

Sleep Studies and Sleep Therapies Payment Policy

Applies to the following Tufts Health Plan products:

- Tufts Health Plan Commercial (including Tufts Health Freedom Plan)¹
- Tufts Medicare Preferred HMO (a Medicare Advantage product)²
- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)²

Applies to the following Tufts Health Public Plans products:

- Tufts Health Direct – Health Connector
- Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plans)
- Tufts Health RITogether – A RI Medicaid Plan
- Tufts Health Unify – OneCare Plan

The following payment policy applies to Tufts Health Plan contracting providers who render sleep study services.

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the [Professional Services and Facilities Payment Policy](#).

Note: Audit and disclaimer information is located at the end of this document.

POLICY

Tufts Health Plan covers medically necessary sleep studies, sleep therapy and resupplies, in accordance with the member's benefits. Services rendered in any place other than a monitored facility setting or a home setting whereby data is recorded remotely are not covered.

DEFINITION

Sleep studies are diagnostic studies performed to determine if a person has obstructed sleep apnea or other sleep disturbances.

GENERAL BENEFIT INFORMATION

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider [portal](#) or by contacting [Provider Services](#).

Note: There is no member responsibility for covered services for Tufts Health Plan SCO, Tufts Health RITogether, Tufts Health Together or Tufts Health Unify members.

Custom Fabricated Oral Appliances

[SomnoMed](#) is Tufts Health Plan's designated vendor and provider network for the manufacturing and fitting of custom fabricated oral appliances (CFOA) for the treatment of obstructive sleep apnea (OSA) for Commercial Products. Providers prescribing CFOAs must refer Commercial members to SomnoMed in order for services to be covered at the in-network level of benefits. SomnoMed provides services to Tufts Medicare Preferred HMO and Tufts Health Public Plans.

Sleep providers should fax a prescription for a CFOA, along with a copy of the sleep study and chart notes, to SomnoMed at 214.436.4198. SomnoMed will obtain prior authorization for the CFOA directly from the Precertification Operations Department and will connect the member to a dental sleep provider within their network for treatment. For more information, refer to the [Custom Fabricated Oral Appliances for Obstructive Sleep Apnea \(OSA\) Medical Necessity Guidelines](#).

¹ Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLinkSM when Tufts Health Plan is the primary administrator.

² Tufts Medicare Preferred and Tufts Health Plan SCO are collectively referred to in this payment policy as Senior Products.

For information on SomnoMed's provider network, contact SomnoMed at 888.447.6673 (option 6).

Note: CFOAs are reviewed by the Precertification Operations Department for Tufts Medicare Preferred HMO. The Care Management Department reviews CFOAs for Tufts Health Plan SCO.

Sleep Therapy – Positive Airway Pressure (PAP) Therapy for Commercial Products, Tufts Medicare Preferred HMO, Tufts Health Direct and Tufts Health Together

All members receiving PAP therapy equipment will be enrolled in the eviCore healthcare PAP Compliance Program. Refer to [Sleep Studies and PAP Therapy Prior Authorization Program](#) page for additional information.

REFERRAL/PRIOR AUTHORIZATION/NOTIFICATION REQUIREMENTS

Certain procedures, items and/or services may require referral and/or prior authorization/notification. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained.

Commercial Products, Tufts Health Direct and Tufts Health Together

Individual prior authorizations are required for facility and home-based sleep studies, sleep therapy and resupplies for members aged 18 years and older by [eviCore healthcare](#). To obtain and verify authorizations, providers should [register](#) and [log in](#) to the secure [eviCore healthcare](#) website or by contacting eviCore healthcare.

For a list of procedures, services and items that require prior authorization, refer to:

- Tufts Health Plan's [Sleep Management Program: Prior Authorization/Notification Code List](#)
- Tufts Health Plan's [Sleep Studies and PAP Therapy Prior Authorization Program](#)
- The [eviCore healthcare](#) website

Note: For CareLink members, refer to the [CareLinkSM Prior Authorization List](#).

Ordering providers can submit documentation of medical necessity for sleep studies through the [eviCore healthcare](#) website.

Tufts Medicare Preferred HMO

Notification is required for facility- and home-based sleep studies, sleep therapy and resupplies. All sleep studies for Tufts Medicare Preferred HMO members require notification to eviCore healthcare. To submit and verify notifications, providers should [register](#) and [log in](#) to the secure [eviCore healthcare](#) website or by contacting eviCore healthcare.

For a list of procedures, services and items that require notification, refer to:

- Tufts Health Plan's [Sleep Management Program: Prior Authorization/Notification Code List](#)
- Tufts Health Plan's [Sleep Studies and PAP Therapy Prior Authorization Program](#)
- The [eviCore healthcare](#) website

Tufts Health Plan SCO

Sleep studies for Tufts Health Plan SCO members require notification through Tufts Health Plan rather than eviCore. Notification must be faxed to 617.673.0955. Refer to the [Tufts Health Plan SCO Notification List](#) for a list of procedures, services and items that require notification to the Tufts Health Plan SCO care coordinator. Providers must fax requests for positive airway pressure (PAP) machines and supplies with a copy of the member's sleep study results to 617.673.0781, Attn: SCO Care Coordinator with PAP as the subject.

Tufts Health RITogether

Sleep studies for Tufts Health RITogether members require prior authorization through Tufts Health Plan rather than EviCore. Refer to the [Sleep Studies](#) Medical Necessity Guidelines for additional information. Prior authorization is required for PAP machines. Refer to the [PAP Devices](#) Medical Necessity Guidelines for additional information.

Tufts Health Unify

Sleep studies for Tufts Health Unify members do not require prior authorization or notification. Prior authorization is required for PAP machines. Refer to the [PAP Devices](#) Medical Necessity Guidelines for additional information.

BILLING INSTRUCTIONS

Unless otherwise stated, Tufts Health Plan follows industry standard coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers

and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules. For more information, refer to the [Professional Services and Facilities Payment Policy](#).

COMPENSATION/REIMBURSEMENT INFORMATION

Providers are compensated according to the applicable network contracted rates and applicable fee schedules, regardless of the address where the service is rendered. For additional information, refer to the [Professional Services and Facilities Payment Policy](#).

ADDITIONAL RESOURCES

- [Durable Medical Equipment Payment Policy](#) (Commercial products)
- [Durable Medical Equipment Payment Policy](#) (Senior Products)
- [Durable Medical Equipment and Medical Supplies Payment Policy](#) (Tufts Health Public Plans products)
- [Positive Airway Pressure \(PAP\) Devices Medical Necessity Guidelines](#) (Tufts Health Public Plans)
- [Sleep Studies Medical Necessity Guidelines](#) (Tufts Health RITogether)

DOCUMENT HISTORY

- February 2021: Added sleep therapies to document title
- September 2020: Reviewed by committee; added Tufts Health Medicare Preferred HMO and Tufts Health Plan SCO content to combine document and added Tufts Health Public Plans content
- June 2018: Template updates
- October 2017: Policy reviewed by committee; clarified Commercial product applicability and CareLink prior authorization requirements; added Tufts Health Plan SCO information and clarified prior notification requirements/process for Tufts Medicare Preferred HMO and Tufts Health Plan SCO members
- January 2017: Added SomnoMed® as preferred vendor for custom fabricated oral appliances effective March 15, 2017; template updates

AUDIT AND DISCLAIMER INFORMATION

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan's [audit policies](#), refer to the Provider website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLinkSM for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.