



Sleep Studies Payment Policy

Policy

Fallon Community Health Plan (FCHP) has partnered with Sleep Management Solutions (SMS) to provide sleep diagnostic and therapy management services for selected FCHP product lines as indicated below. The partnership with SMS in conjunction with CareCore National (CCN) is designed to improve the overall quality of sleep services and ensure appropriate use of services.

Utilizing evidence based and industry accepted guidelines, CCN will review your request for a sleep study and make recommendations for those studies that can be performed in the member's home. If the member is not appropriate for a home sleep study, the member will be directed to a FCHP-contracted sleep facility. The sleep program provided by SMS and CCN was developed to ensure all requests meet quality standards. You can review FCHP's medical necessity criteria at www.sleepmanagementsolutions.com or at www.carecorenational.com.

Benefits application

- FCHP Direct Care/FCHP Select Care
- Commonwealth Care
- Companion Care
- FCHP MassHealth
- Major Medical
- Fallon Preferred Care
- Fallon Senior Plan™
- Fallon Senior Plan Preferred
- Summit ElderCare®
- NaviCare®

Reimbursement

FCHP requires that the ordering physician request authorization from CCN prior to an FCHP member receiving a sleep study (polysomnography), an in-facility PAP titration, a split-night study/titration, and/or sleep therapy (CPAP, APAP, bi-level, bi-level ST, and all PAP supplies) services. Failure to notify CCN in advance of delivering a sleep study will result in administrative service and claims payment denials.

Referral/notification/prior authorization requirements

The following services require prior authorization:

- Sleep diagnostics (94660, 94799, 95805, 95806, 95808, 95810, 95811, G0399)
- Therapy (E0470, E0471, E0561, E0562, E0601)
- Supplies (A4604, A7030, A7031, A7032, A7033, A7034, A7035, A7036, A7037, A7038, A7039, A7044, A7045, A7046)

All sleep service requests will need to be sent to CareCore National by any of the following methods:

Phone: 1-800-630-3493
Fax: 1-866-999-3510
Web: www.carecorenational.com

The ordering provider is responsible for obtaining the required authorization number prior to the rendering of requested sleep studies. Upon review of the request, CCN will make medical necessity and site of service determinations within two business days for standard requests after submission of all requested clinical documentation (three hours for urgent requests).

The ordering provider will receive the authorization or denial by fax. Approvals will contain a CCN authorization number and a CPT code specific to the requested procedure.

If the requested sleep study can be performed in the FCHP member's home, SMS will provide the home sleep test (HST) distribution, patient education, study interpretation, recommendation to the ordering physician, and the initiation of APAP therapy when appropriate. All members receiving PAP therapy will be enrolled in the SMS *iComply* Compliance Program.

If the sleep study is to be performed at a sleep lab, sleep lab facilities should obtain the authorization number from the referring physician at the time the procedure is scheduled. If you do not have an authorization number, please call CCN Monday through Friday, 8:00 a.m. to 5:30 p.m. EST, at 1-800-630-3493 or via fax at 1-866-999-3510, or by utilizing the CCN secure web portal at www.carecorenational.com.

Questions regarding this program should be directed to Sleep Management Solutions Customer Service Department at 1-888-49-SLEEP, or the FCHP Provider Relations Department, Monday through Friday, 8:30 a.m. to 5:00 p.m., at 1-866-ASK-FCHP, prompt 4.

Products included in the prior authorization and utilization management program for sleep studies and therapy are:

- FCHP Direct Care
- FCHP Select Care
- Commonwealth Care
- Major Medical
- Fallon Preferred Care
- Fallon Senior Plan HMO
- Fallon Senior Plan PPO

Companion Care, FCHP MassHealth, Summit ElderCare, and NaviCare HMO are not included in the prior authorization and utilization management program.

Summit ElderCare requires prior authorization for all non-emergency outside services. Please contact the referring Summit ElderCare PACE site for assistance.

NaviCare requires that all non-emergency services be authorized in advance. Please contact an Enrollee Service Representative at 1-877-700-6996 for assistance.

Billing/coding guidelines

Accurate claims payment requires matching of the billed CPT codes to the authorized CPT codes.

The authorization number must be submitted with the claim in order to be paid. Claims for services that require prior authorization which are lacking an authorization number will be denied.

Place of service

This policy applies to services rendered in all settings.

Policy history

Origination date:	May 1, 2011
Previous revision date(s):	N/A
Connection date & details:	March 2011 – new payment policy introduced to incorporate existing FCHP prior authorization program for sleep studies, therapies, and related supplies/services. Prior authorization program initially introduced for dates of service on or after January 1, 2010.

This payment policy has been developed to provide information regarding general billing, coding and documentation guidelines for FCHP. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. FCHP reserves the right to apply this payment policy to all FCHP companies and subsidiaries.