ResMed


# Reimbursement fast facts

## This tool will assist you in understanding Medicare coding and coverage for our ApneaLink devices

The ResMed ApneaLink family of products are indicated for use by a healthcare professional where it may aid in the diagnosis of sleep-disordered breathing for adult patients.

| Device | Description | Potential coding |
|---|---|---|
| ResMed ApneaLink™ Air | Four-channel, Type III HST (records respiratory nasal airflow, snoring, blood oxygen saturation, pulse and respiratory effort) | G0399 or 95806 *(coding and classification may vary by payer)** |
| ResMed ApneaLink™ Plus | Four-channel, Type III HST (records respiratory nasal airflow, snoring, blood oxygen saturation, pulse and respiratory effort) | G0399 or 95806 *(coding and classification may vary by payer)** |
| ResMed ApneaLink™ with oximetry | Three-channel, Type IV home sleep test (HST) (records respiratory nasal airflow, blood oxygen saturation and pulse) | G0400 or 95801 *(coding and classification may vary by payer)** |

*Generally for Medicare, the "G" codes are allowed when services are performed in the home, and the CPT "9" codes are allowed when services are performed in a facility. An HST provider should contact each payer to identify which codes to report.

### Billing options

Payer coverage of home sleep tests may vary. Therefore, there are a variety of ways ApneaLink Air, ApneaLink Plus and ApneaLink with oximetry can be billed.

#### Screening

What physicians need to know: ApneaLink can be used as a screening device to identify patients with OSA for referrals to in-lab diagnostic testing. There is not a separate and distinct code for screening. Physicians have the discretion to bill an Evaluation and Management code for services provided in a variety of settings, including the physician's office. If physicians spend additional time with a patient reviewing screening options or results from a screening test, it is up to the physician's discretion to determine if a higher level Evaluation and Management code is applicable.

#### CPT[1] codes 99211-99215 (established patients)

Description: Evaluation and management services provided in the physician's office for established patients. Varies based on the type of problems presented and the time spent with the patient.

### Type III home sleep test (HST)

ApneaLink Air and ApneaLink Plus can be used with certain payers as a Type III, four-channel HST device. Please check with payer policies to verify.

#### HCPCS code G0399

Description: HST with type III portable monitor, unattended; minimum of four channels: two respiratory movement/airflow, one ECG/heart rate and one oxygen saturation.

2019 National Average Medicare Fee Schedule (subject to change)[2] = paid at discretion of local Medicare contractors

#### CPT code 95806

Description: Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow and respiratory effort (e.g. thoracoabdominal movement).

2019 National Average Medicare Global Fee Schedule (subject to change)[2] = $140.55 (TC: $89.74; -26: $50.82)†

What physicians need to know: ApneaLink Plus with oximetry measures four channels: respiratory flow, pulse rate, oxygen saturation and respiratory effort. It is best to check with payers directly to verify if the payer prefers HCPCS code G0399 or CPT code 95806 for Type III devices.

### Type IV home sleep test

ApneaLink with oximetry can be used with certain payers as a three-channel HST device. Type IV HST devices are often coded as CPT code 95801 and/or HCPCS code G0400. Payers, including Medicare and commercial health plans, may cover CPT code 95801 and/or HCPCS code G0400. Please check with payer policies to verify.

#### HCPCS code G0400

Description: HST with Type IV portable monitor, unattended; minimum of three channels.

2019 National Average Medicare Fee Schedule (subject to change)[2] = paid at discretion of local Medicare contractors

#### CPT code 95801

Description: Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation and respiratory analysis (e.g. by airflow or peripheral arterial tone).

2019 National Average Medicare Global Fee Schedule (subject to change)[2] = $92.62 (TC: $49.73; -26: $42.89)†

What physicians need to know: ApneaLink with oximetry measures three channels: respiratory flow, pulse rate and oxygen saturation. It is best to check with payers directly to verify if the payer prefers HCPCS code G0400 or CPT code 95801 for Type IV devices.

† See glossary on back page for more information.

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## Q & A

**Q: What other restrictions should physicians be aware of?**

Medicare and some commercial payers require that home sleep tests be interpreted by physicians who are board-certified in sleep and/or members of an accredited sleep center. Check payer policies for applicable details.

**Q: Which commercial payers cover home sleep testing?**

As of 2019, Aetna, Anthem, Cigna, Humana and United cover home sleep testing in some form with varying restrictions. Payers change policies frequently and may vary by region. Review payer policies for coverage criteria.

**Q: Can a patient be sent to a lab for titration following a home sleep test?**

There are no current Medicare restrictions on physicians referring patients based on medical necessity to undergo titration in a facility-based setting.

**Q: Can a DME conduct a home sleep test?**

Medicare rules state that "No aspect of a home sleep test, including but not limited to delivery and/or pickup of the device, may be performed by a DME supplier. This prohibition does not extend to the results of studies conducted by hospitals certified to do such tests or to tests conducted in facility-based sleep laboratories."[3]

**Q: What is CPT code 95800?**

CPT code 95800 refers to a sleep study, unattended, simultaneous recording: heart rate, oxygen saturation, respiratory analysis (e.g. by airflow or peripheral arterial tone) and sleep time. ResMed does not have a device that meets this definition.

**Q: What is Medicare's guidance regarding HSTs that score hypopneas using 3% oxygen desaturation criterion?**

If the sleep test based hypopneas on a 3% decrease in oxygen saturation, then the hypopneas cannot be used to score the test. Medicare defines hypopnea as an abnormal respiratory event lasting at least 10 seconds, associated with at least a 30% reduction in thoracoabdominal movement or airflow as compared to baseline and with at least a 4% decrease in oxygen saturation. The supplier may request the lab re-score the study using the 4% criterion and should keep documentation of both the original and re-scored test results in case of an audit.[3]

**Q: Do you have a list of covered diagnosis codes for HST?**

The following ICD-10 codes generally‡ support the medical necessity for HST services:
G47.10 - Hypersomnia, unspecified
G47.13 - Recurrent hypersomnia
G47.14 - Hypersomnia due to medical condition
G47.19 - Other hypersomnia
G47.30 - Sleep apnea, unspecified
G47.33 - Obstructive sleep apnea (adult) (pediatric)

‡ This is not a comprehensive list and some payers may not recognize these codes as supporting medical necessity for HST. Providers should verify covered diagnosis codes with the payer prior to billing.

**Q: What modifier may be used to bill for an incomplete HST (e.g. patient discontinues, less than 6 hours of monitoring/recording, etc.)?**

Modifier 52 states that "Partially reduced or eliminated services..." may be used to bill for incomplete home sleep tests. Include the statement, "reduced services" in Item 19 in the CMS-1500 claim form (or electronic equivalent) along with a brief reason to explain why the test was incomplete. The provider should maintain this documentation in the patient's medical record. To determine the charge amount, reduce normal fee by percentage of service not provided (e.g. if 75% of normal service provided, reduce amount billed by 25%). Medicare claims processing system reimburses lower of actual charge or fee schedule allowance. For more information, click here.

## Glossary

**CPT.** Current Procedural Terminology. Codes and descriptors copyrighted by the American Medical Association (AMA) Current Procedural Terminology, ed. 4 (CPT-4). These are five-position numeric codes representing physician and nonphysician services.

**HCPCS.** Healthcare Common Procedure Coding System. A collection of codes and descriptors that represent procedures, supplies, products and services that may be provided to Medicare beneficiaries and to individuals enrolled in private health insurance programs that are not represented in the CPT codes.

**TC.** Technical Component. Reports the cost of the equipment, supplies and personnel to perform the procedure.

**Modifer 26.** Professional Component. Certain procedures are a combination of a physician or other qualified healthcare professional component and a technical component. When the physician or other qualified healthcare professional component is reported separately, the service may be identified by adding modifier 26 to the usual procedure number.



**1** Current Procedural Terminology (CPT) is copyright 2019 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values or related listings are included in CPT. The AMA assumes no liability for the data contained herein. **2** 2019 Medicare fee schedule information accurate as of February 1, 2019 and subject to change. Rates retrieved online February 1, 2019 from https://www.cms.gov/apps/physician-fee-schedule/overview.aspx **3** US Centers for Medicare and Medicaid Services. Local Coverage Article: Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea - Policy Article (A52467). Rev. Eff. Date Aug. 1, 2018.

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