

Affected Programs: BadgerCare Plus, Medicaid

To: Federally Qualified Health Centers, Hospital Providers, Nurse Practitioners, Physician Assistants, Physician Clinics, Physicians, Rural Health Clinics, HMOs and Other Managed Care Programs

Coverage Policy for Sleep Medicine Testing

Effective for dates of service on and after July 1, 2015, ForwardHealth covers sleep medicine testing, including facility-based sleep studies, home-based sleep studies, and polysomnography for Wisconsin Medicaid and BadgerCare Plus members. This *ForwardHealth Update* outlines ForwardHealth's coverage policy for sleep medicine testing.

Coverage of Sleep Studies and Polysomnography

Sleep medicine testing involves six or more hours of continuous and simultaneous monitoring and recording of various physiological and pathophysiological parameters of sleep with physician review, interpretation, and reporting. Polysomnography is distinguished from facility-based sleep studies and home-based sleep studies by the inclusion of sleep staging. Type IV sleep testing devices are not covered by ForwardHealth.

Facility-Based Sleep Studies and Polysomnography

Coverage Requirements

ForwardHealth covers facility-based sleep studies and polysomnography when ordered by the member's physician and performed in a sleep laboratory, an outpatient hospital, or an independent diagnostic testing facility for sleep disorders. Physicians interpreting facility-based sleep studies and polysomnograms are required to have board certification in sleep medicine in order for the services to be reimbursed.

Refer to Attachment 1 of this *ForwardHealth Update* for a list of allowable facility-based sleep study and polysomnography *Current Procedural Terminology* (CPT) procedure codes. Facility-based sleep study and polysomnography procedures do not require prior authorization (PA).

Claim Submission Instructions

When submitting a professional claim to ForwardHealth for a facility-based sleep study or polysomnography, providers are reminded of the following:

- If less than six hours of testing were recorded, or if other reduced services were provided, modifier 52 (Reduced Services) must be indicated.
- It is not appropriate to bill twice for any single component of a sleep study.

Home-Based Sleep Studies

Coverage Requirements

ForwardHealth covers unattended home-based sleep studies when ordered by the member's physician. Physicians interpreting home-based sleep studies are required to have board certification in sleep medicine in order for the services to be reimbursed.

Refer to Attachment 2 for a list of allowable home-based sleep study Healthcare Common Procedure Coding System (HCPCS) procedure codes. Home-based sleep studies do not require PA.

Claim Submission Instructions

When submitting a professional claim to ForwardHealth for a home-based sleep study, providers are reminded of the following:

- If less than six hours of testing were recorded, or if other reduced services were provided, modifier 52 must be indicated.
- When billing for only the interpretation of a home-based sleep study, the code that was used for the technical service must be used with the place of service (POS) code for where the physician performed the interpretation, along with modifier 26 (Professional Component), to indicate that only the professional service was performed.
- When billing for only the technical portion of a home-based sleep study, the procedure code and POS are based on the physical location of the service. Modifier TC (Technical Component) must be included to indicate that only the technical services were performed.
- It is not appropriate to bill twice for any single component of a sleep study.

Coverage Limitations for Sleep Medicine Testing

ForwardHealth does not cover the following:

- Unattended sleep studies for the diagnosis of obstructive sleep apnea in members with significant comorbid medical conditions that may affect the accuracy of the unattended sleep study, including, but not limited to, other sleep disorders.
- Attendance of a nurse, home health aid, or personal care worker during a home-based sleep study.
- Any parts of a home-based sleep study performed by a durable medical equipment provider including, but not limited to, the delivery and/or pick up of the device.
- Home-based sleep studies for children (ages 18 and younger).
- Abbreviated daytime sleep study (PAP-NAP) or daytime nap polysomnography.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our website at www.forwardhealth.wi.gov/.

P-1250

This *Update* was issued on 06/04/2015 and information contained in this *Update* was incorporated into the Online Handbook on 07/01/2015.

ATTACHMENT 1

Allowable CPT Procedure Codes for Facility-Based Sleep Studies and Polysomnography

The following table contains a list of *Current Procedural Terminology* (CPT) procedure codes that are covered by Wisconsin Medicaid and BadgerCare Plus for facility-based sleep studies and polysomnography.

Note: The information included in the table is subject to change. For the most current information, providers are encouraged to refer to the maximum allowable fee schedule available on the ForwardHealth Portal by clicking the Fee Schedules link in the Providers box on the Portal home page.

CPT Procedure Code	Description
95805 Multiple Sleep Latency Test/Maintenance of Wakefulness Test	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness
95806 Unattended Sleep Study — Type III	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)
95807 In-Lab Sleep Study (PSG)	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist
95808 In-Lab Sleep Study (PSG)	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist
95810 In-Lab Sleep Study (PSG)	age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
95811 In-Lab Sleep Study (PSG)	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
95782 In-Lab Sleep Study (PSG)	younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
95783 In-Lab Sleep Study (PSG)	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

ATTACHMENT 2

Allowable HCPCS Procedure Codes for Home-Based Sleep Studies

The following table contains a list of Healthcare Common Procedure Coding System (HCPCS) procedure codes that are covered by Wisconsin Medicaid and BadgerCare Plus for home-based sleep studies.

Note: The information included in the table is subject to change. For the most current information, providers are encouraged to refer to the maximum allowable fee schedule available on the ForwardHealth Portal by clicking the Fee Schedules link in the Providers box on the Portal home page.

Procedure Code	Description
G0398 Home Sleep Study — Type II	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 Study — Type III	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