

Marketplace National Regional Benefit Interpretation Document

Benefit Name	SLEEP STUDY (NOT HOME BASED)
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	<p>This policy addresses sleep study not related to being home-based.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.</p> <div style="border: 1px solid black; padding: 2px; margin: 10px 0;">A. FEDERAL/STATE MANDATED REGULATIONS</div> <p>Note: The most current federal/state mandated regulations for each state can be found in the links below.</p> <p>None</p> <div style="border: 1px solid black; padding: 2px; margin: 10px 0;">B. STATE MARKET PLAN ENHANCEMENTS</div> <p>None</p> <div style="border: 1px solid black; padding: 2px; margin: 10px 0;">C. COVERED BENEFITS</div> <p>IMPORTANT NOTE: Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.</p> <p>Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.</p> <p>SLEEP STUDY</p> <p>ALL STATES:</p>

Molina and Passport covers Sleep Study. More information is listed below for the types of services; however, this is not an all-inclusive list for covered services for Sleep Study. Please refer to Molina Healthcare Medical Management Policies for additional information.

ACTIGRAPHY

ALL STATES:

Molina and Passport covers actigraphy as a stand-alone test. Actigraphy is a method for inferring sleep/wake cycles based on magnitude of wrist movement collected using digital devices called actigraphs, has been used for over two decades in studies of sleep and circadian rhythms. For additional information, refer to Medical Management Policy titled Actigraphy.

ELECTROENCEPHALOGRAPHY (EEG)

ALL STATES:

Molina and Passport may cover outpatient ambulatory encephalography (EEG) monitoring and outpatient video encephalography (EEG) monitoring when medical criteria are met. Outpatient ambulatory EEG may be used for 48 hours. Out-patient Video EEG length of stay is 23-72 hour observation but if the event being monitored does not occur in this time frame admission may be necessary for further monitoring or for preoperative localization of seizure foci.

D. NOT COVERED

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

ACTIGRAPHY

ALL STATES:

Actigraphy is considered experimental, investigational or unproven when used as the sole technique to record and analyze body movement. This policy only addresses actigraphy as a stand-alone test. This does not include the use of actigraphy as a component of portable sleep monitoring. When performed as a component of portable home sleep testing, actigraphy should not be reported separately.

ELECTROENCEPHALOGRAPHY (EEG)

ALL STATES:

EEG is not covered when medical criteria is not met.

E. DEFINITIONS

	<p>See Glossary</p> <table border="1" data-bbox="467 380 1235 415"> <tr> <td>F. POLICY HISTORY/REVISION INFORMATION</td> </tr> </table> <table border="1" data-bbox="467 449 1357 569"> <thead> <tr> <th data-bbox="467 449 911 485">Date</th> <th data-bbox="915 449 1357 485">Action/Description</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 491 911 569"></td> <td data-bbox="915 491 1357 569"></td> </tr> </tbody> </table>	F. POLICY HISTORY/REVISION INFORMATION	Date	Action/Description		
F. POLICY HISTORY/REVISION INFORMATION						
Date	Action/Description					
Procedure Codes	<p>BI Policy Configuration Sleep Study (Not Home-Based)</p> <p>Refer to <u>Home Health Care</u> Benefit Interpretation Policy for Home Sleep Study Codes</p> <p>Coding Disclaimer: Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT[®]), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.</p> <table border="1" data-bbox="493 1285 1414 1440"> <thead> <tr> <th data-bbox="493 1285 618 1341">CPT</th> <th data-bbox="623 1285 1414 1341">Description</th> </tr> </thead> <tbody> <tr> <td data-bbox="493 1348 618 1440">95803</td> <td data-bbox="623 1348 1414 1440">Actigraphy testing, recording, analysis, interpretation and report (minimum of 72 hours to 14 consecutive days of recording)</td> </tr> </tbody> </table>	CPT	Description	95803	Actigraphy testing, recording, analysis, interpretation and report (minimum of 72 hours to 14 consecutive days of recording)	
CPT	Description					
95803	Actigraphy testing, recording, analysis, interpretation and report (minimum of 72 hours to 14 consecutive days of recording)					
Prior Authorization	<p>For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:</p> <ol style="list-style-type: none"> a. Covered and No PA Required b. Not Covered <p>You cannot use the MHI PA Matrix to make coverage determinations.</p> <p>PA Lookup Tool</p>					



Marketplace Benefit Interpretation

Approval	Departments	Product	CIM	Clinical Management
	Date	12/7/2021		11/30/2021