

Overview of Prior Authorization Requests (PARs) for Sleep Studies

Per Budget Reduction – Effective 7/1/2015 Sleep Studies are no longer covered for members 21 years of age or older

Methods of submission:

- 1. Provider Portal (if you do not have access, please contact the Internet Helpdesk for assistance @ 1-800-522-0114, Option 2)**

A. Key in PAR via the on-line secure website then upload the documents

- Please review the section on our MAU webpage regarding the Provider Portal process. As you are creating an online authorization request, there are fields that must contain specific information regarding each code/service being requested. If you key in the line item / service detail information needed, you DO NOT need to print out the on line version of the HCA-12A (PA Request form)
- **Upload** the documents you are submitting – currently the documents must be Jpeg, PDF or TIF files. If documents are in a Word format go to file, “Save As” PDF prior to uploading.

B. Key in PA via the online secure website then Fax the documents you are submitting

- HCA-13A fax cover sheet: You may print the pre-populated one generated to use
- HCA-13A is required to be the **TOP** document
- Enter the contact person’s name and direct phone #

2. Faxing your entire PAR

A. HCA-13A fax cover sheet, required to the **TOP** document

B. HCA-12A PA request form (see also form instructions on the MAU Webpage)

Section I: Physician must sign/date **or** include a copy of the ORDER and enter: “see Rx”

Section II: Member RID, Member Name, Member DOB

Section III: Estimated Length of Treatment, Diagnosis Code

Section IV: Facility to perform the testing. Anyone from the facility may sign/date this area

Section V: Date span- enter three months range in case it needs to be rescheduled

Assignment Code: Choose (03) Hospital OP

Section VI: Enter code & Modifier (see section below) short description and units

Only enter code requesting – no other codes

DO NOT SKIP LINES OR the PAR will be cancelled

If requesting TC & 26 modifiers, **each** will be a line of the code with one of the modifiers

Line	Code	Modifier	Short Description	Units
A	95808	26	Polysomnography any age	1
B	95808	TC	Polysomnography any age	1

If requesting the global (reading of results is performed by employee of facility)

Line	Code	Modifier	Short Description	Units
A	95808		Polysomnography any age	1

C. Documentation Required:

Copy of Order for the service requested, signed/dated by Physician, PA or APN

Medical records to include:

- Face-to-face evaluation within the last six months
- Documenting the medical necessity of the sleep study
- Detailed sleep history to include
 - positives and pertinent negatives for snoring (“snoring” and a **description of snoring alone does not constitute a covered indication**)
 - apneas
 - nocturnal choking or gasping
 - restlessness and excessive daytime sleepiness
 - other symptoms as appropriate
- Assessment of airway anatomy or a referral for airway assessment prior to the sleep study. The exam should include as a minimum
 - The jaw
 - Size of the oral opening
 - Size of tongue
 - Evaluation of the hard and soft palate and the uvula
 - Presence or absence of tonsils
 - If present – size and condition
 - Are the tonsils acutely inflamed or acutely enlarged (**if so evaluation for sleep study should be deferred until acute condition is resolved**)
 - Positives and pertinent negatives
 - Mallampati score is helpful
- Medical conditions such as obesity, hypertension, stroke, heart disease, congestive heart failure must be addressed
- Epworth Sleepiness Scale (if ≥ 16 yrs. of age) conducted during the evaluation

Codes:

Ages-years	CPT Code	Type of PSG	Description	Sleep Staging with # of parameters	Attended by Technologist
0-999	95805		Multiple Sleep Latency testing (MSLT)		
0-999	95807	Sleep Study	Used to dx sleep disorders and evaluate response to CPAP, etc.	Does NOT include Sleep Staging	Yes
0-999	95808	Diagnostic	Polysomnography)	(includes sleep staging 1-3)	Yes

<6	95782	Diagnostic	Polysomnography	≥4	Yes
<6	95873	Split Night, Diagnostic, Titration	Polysomnography	≥4 with initiation of CPAP or BIPAP	Yes
≥6	95810	Diagnostic	Polysomnography	≥4	Yes
≥6	95811	Split Night, Diagnostic, Titration	Polysomnography	≥4 with initiation of CPAP or BIPAP	Yes
2 Night Study	95808 OR 95810 OR 95782 PLUS 95811 if ≥ 6 yrs. or 95873 if < 6 yrs.		one full night of diagnostic PSG followed by second night for titration		Submit amendment to add full night Diagnostic study if Split Night doesn't allow >3 hrs. PAP titration.

Modifiers:

TC= Technical Component (administration of test)

26= Providers interpretation of the test

No modifiers required if GLOBAL (one provider performs both components (i.e., radiologist is employee of facility))

Amendments:

If the code requested on the PAR needs to be added/changed or modifiers need to be added/deleted, you may submit an amendment within 30 days of the testing done as long as the approved PA is still active. A copy of the testing results must be included for any change in codes. Please see section on Amendments on the MAU Webpage @ www.okhca.org, Providers, Medical Authorization Unit, scroll & click on segment for Amendments.