24 hours a day, seven days a week.

Q21. How do referring physicians receive test results from the IDTF?
The IDTF 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 portal for you within seven days of interpretation.

Q22. Which states license the IDTF employed board-certified physicians?
Nationally contracted IDTFs employ board-certified/board-eligible sleep medicine physicians licensed in all 50 states.

Q23. After the member is diagnosed, how is prescribed CPAP equipment titrated?
Self-adjusting automatic positive airway pressure (APAP) devices determine a positive airway pressure that has been proven as an alternative to in-lab CPAP titration. Laboratory titration of CPAP must meet UnitedHealthcare’s prior authorization requirements. APAP titration to determine a fixed CPAP is not necessary as nationally contracted Durable Medical Equipment (DME) providers supply APAP devices instead of CPAP devices.

Q24. How are members using CPAP monitored at home?
You may prescribe the therapy equipment based on the sleep specialist’s test recommendation. Home sleep testing with use of APAP devices in the self-adjusting mode for unattended treatment to determine a fixed CPAP treatment pressure is a proven alternative to in-laboratory PSG with a CPAP titration or a split night study. Recently published studies demonstrate that functional outcome and treatment adherence in patients who had a HST followed by APAP are clinically equivalent to patients receiving standard in-laboratory PSG with CPAP titration (Kuna et al. 2011).

Q25. Who provides CPAP and Bi-PAP to manage the patient?
Apria, Lincare and Rotech are the UnitedHealthcare nationally contracted DME vendors for APAP, CPAP and Bi-PAP and they educate members and monitor and manage compliance.

Q26. What is the reimbursement rate for HST?
Please refer to your contracted fee schedule and reference the most appropriate CPT or HCPC code.

Q27. Who do I contact with questions or for more information?
Please contact your Network Account Manager with questions about your contract or your Market Medical Director for information about the medical policy. For general questions, call Provider Customer Service at 877-842-3210.

References: