Product Applicability

☐ All Plan* Products

Boston Medical Center HealthNet Plan*
☒ MassHealth
☒ Qualified Health Plans/ConnectorCare/Employer Choice Direct
☒ Commonwealth Care
☒ Commonwealth Choice/Employer Choice

Well Sense Health Plan*
☐ New Hampshire Medicaid

Effective Date: 10/01/2014
Policy Number: 4.5

This policy is intended to serve as a general guide for reimbursement. Please refer to the MassHealth Member Handbook, BMC HealthNet Plan Qualified Health Plans, including ConnectorCare, the Commonwealth Care or Commercial Evidence of Coverage (EOC), Schedule of Benefits (SOB) and your provider contract for specific terms of coverage and reimbursement. Unless otherwise specified in writing, reimbursement will be made at the lesser of the billed charges, or the contractual schedule of payments. Use of this policy does not guarantee payment.

Prior-authorization
Please refer to the Plan’s Prior Authorization Requirements Matrix at www.bmchp.org.

Authorization Requirements
When performed by participating providers: prior authorization is not required for the first home sleep study (one study/one night) performed in a calendar year. Prior authorization is required for all subsequent home studies performed during the same calendar year. Prior authorization is required for all in-facility studies, except for children up to their seventh birthday. In-facility testing is evaluated utilizing InterQual® criteria.

Reimbursement is based on member benefits and eligibility, medical necessity review, where applicable, coordination of benefits, adherence to Plan policies, clinical coding criteria, and the BMC HealthNet Plan agreement with the rendering or dispensing provider. Plan policies may be amended at BMC HealthNet Plan’s discretion. All Plan policies are developed in accordance with state, federal and accrediting organization guidelines and requirements, including NCQA.
When performed by non-participating providers: prior authorization is required for all procedures.

**Policy Statement**
The Plan reimburses covered services based on the provider’s contractual rates with the Plan and the terms of reimbursement identified within this policy.

**Definitions:**
- **Home:** A member’s usual place of residence.
- **In facility:** Any location other than the member’s usual place of residence.

**Provider Reimbursement**
The Plan provides coverage for diagnostic sleep studies (including polysomnography) performed in the home and outpatient settings by participating providers utilizing equipment approved by the FDA for the study setting. A member’s home is the preferred testing location, provided the member meets patient selection criteria published by nationally recognized specialty organizations, such as the American Academy of Sleep Medicine. Identification of the criteria utilized to determine the appropriateness of the setting and the evaluation of the member against the criteria must be documented in the member’s medical record. The documentation is subject to audit by the Plan upon request.

Note: the Plan does not provide coverage for actigraphy testing for certain products or manages the utilization of the procedure via OCA policy 3.712 Actigraphy Testing.

**Service Limitations**
The Plan does not pay for:

- More than one home study per calendar year without prior authorization.
- Home studies performed using equipment not FDA approved for use in the home setting.
- In-facility studies without prior authorization for members aged 7 years 0 days and above.
- Any procedures performed by a participating provider.

**Applicable Coding and Billing Guidelines**
Applicable coding is listed below, subject to codes being active on the date of service. Because the American Medical Association (AMA), Centers for Medicare & Medicaid Services (CMS), and the U.S. Department of Health and Human Services may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes may not be all inclusive. These codes are not intended to be used for coverage determinations.
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Coding Instructions</th>
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</thead>
<tbody>
<tr>
<td>95782</td>
<td>Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist</td>
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<tr>
<td>95783</td>
<td>Polysomnography; younger than 6 years, 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</td>
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</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>Use for an unattended sleep study done in a facility.</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>Use for an unattended sleep study done in a facility.</td>
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<tr>
<td>95805</td>
<td>Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness</td>
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<tr>
<td>95806</td>
<td>Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)</td>
<td>Use for an unattended sleep study done in a facility.</td>
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<tr>
<td>95807</td>
<td>Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist</td>
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<tr>
<td>95808</td>
<td>Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist</td>
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<tr>
<td>95810</td>
<td>Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist</td>
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</tr>
<tr>
<td>95811</td>
<td>Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist</td>
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</tr>
<tr>
<td>G0398</td>
<td>Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort and oxygen saturation</td>
<td>Use for a home sleep study.</td>
</tr>
</tbody>
</table>

Reimbursement is based on member benefits and eligibility, medical necessity review, where applicable, coordination of benefits, adherence to Plan policies, clinical coding criteria, and the BMC HealthNet Plan agreement with the rendering or dispensing provider. Plan policies may be amended at BMC HealthNet Plan’s discretion. All Plan policies are developed in accordance with state, federal and accrediting organization guidelines and requirements, including NCQA.
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Origination Date: 08/01/2014

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<tr>
<td>G0399</td>
<td>Home sleep study test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation</td>
<td>Use for a home sleep study.</td>
</tr>
<tr>
<td>G0400</td>
<td>Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels</td>
<td>For MH members only. Use for a home sleep study. PA is always required.</td>
</tr>
</tbody>
</table>

References
Legal and Regulatory References

- Contract between The Office of Health and Human Services (EOHHS), and Boston Medical Center HealthNet Plan MassHealth
- Evidence of Coverage, Commonwealth Care, Form No. BMCHP-CC-8
- Evidence of Coverage, CommChoice, Form No. BMCHP CChoice-1
- Form of Contract between the Commonwealth Health Insurance Connector Authority and Boston Medical Center HealthNet Plan
- BMC HealthNet Plan Qualified Health Plans, including ConnectorCare Evidence of Coverage

Other References
N/A

In addition to the above regulations, any bulletin issued to amend or otherwise change the above regulations are herein incorporated as references.

Related Policies

- General Billing and Coding Guidelines, 4.31
- General Clinical Editing and Payment Accuracy Review Guidelines, 4.108
- Outpatient Hospital, 4.17
- Physician and Non Physician Practitioner Services, 4.608

Policy History and Approval Dates

Review Dates/Revisions
11/14/2014 – Added coding instructions for facility and home sleep studies.

Approval Dates

Original Effective Date: 10/01/2014
Original Internal Approval: 08/01/2014
Regulatory Approval: N/A
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Policy Title – Sleep Studies