Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options Sleep Studies 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)
☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)

The following payment policy applies to contracting providers who render services in an outpatient or office setting. For information on Commercial products, click here.

In addition to the specific information contained here, providers must adhere to the policy 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, as described below. Services rendered in any place other than an office or outpatient setting are not covered.

DEFINITION
Sleep studies are diagnostic studies performed to determine if a person has 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 website or by contacting Senior Products Provider Relations.

Note: There is no member responsibility for covered services for Tufts Health Plan SCO members.

NOTIFICATION REQUIREMENTS
Prior notification is required for facility- and home-based sleep studies, sleep therapy and resupplies for members aged 18 years and older by eviCore healthcare, Tufts Health Plan’s sleep benefits manager. All sleep studies, sleep therapy, and resupplies require individual prior notifications. To submit and verify notifications, providers should register and log in to the secure eviCore healthcare website or by contacting eviCore healthcare.

It is the responsibility of the ordering provider to submit prior notification. The rendering provider should confirm that the notification has been submitted. If notification is not submitted, the claim will be denied. Refer to the Sleep Management Program Overview for additional information.

Sleep Studies
All sleep studies for Tufts Medicare Preferred HMO members require prior notification to eviCore healthcare. Ordering providers can submit prior notification through the eviCore healthcare website or by contacting eviCore healthcare.

Note: Sleep studies for Tufts Health Plan SCO members require prior notification through Tufts Health Plan rather than eviCore. Refer to the Tufts Health Plan SCO Notification List for more information.

Sleep Therapy – Positive Airway Pressure (PAP) Therapy
For a list of procedures, services and items that require prior notification, refer to the Sleep Management Prior Authorization/Notification Procedure Code List or the eviCore healthcare website.

¹ Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLink℠ when Tufts Health Plan is the primary administrator.
The initial visit must be conducted by a respiratory therapist or LPN in either the member’s home or an agreed upon location which provides the member and provider a safe and HIPAA appropriate location for the initial patient orientation. Tufts Health Plan recommends that durable medical equipment (DME) providers use this as an opportunity to educate members on the manufacturer’s recommended maintenance/service requirements for PAP therapy equipment. DME providers or Tufts Health Plan members may initiate requests for repairs, maintenance and service.

DME providers must contact members and confirm compliance via an objective report generated from the device prior to the end of the third month of use. Compliance is defined as utilization of the prescribed therapy by the patient for an average of four hours a night for 70% of nights during the time of use (defined as the period of time that the member has the therapy equipment).

In order to extend the authorization of services, an objective machine-generated report must be obtained by or provided to eviCore healthcare in each of the first 30-, 60-, and 90-day periods of use. If a member is noncompliant, it is the DME provider’s responsibility to notify the member’s physician. The DME provider must request authorization from the member’s physician to remove the PAP equipment from the member’s home when determined to be noncompliant, or an Against Medical Advice (AMA) form must be signed by the member.

**Tufts Health Plan SCO Members**

Refer to the [Tufts Health Plan SCO Notification List](#) for a list of procedures, services and items that require prior notification to the Tufts Health Plan SCO care manager. Providers should contact Provider Relations to identify the appropriate Tufts Health Plan SCO care manager.

**BILLING INSTRUCTIONS**

Ancillary providers may bill only procedure code(s) in accordance with their provider agreements.

**DOCUMENT HISTORY**

- June 2018: Template updates
- October 2017: Policy reviewed for clarity; 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: Template updates
- September 2015: Template conversion
- July 2015: Updated name change to eviCore healthcare; template updates
- November 2014: Template updates
- December 2013: Policy reviewed; moved procedure codes to the Sleep Management Prior Authorization/Notification Code List; added link to the Sleep Management Program Overview; added information about prior notification; template updates
- September 2013: Template conversion
- December 2012: Sleep Program clinical criteria updated; template updates
- July 2011: Reviewed document for clarity; no content changes made
- November 2010: Added CPT code A7027 to the policy
- October 2010: Added the following information: Effective January 1, 2011, the Tufts Health Plan Precertification Department will no longer accept requests for the prior authorization of sleep studies and related services; facility-based sleep study tests, home sleep study tests, CPAP/BiPAP, and sleep therapy resupplies require prior authorization by utilizing the secure web portal of CareCore National, our sleep benefits manager
- January 2010: Removed references to the Tufts Medicare Preferred PPO product
- April 2009: Moved Tufts Medicare Preferred information to its own document
- February 2009: Added three HCPCS codes to the policy G0398, G0399 and G0400
- May 2008: Clarified that CPAP-BiPAP requests for prior authorization go through the Precertification Department for Tufts Medicare Preferred members
- October 2007: Added Tufts Medicare Preferred information, procedure codes and clarified that policy applies to ancillary providers and physicians

**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 an office/facility did not comply with this payment policy, Tufts Health Plan will expect the office/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 CareLink℠ 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.