

PROVIDER Update



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Update to Authorization Request for Sleep Studies Effective January 5, 2024

Be sure to use correct coding for facility-based sleep studies for obstructive sleep apnea when requesting prior authorizations.

There are two types of studies that can potentially detect obstructive sleep apnea (OSA). The first is an overnight sleep study in a lab or hospital, called polysomnography. The second is a home sleep apnea test.

- **Polysomnography (PSG)** – is a comprehensive sleep study that monitors several physiologic components relevant to the assessment of sleep-disordered breathing such as sleep stage, respiratory flow, respiratory effort, pulse oximetry and ventilation. PSG is performed to diagnose sleep disorders and evaluate the response to treatments such as continuous positive airway pressure (CPAP). PSG is an overnight sleep study in a lab or hospital.
- **Home sleep apnea test (HSAT)** – The second type of sleep study is at home sleep study also referred to as home sleep apnea test. Although a HSAT usually does not measure brain waves during sleep, it does measure other factors that can help medical professionals determine if a person has OSA. An HSAT is cost effective, convenient and takes place in the comfort of the member's home.

This update provides clarifications to the prior authorization request and medical necessity requirements for PSG, HSAT, split-night studies, bi-level continuous positive airway pressure (BiPAP) and CPAP titration for suspected obstructive sleep apnea.

Refer to page 2-4 for prior authorization requirements, medical necessity requirements and CPT procedure codes.

Additional Information

Providers are encouraged to access the provider portal online at provider.healthnetcalifornia.com for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact Community Health Plan of Imperial Valley at 833-236-4141.

THIS UPDATE APPLIES TO:

- Physicians
- Participating Physician Groups
- Hospitals

PROVIDER SERVICES

CHPIV Medi-Cal
(including ECM and CS providers) –
833-236-4141

PROVIDER PORTAL

provider.healthnetcalifornia.com

Prior authorization requirements

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Per Medi-Cal guidance (Medi-Cal Provider Manual, Part 2, Medicine Neurology and Neuromuscular (medne neu), CPT code 95810 (baseline study) and 95811 (titration study) cannot be used on the same date and same provider. When both codes are on the same request, only one code can be approved.

CPT 95811 is dependent on the results of CPT 95810 demonstrating sleep pathology. CPT 95811 includes both the diagnostic and treatment portion; therefore, approving both 95811 and 95810 with the same authorization would be a duplication of services.

When requesting authorization for sleep study CPT codes 95810 (baseline) and 95811 (titration/split night):

1. If the request is for a sleep study:

A. And the medical information supports a sleep study:

- One code has to be denied. The medical director will need to review to determine if there is a high likelihood that obstructive sleep apnea is already present.
- If OSA is (documented by a prior sleep study or a high clinical indicator), then code 95811 can be approved.
- If OSA is not present, code 95810 can be approved.
- If the medical provider identifies that a split study is needed, then only code 95811 will be approved. **If only a partial split study is completed (the baseline study), then a claim with code 95810 should be submitted and will be approved under the original treatment authorization request (TAR) for code 95811. A new TAR will be required for the subsequent titration study, again using CPT code 95811.

B. And the medical information does not meet the criteria for a sleep study or does not provide information to what test is required:

- The request will be denied. Providers will be given an opportunity to correct their requested test (either sleep study or titration study). The information can be submitted in a request for information (RFI) form.

2. If the request is for both codes 95810 and 95811 (titration) on the same authorization:

- Only CPT code 95810 would be approved if the request met the medical necessity criteria.
- CPT code 95811 would be denied. The member would have to get a second study (titrations) if the baseline study is “positive”.

3. If the request is for both codes 95810 and 95811 (split night) on the same authorization:

- Only CPT code 95811 would be approved if the request met the medical necessity criteria.

Medical necessity requirements

Below is a guide to medical necessity, which is a component of the guidelines used to assess whether the member meets the clinical criteria for coverage.

Procedure Codes	Medical necessity/required clinical information
Baseline Study (95810; 95807; 95808)	Indications for baseline study includes: <ul style="list-style-type: none">• A complete sleep evaluation by a sleep medicine specialist to include nighttime symptoms, daytime symptoms (+ESS), comorbid conditions, sleep time, sleep hygiene and sleep environment.• Daytime symptoms plus nighttime symptoms.• Comorbid condition plus nighttime symptoms.• Pre-surgical baseline sleep study
Titration study (95811)	Indications for titration study includes: <ul style="list-style-type: none">• Results of baseline sleep study demonstrating the presence of obstructive sleep apnea, central sleep apnea and/or hypoventilation.• Apnea/hypopneic index (AHI), respiratory disturbance index (RDI), obstructive apnea/hypopneic index (OAH), central apnea/hypopneic index (CAHI).• AHI, RDI, OAH, CAHI in the moderate or greater range.• AHI, RDI, OAH, CAHI in the mild range with persistent symptoms with a complete sleep evaluation.• Nocturnal hypoxia/hypoxemia. Note, nocturnal hypoxia/hypoxemia by itself is not an indication for titration sleep study.
Split night sleep study (95811)	Indications for split night sleep study: <ul style="list-style-type: none">• Use of the same CPT code 95811 as titration study.• Follows the same medical necessity criteria as for baseline sleep study.• Has a high likelihood of baseline portion of split night sleep study being positive and almost all are requested for obstructive sleep apnea.
Home sleep studies (95800, 95801, 95806, G0398, G0399, G0400)	Home sleep study is not required to approve an in-facility sleep study. However, must meet criteria for in-facility sleep study

CPT procedure codes

The following CPT codes correspond to polysomnography (facility sleep study), CPAP (continuous positive airway pressure) titration and HSAT sleep studies.

Code	Description
Polysomnography (facility-based)	
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, electrocardiogram (ECG) or heart rate, and oxygen saturation, attended by a technologist
95808	Polysomnography (any age), sleep staging with 1-3 additional parameters of sleep, attended by a technologist.
95810	Polysomnography age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist.
95811	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.
95811	Split night sleep study.
Home sleep studies	
95800	Sleep study, unattended, measures a minimum of heart rate, oxygen saturation, and respiratory analysis (e.g., by airflow or peripheral arterial tone), and sleep time.
95801	Sleep study, unattended, measures a minimum of heart rate, oxygen saturation, and respiratory analysis (e.g., by airflow or peripheral arterial tone)
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (e.g., thoracoabdominal movement)
G0398	Home sleep study test with type II portable monitor; unattended; minimum of 7 channels: electroencephalography, electro-oculography, electromyography, heart rate or electrocardiography, airflow, respiratory effort, and oxygen saturation
G0399	Home sleep test 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 with type IV portable monitor; unattended; minimum of 3 channels