

SECTION 5: BILLING AND REIMBURSEMENT GUIDELINES

of the Professional Provider Office Manual

5.35 SLEEP STUDY

This is a subsection of Section 5: Billing and Reimbursement Guidelines of the *Professional Provider Office Manual*. If we make any procedural changes, in our ongoing efforts to improve our service to you, we will update the information in this subsection and notify our network providers. For complete *Professional Provider Office Manual* information, please refer to the other sections of this manual. Contact information for all manual sections is available in the Manual Reference Section.

For member eligibility, benefits or claims status information, we encourage you to use iLinkBlue (www.bcbsla.com/ilinkblue), our online self-service provider tool. Additional provider resources are available on our Provider page at www.bcbsla.com/providers.

This manual is provided for informational purposes only and is an extension of your Professional Provider Agreement. You should always directly verify member benefits prior to performing services. Every effort has been made to print accurate, current information. Errors or omissions, if any, are inadvertent. The Member Contract/Certificate contains information on benefits, limitations and exclusions, and managed care benefit requirements. It also may limit the number of days, visits or dollar amounts to be reimbursed.

As stated in your agreement: This manual is intended to set forth in detail Blue Cross policies. Blue Cross retains the right to add to, delete from and otherwise modify the *Professional Provider Office Manual* as needed. This manual and other information and materials provided by Blue Cross are proprietary and confidential and may constitute trade secrets of Blue Cross.

SLEEP LAB

Fully Insured & Small Business Funding (SBF) members

Sleep study services are reviewed by Carelon using Carelon clinical appropriateness guidelines. These services are authorized through the Carelon MBM Provider Portal by clicking the “Carelon Authorizations” link.

Self-Funded Members

Sleep Studies Payment Eligibility When:

- Services are medically necessary
- Does not meet criteria for a home sleep study

Authorization for Sleep Lab Services:

Most self-funded member policies, issued or renewed, require authorization for sleep lab services. Use the BCBSLA Authorizations application available in iLinkBlue to obtain authorization for sleep lab services.

When benefits are available, InterQual (IQ) criteria are used in the authorization process to determine medical necessity. Medical records such as progress notes and Epworth sleepiness scales may be required in reviewing authorization requests. Unauthorized facility-based sleep study services are not eligible for benefits. Please verify member eligibility for sleep study services as authorization is not a guarantee of benefits.

Patients with complicated comorbidities such as heart failure, moderate to severe pulmonary disease, central sleep apnea index of five or greater, super obesity (BMI 50 or greater), impaired dexterity or mobility, cognitive impairment, history of severe obstructive sleep apnea (30 or greater AHI, RDI or REI on previous sleep study), non-diagnostic or unsuccessful home sleep test or limited channel test and neuromuscular disease affecting respiration will be considered for a facility-based sleep study.

Please Note: Some self-funded group policies do not cover any sleep studies. Authorization requirements for sleep studies may differ for self-funded groups. Prior to rendering services, always verify members’ benefits and authorization requirements through iLinkBlue to determine applicable benefits and any maximum benefit limitations.

Coding and Claims Filing

Total or technical-only components are allowed if medically necessary.

The professional component of a medically necessary facility-based sleep study may be billed by a physician in accordance with CPT guidelines.

Free-standing sleep centers and rehabilitation and long term acute care facilities with sleep labs should use the “office” setting place of service 11 along with their Blue Cross sleep studies provider number when filing claims.

Acute care hospital-based sleep labs should use “outpatient hospital” as the place of service 22 and the hospital’s Blue Cross acute care provider number when filing claims. Please do not use other ancillary provider numbers, such as “rehab.” Sleep study services filed with a provider number other than the hospital’s acute care provider number will not be considered as eligible providers for sleep lab services.

Sleep lab facilities should use the appropriate CPT or HCPCS codes when submitting sleep study services.

HOME SLEEP STUDY SERVICES FOR OBSTRUCTIVE SLEEP APNEA (OSA)

Fully Insured & SBF Members

Home sleep studies are eligible for coverage when deemed medically necessary. These services are authorized by Carelon and can be obtained through the Carelon MBM Provider Portal by clicking the “Carelon Authorizations” link.

Self-Funded Members

When benefits are available, Blue Cross considers home sleep studies to be eligible for coverage. Home Sleep Studies (HSTs) may require authorization based on the member’s benefit plan. Always verify the member’s prior authorization requirements prior to providing services.

Patients without any type of comorbidities and who are over the age of 18 will be directed to a HST.

Uncomplicated OSA patients diagnosed with a HST will be required to utilize an APAP (Auto-titrating/ Auto-adjusting CPAP) trial in the home setting.

Billing Guidelines for Home Sleep Study Services for OSA

Use the guidelines below to ensure proper reimbursement and avoid denied or returned claims. Always verify member benefits prior to performing this or any other service as benefits may vary for some of our self-funded groups.

Home sleep study claims for studies using Peripheral Arterial Tone technology (e.g., WatchPAT®) should be billed with CPT code 95800. All other home sleep study claims should be billed with HCPCS code G0398, G0399 or G0400.