Helpful hints for filing

Polysomnography and Home Sleep Testing (HST) for diagnosing obstructive sleep apnea (OSA)

Sleep tests

Coverage of a PAP device for the treatment of OSA is limited to claims where the diagnosis of OSA is based upon a Medicare-covered sleep test (Type I, II, III, or IV). A Medicare-covered sleep test must be either a polysomnogram performed in a facility-based laboratory (Type I study) or a home sleep test (HST) (Types II, III, or IV).The test must be ordered by the beneficiary's treating physician and conducted by an entity that qualifies as a Medicare provider of sleep tests and is in compliance with all applicable state regulatory requirements.

Facility-based sleep test

A Type I sleep test is the continuous and simultaneous monitoring and recording of various physiological and pathophysiological parameters of sleep with physician review, interpretation, and report. It is facility-based and must include sleep staging, which is defined to include a 1-4 lead electroencephalogram (EEG), electrooculogram (EOG), submental electromyogram (EMG) and electrocardiogram (ECG). It must also include at least the following additional parameters of sleep:

- Airflow
- Respiratory effort
- Oxygen saturation by oximetry
- Performed as either a whole night study for diagnosis only or a split night study to diagnose and initially evaluate treatment

Home Sleep Test (HST)

A HST is performed unattended in the beneficiary's home using a portable monitoring device.A portable monitoring device for conducting an HST must meet one of the following criteria, if qualifying a Medicare patient for PAP therapy:

Type II device
Monitors and records a minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, air flow, respiratory movement/ effort and oxygen saturation.

or

Type III device
Monitors and records a minimum of 4 channels: respiratory movement/effort, airflow, ECG/heart rate and oxygen saturation.

or

Type IV device
Monitors and records a minimum of 3 channels that allow direct calculation of an AHI or RDI as the result of measuring airflow or thorocoabdominal movement.

Devices that record information other than airflow or thorocoabdominal movement that allow calculation of an AHI or RDI may be considered as acceptable alternatives if there is substantive clinical evidence in the published peer-reviewed medical literature that demonstrates that the results accurately and reliably correspond to an AHI or RDI as defined above.This determination will be made on a device-by-device basis. Currently, the only approved Type IV device that indirectly measures AHI or RDI is the Watch-PAT device.

PHILIPS
RESPIRONICS

[1]Section 1862 (a)1(A) of Title XVIII of the Social Security Act.

HST requirements

Test cannot be performed by a DME supplier or any entity with a significant financial relationship to the DME supplier. This exclusion does not apply to results of studies from hospitals certified to perform such tests.

There is no separate reimbursement for in-home titration using an auto-titrating device. An in-lab titration (95811) is covered by Medicare and may be covered by commercial payers.

Many commercial insurance payers now cover HST. Many have adopted Medicare coverage guidelines. However, payment rates will vary. Consult the individual payer for their coverage and payment policies.

All beneficiaries who undergo a HST must, prior to having the test, receive instruction on how to properly apply a portable sleep monitoring device.

This instruction must be provided by the entity conducting the HST and may not be performed by a DME supplier. Patient instruction may be accomplished by either:

Criterion A
Face-to-face demonstration of the portable sleep monitoring device's application and use.

or

Criterion B
Video or telephonic instruction, with 24-hour availability of qualified personnel to answer questions or troubleshoot issues with the device.

Physician credentials

For PAP devices with initial dates of service on or after January 1, 2010, physicians interpreting facility-based polysomnograms (Type I) and HSTs (Type II, III, or IV) must hold:

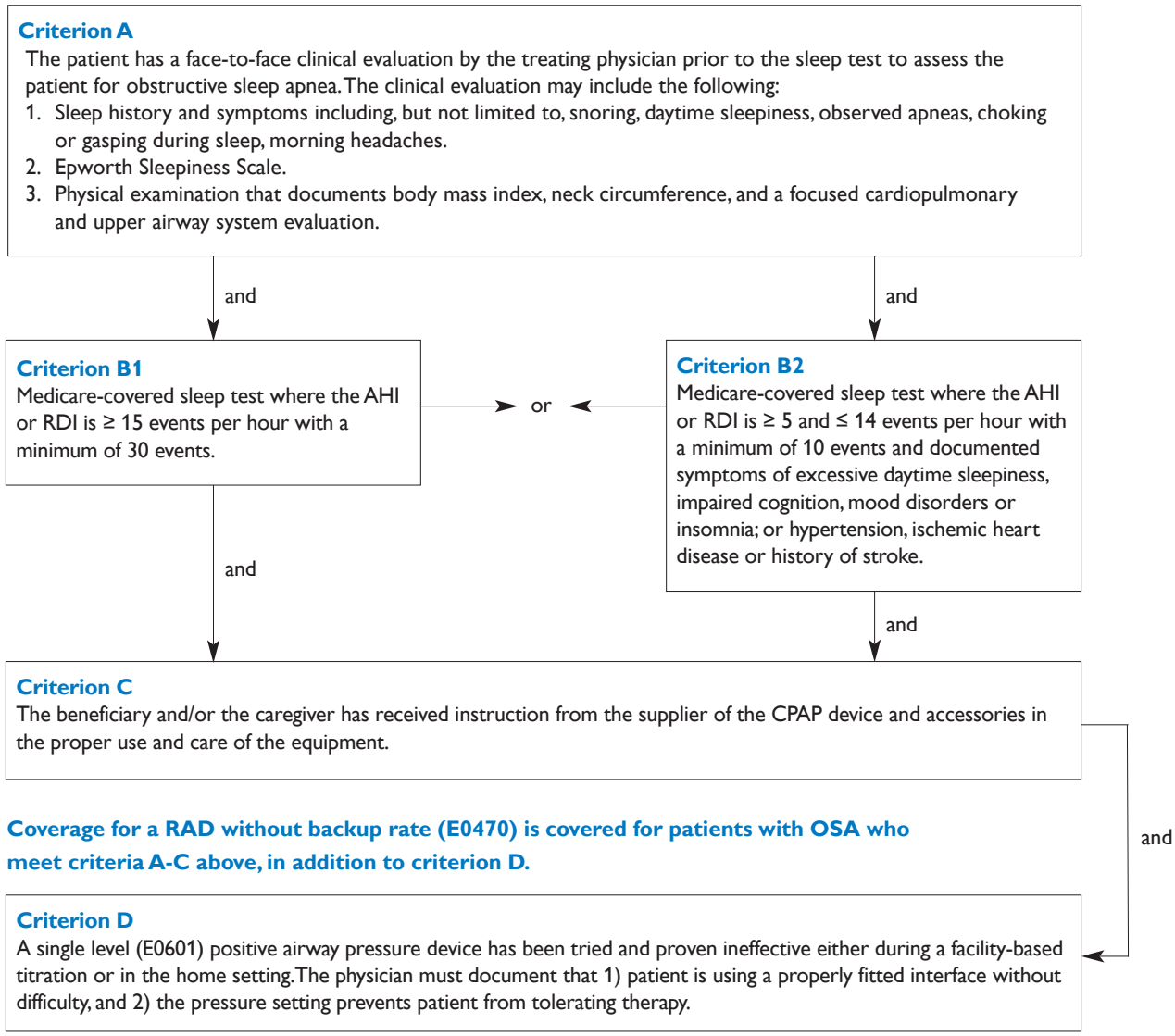
1. Current certification in sleep medicine by the American Board of Sleep Medicine (ABSM); or,
2. Current subspecialty certification in sleep medicine by a member board of the American Board of Medical Specialties (ABMS); or,
3. Completed residency or fellowship training by an ABMS member board and has completed all the requirements for subspecialty certification in sleep medicine except the examination itself and only until the time of reporting of the first examination for which the physician is eligible; or,
4. Active staff membership of a sleep center or laboratory accredited by the American Academy of Sleep Medicine (AASM) or The Joint Commission (formerly the Joint Commission on Accreditation of Healthcare Organizations – JCAHO).

No aspect of a HST, including but not limited to delivery and/or pickup of the device, may be performed by a DME supplier. This prohibition does not extend to the results of studies conducted by hospitals certified to do such tests.

Definitions

- Apnea – A cessation of airflow for at least 10 seconds.
- Apnea-Hypopnea Index (AHI) – Average number of episodes of apnea and hypopnea per hour of sleep without the use of a positive airway pressure device.
- Hypopnea – An abnormal respiratory event lasting at least 10 seconds with at least a 30% reduction in thorocoabdominal movement or airflow as compared to baseline, and with at least a 4% oxygen desaturation.
- Respiratory Distress Index (RDI) – Average number of apneas plus hypopneas per hour of recording, without the use of a positive airway pressure device.

Initial coverage criteria for CPAP (first three months)



Coverage for a RAD without backup rate (E0470) is covered for patients with OSA who meet criteria A-C above, in addition to criterion D.

*If the AHI or RDI is calculated based on less than two hours of sleep or recording time, the total number of recorded events used to calculate the AHI or RDI (respectively) must be at least the number of events that would have been required in a two-hour period (i.e., must reach 30 events without symptoms or 10 events with symptoms).

HST coding and payment

The hospital-based sleep lab allowable, the outpatient perspective payment system rate, is $166.64 for any type of HST identified by G0398, G0399, and G0400.

Code*	Descriptor
G0398	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
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
G0400	Home sleep test (HST) with Type IV portable monitor, unattended, minimum of 3 channels: allows for direct calculation of AHI/RDI

*Rates for G codes are individually carrier priced.
Check with local carrier for rates.

Code**	Description	Amount
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (e.g., by airflow or peripheral arterial tone), and sleep time	$205.56 $147.46 (TC) $ 58.10 (26)
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation and respiratory analysis (e.g., by airflow or peripheral arterial tone)	$ 96.83 $ 45.53 (TC) $ 51.30 (26)
95806	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, unattended by a technologist (Type III)	$182.11 $119.26 (TC) $ 62.86 (26)
95810	Polysomnography; sleep staging with 4 or more additional parameters of sleep, attended by a technologist	$694.14 $568.76 (TC) $125.37 (26)
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	$749.18 $618.03 (TC) $131.15 (26)

**Based on 2011 Medicare reimbursement rates. Medicare does not accept 95800, 95806 or 95801 for qualifying patients for PAP therapy. Use codes G0398, G0399 and G0400. Commercial insurance plans may accept 95800, 95806 and 95801 or the "G" codes. Check with each individual payer.

Facility-based sleep test requirements

Each of the carriers (A/B MACS; Part B carriers) have created local coverage determinations (LCDs) for their jurisdictions. Some have requirements that others do not. Therefore, it is important to consult with your carrier for the coverage requirements applicable in your geographic area.

All carriers require that reasonable and necessary diagnostic tests performed by sleep disorder clinics (sleep disorder centers or laboratories for sleep-related breathing disorders) are covered when the following criteria are met:

- The clinic is either affiliated with a hospital or is under the direction and control of physicians. Diagnostic testing routinely performed in sleep disorder clinics may be covered even in the absence of direct supervision by a physician.
- Patients are referred to the sleep disorder clinic by their attending physician and the clinic maintains a record of the attending physician's orders.
- The need for diagnostic testing is confirmed by medical evidence, e.g., physician examinations and laboratory tests.

Some carriers may require that for tests performed in a freestanding facility (includes sleep clinics that are a part of a physician's office, Independent Diagnostic Testing Facilities (IDTFs) and all other non-hospital-based facilities where sleep studies are performed), the facility must have on file, and make available to Medicare upon request, evidence that:

- They are fully or provisionally certified by either the American Academy of Sleep Medicine (AASM) as a sleep disorders center or as a laboratory for sleep-related breathing disorders or by the Joint Commission as a free-standing sleep center, or accredited as a freestanding provider of sleep testing services by the Accreditation Commission for Health Care, Inc.
- A facility has proof of certification when the global, professional or technical components are billed by a physician's office, an IDTF and all other non-hospital-based facilities.

Split-night studies

For CPAP titration, a split-night study (initial diagnostic polysomnogram followed by CPAP titration during polysomnography on the same night) is an alternative to one full night of diagnostic polysomnography, followed by a second night of titration if the following criteria are met:

- A Respiratory Disturbance Index (RDI) ≥ 15 or RDI ≥ 5 and < 15, but must be based on a minimum of two hours of sleep recorded by polysomongraphy using actual recorded hours of sleep. It is known that a split study may underestimate the severity of sleep apnea. However, an AHI of 40 is considered severe OSA with a known mortality and further testing throughout the rest of the night most likely would not change treatment needs.
- CPAP titration is carried out for more than three hours.
- The entire split-night study must cover six or more hours of recording the parameters of sleep and should be billed with a single unit of 95811.

Follow-up studies

Follow-up polysomnography or a cardiorespiratory sleep study is indicated for the following conditions:

- To evaluate the response to treatment (CPAP, oral appliances, or surgical intervention).
- After substantial weight loss has occurred in patients on CPAP for treatment of sleep-related breathing disorders to ascertain whether CPAP is still needed at the previously titrated pressure.
- After substantial weight gain has occurred in patients previously treated with CPAP successfully, who are again symptomatic despite continued use of CPAP, to ascertain whether pressure adjustments are needed.
- When clinical response is insufficient or when symptoms return despite a good initial response to treatment with CPAP.

ICD9 coding

For purposes of qualifying a patient for PAP therapy, the only acceptable patient diagnosis is 327.23 – Obstructive Sleep Apnea. However, additional diagnoses are covered by the carriers for the purpose of paying for the sleep test itself.

Usual sleep test parameters measured and documented

- Start time and duration of day/night of study.
- Total sleep time, sleep efficiency, number/duration of awakenings.
- For tests involving sleep staging: time and percent time spent in each stage.
- Respiratory patterns including type (central/obstructive/periodic), number and duration, effect on oxygenation, sleep stage/body position relationship, and response to any diagnostic/therapeutic maneuvers.
- Cardiac rate/rhythm and any effect of sleep-disordered breathing on EKG.
- Detailed behavioral observations.
- EEG or EMG abnormalities.

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For more information from Philips Respironics

Reimbursement	Customer service	Website
Information & fee schedules, educational materials & questions (coding, coverage and payment)	1-800-345-6443; listen to the instructions and follow prompts to select the insurance reimbursement information option	www.philips.com/respironics

CAUTION: US federal law restricts these devices to sale by or on the order of a physician.

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