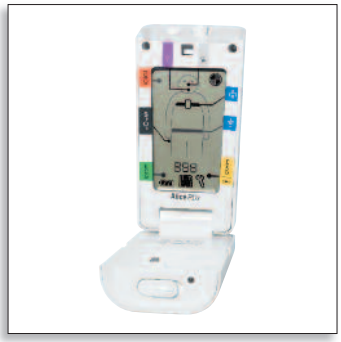

Helpful hints for filing

Home Sleep Testing (HST) Sleep Studies

Sleep tests

Coverage of a PAP device for the treatment of obstructive sleep apnea (OSA) is limited to claims where the diagnosis of OSA is based upon a Medicare-covered sleep test (Type I, II, III, or IV). A Medicare-covered sleep test must be either a polysomnogram performed in a facility-based laboratory (Type I study) or a home sleep test (HST) (Types II, III, or IV). The test must be ordered by the beneficiary's treating physician and conducted by an entity that qualifies as a Medicare provider of sleep tests and is in compliance with all applicable state regulatory requirements.

Facility-based sleep test

A Type I sleep test is the continuous and simultaneous monitoring and recording of various physiological and pathophysiological parameters of sleep with physician review, interpretation, and report. It is facility-based and must include sleep staging, which is defined to include a 1-4 lead electroencephalogram (EEG), electrooculogram (EOG), submental electromyogram (EMG) and electrocardiogram (ECG). It must also include at least the following additional parameters of sleep:

- Airflow
- Respiratory effort
- Oxygen saturation by oximetry
- Performed as either a whole night study for diagnosis only or a split night study to diagnose and initially evaluate treatment

Home Sleep Test (HST)

A HST is performed unattended in the beneficiary's home using a portable monitoring device. A portable monitoring device for conducting an HST must meet one of the following criteria, if qualifying a Medicare patient for PAP therapy:

Type II device
Monitors and records a minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, air flow, respiratory movement/ effort and oxygen saturation.

or

Type III device
Monitors and records a minimum of 4 channels: respiratory movement/effort, airflow, ECG/heart rate and oxygen saturation.

or

Type IV device
Monitors and records a minimum of 3 channels that allow direct calculation of an AHI or RDI as the result of measuring airflow or thorocoabdominal movement.

Devices that record information other than airflow or thorocoabdominal movement that allow calculation of an AHI or RDI may be considered as acceptable alternatives if there is substantive clinical evidence in the published peer-reviewed medical literature that demonstrates that the results accurately and reliably correspond to an AHI or RDI as defined above. This determination will be made on a device-by-device basis. Currently, the only approved Type IV device that indirectly measures AHI or RDI is the Watch-PAT device.

PHILIPS
RESPIRONICS

[1]Section 1862 (a)1(A) of Title XVIII of the Social Security Act.

HST requirements

Test cannot be performed by a DME supplier or any entity with a significant financial relationship to the DME supplier. This exclusion does not apply to results of studies from hospitals certified to perform such tests.

There is no separate reimbursement for in-home titration using an auto-titrating device. An in-lab titration (95811) is covered by Medicare and may be covered by commercial payers.

Many commercial insurance payers now cover HST. Many have adopted Medicare coverage guidelines. However, payment rates will vary. Consult the individual payer for their coverage and payment policies.

All beneficiaries who undergo a HST must, prior to having the test, receive instruction on how to properly apply a portable sleep monitoring device.

This instruction must be provided by the entity conducting the HST and may not be performed by a DME supplier. Patient instruction may be accomplished by either:

Criterion A
Face-to-face demonstration of the portable sleep monitoring device's application and use.

or

Criterion B
Video or telephonic instruction, with 24-hour availability of qualified personnel to answer questions or troubleshoot issues with the device.

Physician credentials

For PAP devices with initial dates of service on or after January 1, 2010, physicians interpreting facility-based polysomnograms (Type I) and HSTs (Type II, III, or IV) must hold:

1. Current certification in sleep medicine by the American Board of Sleep Medicine (ABSM); or,
2. Current subspecialty certification in sleep medicine by a member board of the American Board of Medical Specialties (ABMS); or,
3. Completed residency or fellowship training by an ABMS member board and has completed all the requirements for subspecialty certification in sleep medicine except the examination itself and only until the time of reporting of the first examination for which the physician is eligible; or,
4. Active staff membership of a sleep center or laboratory accredited by the American Academy of Sleep Medicine (AASM) or The Joint Commission (formerly the Joint Commission on Accreditation of Healthcare Organizations – JCAHO).

No aspect of a HST, including but not limited to delivery and/or pickup of the device, may be performed by a DME supplier. This prohibition does not extend to the results of studies conducted by hospitals certified to do such tests.

Definitions

- Apnea – A cessation of airflow for at least 10 seconds.
- Apnea-Hypopnea Index (AHI) – Average number of episodes of apnea and hypopnea per hour of sleep without the use of a positive airway pressure device.
- Hypopnea – An abnormal respiratory event lasting at least 10 seconds with at least a 30% reduction in thorocoabdominal movement or airflow as compared to baseline, and with at least a 4% oxygen desaturation.
- Respiratory Distress Index (RDI) – Average number of apneas plus hypopneas per hour of recording, without the use of a positive airway pressure device.

*If the AHI or RDI is calculated based on less than two hours of sleep or recording time, the total number of recorded events used to calculate the AHI or RDI (respectively) must be at least the number of events that would have been required in a two-hour period (i.e., must reach 30 events without symptoms or 10 events with symptoms).

I. Initial coverage criteria for CPAP (first three months)

Criterion A

The patient has a face-to-face clinical evaluation by the treating physician prior to the sleep test to assess the patient for obstructive sleep apnea. The clinical evaluation may include the following:

1. Sleep history and symptoms including, but not limited to, snoring, daytime sleepiness, observed apneas, choking or gasping during sleep, morning headaches.
2. Epworth Sleepiness Scale.
3. Physical examination that documents body mass index, neck circumference, and a focused cardiopulmonary and upper airway system evaluation.

and

Criterion B1

Medicare-covered sleep test where the AHI or RDI is ≥ 15 events per hour with a minimum of 30 events.

or

Criterion B2

Medicare-covered sleep test where the AHI or RDI is ≥ 5 and ≤ 14 events per hour with a minimum of 10 events and documented symptoms of excessive daytime sleepiness, impaired cognition, mood disorders or insomnia; or hypertension, ischemic heart disease or history of stroke.

and

Criterion C

The beneficiary and/or the caregiver has received instruction from the supplier of the CPAP device and accessories in the proper use and care of the equipment.

and

Coverage for a RAD without backup rate (E0470) is covered for patients with OSA who meet criteria A-C above, in addition to criterion D.

Criterion D

A single level (E0601) positive airway pressure device has been tried and proven ineffective either during a facility-based titration or in the home setting. The physician must document that 1) patient is using a properly fitted interface without difficulty, and 2) the pressure setting prevents patient from tolerating therapy.

HST coding and payment

The hospital-based sleep lab allowable, the outpatient prospective payment system rate, is $166.64 for any type of HST identified by G0398, G0399, & G0400.

Code*	Descriptor
G0398	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 test (HST) 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 (HST) with Type IV portable monitor, unattended, minimum of 3 channels: allows for direct calculation of AHI/RDI

*Rates for G codes are individually carrier priced. Check with local carrier for rates.

Code**	Description	Amount
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (e.g., by airflow or peripheral arterial tone), and sleep time	$205.56 $147.46 (TC) $ 58.10 (26)
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation and respiratory analysis (e.g., by airflow or peripheral arterial tone)	$ 96.83 $ 45.53 (TC) $ 51.30 (26)
95806**	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, unattended by a technologist (Type III)	$182.11 $119.26 (TC) $ 62.86 (26)

**Based on 2011 Medicare reimbursement rates. Medicare does not accept 95800, 95806 or 95801 for qualifying patients for PAP therapy. Use codes G0398, G0399 and G0400. Commercial insurance plans may accept 95800, 95806 and 95801 or the "G" codes. Check with each individual payer.

Philips Healthcare is part of Royal Philips Electronics

How to reach us
www.philips.com/healthcare
healthcare@philips.com

Asia
+49 7031 463 2254

Europe, Middle East, Africa
+49 7031 463 2254

Latin America
+55 11 2125 0744

North America
+1 425 487 7000
800 285 5585 (toll free, US only)

Philips Respironics
1010 Murry Ridge Lane
Murrysville, PA 15668

Customer Service
+1 724 387 4000
800 345 6443 (toll free, US only)

Philips Respironics International Headquarters
+33 1 47 28 30 82

Philips Respironics Asia Pacific
+65 6882 5282

Philips Respironics Australia
+61 (2) 9666 4444

Philips Respironics China
+86 021 24127311

Philips Respironics Deutschland
+49 8152 93 06 0

Philips Respironics France
+33 2 51 89 36 00

Philips Respironics Italy
+39 039 203 1

Philips Respironics Sweden
+46 8 120 45 900

Philips Respironics Switzerland
+41 6 27 45 17 50

Philips Respironics United Kingdom
+44 800 1300 845

www.philips.com/respironics

This information should not be considered to be either legal or reimbursement advice. Given the rapid and constant change in public and private reimbursement, Philips Respironics cannot guarantee the accuracy or timeliness of this information and urges you to seek your own counsel and experts for guidance related to reimbursement, including coverage, coding and payment.

For more information from Philips Respironics

Reimbursement	Customer service	Website
Information & fee schedules, educational materials & questions (coding, coverage and payment)	1-800-345-6443; listen to the instructions and follow prompts to select the insurance reimbursement information option	www.philips.com/respironics

CAUTION: US federal law restricts these devices to sale by or on the order of a physician.

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