

Sleep Management Services Payment Policy

Policy

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

Utilizing evidence-based and industry accepted guidelines, SMS/CCX 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 SMS/CCX-contracted sleep facility. The sleep program provided by SMS was developed to ensure all requests meet quality standards. You can review the Plan's medical necessity criteria at CareCentrix Criteria

Reimbursement

The Plan requires that the ordering physician request authorization from SMS/CCX prior to a Plan 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 SMS/CCX in advance of delivering a sleep study will result in administrative service and claims payment denials.

All sleep diagnostic services will be contracted for by SMS/CCX with local specialty providers. These contracts will be structured as global service agreements (to include both technical and professional) which will require each rendering provider to be responsible for paying the professional fees (such as interpretation) associated with the services rendered.

All claims for members enrolled in products included in the program must be submitted to SMS/CCX in order to be paid. No claims will be paid by the Plan for sleep services.

Please note the following exception:

For Fallon Preferred Care members living outside of Massachusetts, a Multiplan provider must be used and claims sent directly to the Plan for payment. Prior authorization from SMS/CCX is still required.

Referral/notification/prior authorization requirements

The following services require prior authorization:

- Sleep diagnostics (95805, 95810, 95811, 95782, 95783, G0399).
- Therapy (E0470, E0471, E0561, E0562, E0601).

All sleep service requests need to be sent to SMS/CCX by any of the following methods:

Phone: 1-866-827-2469

Fax: 1-866-536-3618

Web: www.sleepmanagementsolutions.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, SMS/CCX 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 SMS/CCX authorization number and a CPT code specific to the requested procedure.

If the requested sleep study can be performed in the Plan member's home, an SMS/CCX network provider 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/CCX 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 SMS/CCX Monday through Friday, 8:00 a.m. to 5:00 p.m. EST, at 1-866-827-2469, or via fax at 1-866-536-3618, or by utilizing the SMS/CCX secure web portal at www.carecentrix.com.

NOTE: For Supplies (A4604, A7027, A7028, A7029, A7030, A7031, A7032, A7033, A7034, A7035, A7036, A7037, A7038, A7039, A7044, A7045, A7046, E0561, E0562), a medical necessity determination is not needed but the ordering provider must still request and receive an authorization from SMS/CCX in order to be paid.

Questions regarding this program should be directed to Sleep Management Solutions Customer Service Department at 1-888-49-SLEEP, or the Plan 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:

- Commercial Plans
- Advantage Plans (Hanover and City of Worcester)
- Fallon Senior Plan HMO and PPO
- FH MassHealth ACO's

Companion Care, Summit ElderCare, NaviCare, Fallon Health Weinberg, and the Harrington Employee Advantage plans are not included in the prior authorization and utilization management program with SMS/CCX. Requests for Prior Authorization for services for members of these plans should be directed to the Plan Utilization Management department.

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 Services Representative at 1-877-700-6996 for assistance.

Billing/coding guidelines

All sleep diagnostic services will be contracted for by SMS/CCX with local specialty providers. These contracts will be structured as global service agreements (to include both technical and professional) which will require each rendering provider to be responsible for paying the professional fees (such as interpretation) associated with the services rendered.

All claims for members enrolled in products included in the program must be submitted to SMS/CCX in order to be paid. No claims will be paid by the Plan for sleep services.

Please note the following exception:

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Accurate claims payment requires matching of the billed CPT code(s) to the SMS/CCX authorized CPT code(s) as well as accurate member ID, date of birth, name, etc.

Please see the Provider Manual located at [Provider Manual](#) for more detailed information. Additionally, if you are not set up with EDI to CareCentrix, please do so by going to [Claims Submission](#) in order to facilitate expedited payments.

Providers who must submit claims to SMS/CCX on paper should use one of the following options:

Via [US Postal Service](#):
CareCentrix National Claims Center
PO Box 30722
Tampa, FL 33630

Sent Via [Federal Express, UPS or Certified Mail](#):

CareCentrix National Claims Center
10004 North Dale Mabry Highway
Suite 106
Tampa, FL 33618

Moreover, your specific contract may require certain modifiers or service codes that will need to be included on your claims to CareCentrix. Please make sure you identify these items and bill with the codes included in your contract.

Place of service

Sleep services are rendered in one of three settings – home (POS 12), independent lab (POS 81), or outpatient hospital (POS 22).

Policy history

Origination date:	05/01/2011
Previous revision date(s):	03/01/2013 – renamed from sleep studies payment policy and updated to reflect Sleep Management Solution’s role and new codes subject to authorizations 07/01/2013 – added discussion to the Reimbursement section about SMS/CCX reimbursement being for global services and that the rendering provider must pay professional fees. This was already discussed in the Billing/coding guidelines section so this is a clarification rather than a change. 01/01/2015 - updated prior authorization section to update products included in the SMS/CCX program 11/01/2015 - Moved to new Plan template and updated reimbursement section. 01/01/2017 - Annual review.
Connection date & details:	July 2017 – Updated the authorization section. November 2017 – Clarified supply language in Reimbursements and Referral/Notification/Prior Authorization Section. October 2018 – Updated mailing addresses, updated applicable products. October 2019 – Annual review, no updates.

The criteria listed above apply to Fallon Health plan and its subsidiaries. This payment policy has been developed to provide information regarding general billing, coding and documentation guidelines for the Plan. 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. The Plan reserves the right to apply this payment policy to all of the Plan companies and subsidiaries. The Plan routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayments.