itamar medical

FAQ

CODING & REIMBURSEMENT

WatchPAT™ Home Sleep Test

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DISCLAIMER

The information contained in this guide is provided to assist you in understanding the reimbursement process. It is intended to assist providers in accurately obtaining reimbursement for health care services. It is not intended to increase or maximize reimbursement by any payer. We strongly suggest that you consult your payer organization with regard to local reimbursement policies. The information contained in this document is provided for information purposes only and represents no statement, promise or guarantee by Itamar Medical concerning levels of reimbursement, payment or charge. Similarly, all CPT® and HCPCS codes are supplied for information purposes only and represent no statement, promise or guarantee by Itamar Medical that these codes will be appropriate or that reimbursement will be made.

PATIENT SELECTION CRITERIA

Q. Who is a candidate for a WatchPAT Home Sleep Testing (HST)?

A. HST is intended for patients who exhibit clinical symptoms of Obstructive Sleep Apnea (OSA). Patients with hypertension or diabetes are candidates, as are those that exhibit symptoms of apnea. Patients with other sleep disorders (i.e. Restless Leg Syndrome (RLS), narcolepsy, REM-behavior disorder), co-morbid conditions (which may impact the diagnostic relevance of the SaO2 data such as COPD), and patients in whom you only mildly suspect sleep apnea are not candidates for HST.

OSA SYMPTOMS INCLUDE THE FOLLOWING	
Loud snoring	Depression
Witnessed apnea events	Gastroesophageal reflux
Excessive daytime sleepiness	Impotence
Morning headaches	Nocturia
History of high blood pressure	Difficulty concentrating
Memory problems or poor judgment	Personality changes or irritability

Q. Does Medicare require a comprehensive clinical evaluation?

A. Yes. Medicare states that a HST is covered only when it is performed in conjunction with a comprehensive sleep evaluation and in patients with a high pretest probability of moderate to severe obstructive sleep apnea.

Q. What does a comprehensive clinical evaluation include?

A. Determine if a patient is at risk for Obstructive Sleep Apnea (OSA).

1. The patient should complete an assessment such as the Epworth Sleepiness Scale or Stop-Bang Questionnaire.

The OSA screening include a review of common risk factors such as:

- Does the patient snore?
- Is the patient excessively tired during the day?
- Has the patient been told they stop breathing during sleep?
- Does the patient have hypertension?
- Is the patients neck size greater than 17 inches (male) or 16 inches (female)?

If the patient answers "yes" to at least two questions they may be a candidate for HST.

2. Perform a cardiopulmonary assessment to rule out exclusionary disorders such as COPD. Examine the upper respiratory airway looking for enlarged tonsils, obvious asymmetries or blockage of the nasal passages and document all findings in the patient's chart.

Q. What is The Epworth Sleepiness Scale?

A. This is a questionnaire used to determine the level of daytime sleepiness. A score of 11 or more is accepted by most payers to justify reimbursement for HST.

Q. What is the STOP - BANG questionnaire?

A. Other evaluation tools may be used as an alternative to the Epworth Sleepiness questionnaire for initial assessment of OSA. These tools include STOP-BANG. The STOP portion of the questionnaire (Snore, Tired, Obstruction, Pressure) is a 4-question tool that provides a quick guide for diagnosis. Patients tend to have a low risk of OSA if the answers are affirmative to 1 or less, and a moderate to high risk of Sleep Disordered Breathing (SDB) if the answers are affirmative to 2 or more questions. The BANG portion of the questionnaire (BMI, Age, Neck, Gender) identifies patients that tend to have a low risk of OSA if there is only 1, or zero, affirmative answer. Affirmative answers to 3 or more of the combined STOP-BANG questions indicate a moderate to high risk of OSA and are candidates for HST.

CODING & MODIFIERS

PROCEDURE CODING

Q. What CPT® / HCPCS code is used to bill the WatchPAT home sleep study?

A. CPT 95800 may be used to report the WatchPAT HST. 95800 includes the option for the test to use airflow or peripheral arterial tone (PAT). The WatchPAT uses peripheral arterial tone instead of airflow. Some payers, such as Medicare Administrative Contractors (MACs) require the provider to report G0400 while other payers will accept both codes. Review each payer's medical policy to ensure appropriate reporting.

CPT® CODE	DESCRIPTION
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)
G0400	Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels

Q. What is the difference between 95800 and 95801?

A. 95800 includes sleep time and 95801 does not. 95800 is the appropriate code to report the WatchPAT since it measures sleep time.

Q: Can CPT 95806 be used to report the WatchPAT home sleep study?

A: No. 95806 requires the use of airflow in the test. 95800 notes that peripheral arterial tone (PAT) may be used as an alternative to airflow. The WatchPAT utilizes PAT technology and does not utilize airflow as one of the parameters used to test for sleep apnea.

95806: Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)

Q. How are patient office visits coded?

A. Patient visits are billed using evaluation and management (E/M) codes. The E/M codes are found in the CPT® code book. Office visits in particular are billed using two code ranges – for new patients, E/M codes 99202-99205 can be used; for established patients, E/M codes 99211-99215 can be used.

Q: Are office visits and HST performed the same day billed separately?

A: Payers vary in coverage eligibility for E/M services when billed on the same day as diagnostic testing. Always confirm the same day billing policy with the payer. Medicare does not cover a E/M visit on the same date of service the HST is billed unless it is for a separate and distinct service. When billing Medicare refer to the National Correct Coding Initiative (CCI) website tables to determine if Column 2 codes can be unbundled from Column 1 codes on the same day of service.

Q. If the HST is performed in an outpatient hospital, how should it be reported?

A. The hospital should report CPT 95800 which groups to APC 5721 Level1 Diagnostic Tests and Related Services. This APC has a status indicator of S, indicating that it will be paid separately and not discounted when other procedures are performed.

GLOBAL, TECHNICAL AND PROFESSIONAL BILLING

Q. What codes are used if the physician provides the WatchPAT as a global service (i.e., patient obtains equipment, goes home and brings back for interpretation)?

A. Depending on the payer the provider will bill either CPT 95800 or HCPCS G0400 without a modifier, indicating that the physician performed both the technical and professional components of the service. The provider should only bill for the services they perform. Contact your Medicare contractor or other payer to determine if you meet their requirements for billing globally.

MODIFIER	DESCRIPTION
-26	**Professional Component:** The professional component (PC) represents the supervision and interpretation of a procedure provided by the physician or other healthcare professional. It is identified by appending modifier 26 to the procedure code
-TC	**Technical Component:** The technical component (TC) represents the cost of the equipment, supplies and personnel to perform the procedure. It is identified by appending modifier TC to the procedure code.

Q. How should the study be reported, if the physician only interprets the results of the home sleep test?

A. When a physician performs only the interpretation of an unattended sleep study the service is reported with the professional component (PC) modifier -26. The service would be reported at 95800-26.

Q: How should the study be reported if the physician provides the home sleep test and educates the patient on its use, but does not interpret the results?

A: When the physician provides the equipment, application and instruction, the service is reported with the technical component (TC) modifier-TC. The service would be reported at 95800-TC.

REDUCED SERVICES

Q. If the home study is incomplete (e.g. oxygen saturation period only lasted one hour and was inadequate for interpretation), can a provider use a 52 modifier for reduced services?

A. Yes, append modifier 52 to the correct HCPCS code and reduce the billing accordingly.

Q. What is the appropriate way to code a sleep study where the provider documents less than 6 hours of recording time?

A. The medical record must document the medical reason the test was aborted. The provider in NOT eligible for payment if the patient decides not to undergo the test. Any study fewer than 6 hours should be billed by appending modifier 52 and reducing the bill accordingly.

Q. What is the appropriate way to bill for a home sleep test which is stopped due to equipment failure?

A. Typically, providers do not append modifier -52 to procedures involving equipment failure. The reduced services modifier references a physician's decision to discontinue a test/procedure due to extenuating "medical" circumstances such as a patient's condition or response to the test.

DIAGNOSIS CODING

Q. What ICD- 10- CM diagnosis codes are commonly used for sleep apnea?

A. Payers medical policies often list the eligible diagnosis codes for reporting of HST. Always refer to the medical policy or contact the payer directly to obtain a current copy of eligible diagnosis codes. An example of common codes is provided below but may not be recognized by all payers.

Commonly Used ICD-10-CM Diagnosis Codes

ICD-10	DESCRIPTION
G47.30	Sleep apnea, unspecified
G47.33	Obstructive sleep apnea (adult/pediatric)

Q. Can you clarify if the first diagnosis is the reason for the test or the findings?

A. The first diagnosis will be the reason for testing (the symptoms why the patient is considered a candidate for HST). For Medicare's covered list of diagnosis codes please refer to your Part B Medicare Administrator Contractor Sleep Studies Local Coverage Determination (LCD) policy. If a diagnosis is not established as a result of testing, the provider can code the patient's signs and symptoms that prompted you to perform the test. The provider should document the evaluation of the patient as evidence that there was cause for the test.

PLACE OF SERVICE

Q. What Place of Service (POS) codes should be used when billing for the WatchPAT HST?

A. According to Medicare regulations the POS code shall be assigned as the same setting in which the beneficiary received face-to-face services. In cases where the face-to-face requirement is eliminated (such as those when a provider performs the professional component/interpretation of a diagnostic test from a distant site), the POS code assigned by the physician for the professional component of a diagnostic service shall be the setting in which the beneficiary received the technical service.

In the case of an HST, this would mean that a POS of 11 for physician office would be appropriate for both the professional and technical components of an HST.

However, many Medicare MACs request that POS 12 for home be used for the technical component of an HST and POS 11 be used for the professional component. Some Medicare MACs request that when using 95800, POS 11 should be utilized and when using G0400, POS 12 should be used.

Because of the variety of reporting requirements, to refer to the Medicare LCD or commercial payer medical policy to ensure POS reporting follows their guidelines.

Q. What POS code is used to bill the technical component of HST performed by an outpatient hospital?

A. POS code 22 is reported for services rendered by an outpatient hospital facility.

Commonly Used POS Codes

PLACE OF SERVICE	CATEGORY	CODE
Physician Office	Non-Facility	11
Patient Home	Non-Facility	12
Outpatient Office	Facility	22

FREQUENCY

Q: Is there a limit to how many sleep studies a Medicare beneficiary may have?

A: Medicare does not expect to see no more than 2 per year, however, there is no specific limit. Each test must be proven to be reasonable and necessary.

Q: How often can HST be performed and qualify for third party payer reimbursement?

A. Payers vary on the number of sleep studies that are considered medically necessary per year. Payers will cover HST when it is medically necessary to repeat a study (i.e., technical failure) or if a re-evaluation is needed. It is recommended to review the respective payer medical policy and, in some cases, to seek a prior authorization.

Q. How many consecutive nights of study can I perform and be reimbursed?

A. Medicare and many commercial state that if you perform two or three nights of study it will only be reimbursed as one night of study. However, more than one night of study may be covered if medical necessity is established, or as outlined under provider and payer contract arrangements.

ACCREDITATION

MEDICAL PHYSICIANS

Q. Does a physician need to have sleep credentialing to bill for an HST?

A. Yes. All Medicare MACs and commercial payers require that the physician who interprets the sleep study results has a sleep certification issued by a Specialty Board such as the American Academy of Sleep Medicine (AASM). Medicare also restricts Durable Medical Equipment Suppliers from providing any component of sleep testing. Check payer policies for applicable limitations.

Many Medicare MACs require sleep certification for both the professional and technical components. They may also require accreditation of the sleep center providing the test.

Since credentialing and accreditation requirements vary by payer, check with the payer to ensure compliance.

Q. What are the requirements for physicians interpreting HST in a different state than the state where the test was performed?

A. State licensure requirements vary from state to state. However, in most states it is required that a physician interpreting a test hold a medical license in the state in which the test was performed. In the case of HST, in most cases the physician interpreting the test will be required to hold a license in the state where the patient was tested.

Q. Can a provider be subcontracted from a different state to perform the home sleep test setups, even though they are not a Medicare provider? Would we bill since we are the contracted provider?

A. No, the subcontracted provider "setting up" the technical portion, must be enrolled with their respective Medicare MAC and bill their state to be paid correctly in their locality.

Q: What is the appropriate way to bill when a separate contracted provider does the interpretation?

A: Each provider must enter their address in the billing form with the appropriate modifier.

For example:

The technical component was performed by in Denver, CO. The address in Denver should be listed and the code 95800-TC
The professional component was performed in Seattle, WA. The address in Seattle should be listed and the code 95800-26

DENTISTS

Q: Are dentists allowed to order diagnostic tests for sleep apnea? Can dentists order home sleep studies as well?

A: Whether or not a dentist is legally permitted to order a home sleep study depends on the scope of the practice of dentistry under state law. Each state has a statute that specifically defines the scope of dental practice. Dentists are advised to review their state statutes or contact their State Board of Examiners.

SLEEP MEDICINE GLOSSARY AND ACRONYMS

ABBREVIATIONS

AAI	Autonomic Arousal Index
AHI	Apnea-Hypopnea Index
AHRQ	Agency for Healthcare Research and Quality
ASDA	American Sleep Disorders Association
ARI	American Sleep Disorders Association-based arousal index
AASM	American Academy of Sleep Medicine
AUC	Area Under the Curve
CER	Comparative Effectiveness Review
CHF	Congestive Heart Failure
CI	Confidence Interval
CMS	Centers for Medicare and Medicaid Services
COPD	Chronic Obstructive Pulmonary Disease
CPAP	Continuous Positive Airway Pressure
CSB	Cheyne-Stokes Breathing
CTAF	California Technology Assessment Forum
ECG	Electrocardiogram
EEG	Electroencephalogram
EMG	Electromyogram
EOG	Electrooculogram
ESS	Epworth Sleepiness Scale
FDA	Food and Drug Administration
h	hour
HR	Heart Rate
HST	Home Sleep Testing
ICC	Intraclass Correlation Coefficient
LSAT	Lowest Oxygen Saturation
MAD	Mandibular Advancement Devices
NA	Not Applicable
NREM	Non-Rapid Eye Movement
NS	Non-Significant
ODI	Oxygen Desaturation Index
OOC	Out-Of-Center
OSA	Obstructive Sleep Apnea
PAT	Peripheral Arterial Tone
PAT-AAI	Peripheral Arterial Tone-based Autonomic Arousal Index
PSG	polysomnography
pt	patient
r	correlation
RDI	Respiratory Disturbances Index
REM	Rapid Eye Movement
RERA	Respiratory Effort Related Arousal
ROC	receiver operator characteristics
SCOPER	Sleep, Cardiovascular, Oximetry, Position, Effort and Respiratory
SRBD	Sleep-Related Breathing Disorders
SMD	Standardized Mean Difference
TST	True Sleep Time
TRT	Total Recording Time
US	United States
vs	versus
w/	with
WP100	WatchPAT 100
WP200	WatchPAT 200

DEFINITIONS

TERM	DEFINITION
Apnea-Hypopnea Index (AHI)	Index used to indicate the severity of sleep apnea; represented by the number of apnea and hypopnea events per hour of sleep
Professional (Dr. Jones-Seattle, WA)	Index used to indicate the number of arousals per hour of sleep (measure of sleep fragmentation)
Epoch	30-second time segment used in sleep scoring
Oxygen Desaturation Index (ODI)	Index used to indicate the number of arterial blood oxygen desaturations per hour of sleep
Respiratory Disturbances Index (RDI)	Index used to indicate the severity of sleep apnea; represented by the number of apnea, hypopnea and RERA events per hour of sleep
Respiratory Effort Related Arousal	A sleep arousal event that is associated with respiratory effort
Sleep-related breathing disorders	A general term for all types of sleep apnea

CODING RESOURCES AND REFERENCES

ITAMAR MEDICAL RESOURCES

Reimbursement materials may be found at:
http://www.itamar-medical.com/WatchPAT™/Medical_Professional/Insurance_Reimbursement

OTHER RESOURCES

AASM (American Academy of Sleep Medicine) – http://www.aasmnet.org

American Medical Association: www.ama-assn.org

- 2018 Current Procedural Terminology (CPT®), Professional Edition, ©2017 American Medical Association (AMA). All Rights Reserved
- CPT® Network: An online, subscription-based service for coding information: www.cptnetwork.com
- CPT® Assistant: A monthly coding publication of the American Medical Association

American Medical Association

- ICD-10-CM 2018 Standard, Complete Official Codebook. AMA ©2017 (www.nchs.cdc.gov)
- ICD-10-PCS 2018 Standard, Complete Official Codebook. AMA ©2017 (www.cms.gov)

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