Sleep studies and Polysomnography

Adjudication Rule

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Abstract

For Members

Billing Rules are the adjudication rules which are in compliance with official CPT, ICD-CM and HAAD/CCSC coding guidelines.

A billing rule defines the minimum requirements to be met when a service is claimed for a Daman beneficiary in terms of frequency, duration etc.

It explains the minimum required documentation to claim a service. It also defines the coverage of a service under a particular insurance plan administered by Daman.

For Medical Professionals

Diagnostic sleep testing and polysomnography are covered by Daman for the diagnosis of condition(s) listed below

<table>
<thead>
<tr>
<th>Plan</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic</td>
<td>Obstructive sleep apnoea</td>
</tr>
<tr>
<td>Enhanced with no psychiatric benefit</td>
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<tr>
<td>Thiqa &amp; Enhanced with psychiatric benefit</td>
<td>Narcolepsy: a disorder that causes periods of extreme daytime sleepiness</td>
</tr>
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<td>Sleep apnoea: a common disorder in which one or more pauses (cessation) in breathing or shallow breaths while sleep for at least 10 sec</td>
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<td></td>
<td>Parasomnias: are disruptive sleep-related disorders</td>
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Rule Category: Billing
Ref: No: 2013-BR-0002
Version Control: Version No. 2.0
Effective Date: August 2013
Revision Date: August 2015

Approved by: Daman
Responsible: Medical Strategy & Development Department

Related Adjudication Rules: None

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Sleep studies and polysomnography

Scope

The scope of this Adjudication Rule is to describe billing and documentation requirements for reporting sleep study & polysomnography.

Adjudication Policy

Eligibility / Coverage Criteria

Diagnostic sleep testing and polysomnography are covered by Daman for the diagnosis of the following condition(s):

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Requirements for Coverage

ICD and CPT codes must be coded to the highest level of specificity.

Non-Coverage

Coverage will be limited if not compliant with payment and coding rule.

- Un attended sleep study will only be covered for Obstructive Sleep Apnea (OSA) diagnosis as narcolepsy or parasomnia patient needs continued sleep study monitoring.
- Multiple sleep latency to measure day time sleepiness study is covered only for Narcolepsy diagnosis.

Payment and Coding Rules

Please apply HAAD payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

Unattended study only for the evaluation of suspected Obstructive Sleep Apnea (OSA).

Multiple sleep latency tests study requires sleep and wake determinations (about 20 minutes throughout the day). Entire study may require about 12 hours. The study needs to be monitored by a trained and HAAD licensed technologist and all the physiological recordings similar to other polysomnography need to be made. The technologist should visually score MSLT.

Polysomnography is reported only if sleep study is staged and recorded. Study involves an overnight (approximately ten hours) physiologic recording in a specialized facility. Study also includes 1-4 lead electroencephalograms (EEG), an electrooculogram (EOG), and a sub-mental electromyogram (EMG).

Additional parameters of sleep include: 1) electrocardiogram (ECG); 2) airflow; 3) ventilation and respiratory effort; 4) gas exchange by oximetry, transcutaneous monitoring, or end tidal gas analysis; 5) extremity muscle activity, motor activity-movement; 6) extended EEG monitoring; 7) penile tumsescence; 8) gastroesophageal reflux; 9) continuous blood pressure monitoring; 10) snoring; 11) body positions; etc.

Billing rules:
- MSLT- includes all the naps done in a single day. Only one (1) unit of service should be claimed.
- More than one sleep study in a year will be covered only if medically justified.
- Evaluation and management services on the same day of sleep study will be a part of sleep study unless significantly separately identifiable.

Adjudication Examples

Example 1

Question: Patient with the diagnosis of obstructive sleep apnea was tested for un-attended sleep study. Will Daman pay this claim?

Answer: Yes, Daman will cover un-attended sleep study for diagnosis of obstructive sleep apnea.

Example 2

Question: Patient underwent polysomnography. The provider billed ECG and room in addition to polysomnography CPT code. Will Daman pay this claim?

Answer: No, EKG will not be paid in addition as it is part of polysomnography CPT code.

Denial codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Code description</th>
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<tbody>
<tr>
<td>MNEC-003</td>
<td>Service is not clinically indicated based on good clinical practice</td>
</tr>
<tr>
<td>MNEC-004</td>
<td>Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities</td>
</tr>
<tr>
<td>MNEC-005</td>
<td>Service/supply may be appropriate, but too frequent</td>
</tr>
<tr>
<td>DUPL-002</td>
<td>Payment already made for same/similar service within set time frame</td>
</tr>
</tbody>
</table>
Appendices

A. References

1. CPT book 2011
2. HAAD coding manual 2012
3. AMA CPT assistant
5. Practice parameters for the indications for
6. Polysomnography and related procedures
7. Task Force, American Sleep Disorders Association
8. Standards of Practice Committee. Sleep 1997
11. Practice Parameters for the Indications for Polysomnography and Related Procedures: An Update for 2005 Clete A. Kushida, MD, PhD1; Michael R. Littner, D2; Timothy Morgenthaler, MD3; Cathy A. Alessi, MD4; Dennis Bailey, DDS5; Jack Coleman, Jr., MD6; Leah Friedman, PhD7; Max Hirshkowitz, PhD8; Sheldon Kapen, MD9; Milton Kramer, MD10; Trefoil Lee-Chiong, MD11; Daniel L. Loube, MD12; Judith Owens, MD13; Jeffrey P. Pancer, DDS14; Merrill Wise, MD15. SLEEP, Vol. 28, No. 4, 2005 © 2012 MedSolutions.

B. Revision History

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<td>15-07-14</td>
<td>1. V 2.0</td>
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<tr>
<td></td>
<td>2. Disclaimer updated as per system requirements</td>
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