

Provider Communication: In-Home Sleep Studies for Obstructive Sleep Apnea (OSA) Diagnosis

To All In-Network Providers,

Effective December 1, 2024, as part of the New York State Medicaid Managed Care (MMC) program, we want to update you on the new guidelines surrounding the use of Home Sleep Tests (HST) for the diagnosis of Obstructive Sleep Apnea (OSA) and other sleep disordered breathing conditions. As part of ongoing efforts to improve care delivery for patients with sleep apnea, the use of Home Sleep Testing (HST) will become a first-line treatment for many patients. This bulletin provides essential information regarding the criteria, best practices, and updated regulations to ensure compliance and best outcomes for our members.

Overview of Home Sleep Testing (HST) for OSA

HST, also known as Unattended Sleep Studies or Home Sleep Apnea Tests (HSAT), are now recognized as a medically appropriate option to diagnose sleep disordered breathing conditions, including OSA, for qualifying patients in a home setting. The **American Academy of Sleep Medicine (AASM)** endorses this practice for adults, acknowledging it as a convenient and effective diagnostic tool for OSA when medically appropriate.

HST is intended for:

- **Adults aged 18 years and older**
- Those who meet the New York State Medicaid Fee-for-Service (FFS) criteria
- Diagnosis of **sleep disordered breathing** conditions, such as Obstructive Sleep Apnea (OSA)

HST is **not recommended for children**, as there is insufficient evidence to support its validity for diagnosing OSA in pediatric patients.

New York State Medicaid Coverage Criteria for Home Sleep Testing (HST)

Effective Dates:

- **October 1, 2024** – NYS Medicaid FFS will reimburse for Home Sleep Tests if patients meet the coverage criteria.
- **December 1, 2024** – All NYS Medicaid Managed Care Plans must comply with these coverage standards.

Eligibility for HST:

- A **Sleep Medicine Specialist** must evaluate the patient and order the HST if appropriate.
- **HST is limited to one per year**, with exceptions allowed based on medical necessity, such as equipment failure or patient non-compliance.

Documentation Required for HST:

- **Informed consent** from the patient must be documented in the medical record.
- Documentation of **medical necessity** for testing must be in the clinical file.
- A detailed **patient history, physical exam**, and provider's assessment that justifies the need for sleep testing must be documented.

Limitations:

- **HST cannot diagnose other sleep disorders** and should only be used to diagnose sleep disordered breathing conditions such as OSA.
- Results of HST may sometimes be inaccurate or incomplete, so clinical judgment must guide whether it is appropriate as an alternative to lab-based polysomnography.

Best Practices and Research Supporting Home Sleep Testing (HST)

Recent studies and clinical guidelines show that in-home sleep studies are effective, cost-efficient, and well-tolerated by patients. According to the **American Academy of Sleep Medicine (AASM)**, home-based sleep testing is an appropriate method for diagnosing obstructive sleep apnea in certain patients, especially in the absence of comorbidities that might necessitate an in-lab study. Key research supporting the use of HST includes:

- **Research Study 1:** A 2023 study published in *Sleep Medicine Reviews* found that in-home sleep tests provide diagnostic accuracy comparable to traditional in-lab tests for adults with suspected OSA.
- **Research Study 2:** An article in *Journal of Clinical Sleep Medicine* (2022) demonstrated that HST reduces the time to diagnosis and improves patient satisfaction, offering a convenient alternative to overnight in-lab studies.

For a deeper understanding of HST effectiveness, please refer to these articles:

- "**Comparison of home sleep apnea testing and polysomnography in the diagnosis of obstructive sleep apnea: a systematic review**" – *Sleep Medicine Reviews*, 2023
- "**Patient satisfaction with home sleep testing: A comparative study**" – *Journal of Clinical Sleep Medicine*, 2022

Billing and CPT Codes

As a reminder, the following **CPT codes for HST** do not require prior authorization when ordered by an in-network provider:

- **CPT Code 95800** – Sleep Study, unattended, simultaneous recordings; heart rate, oxygen saturation, respiratory analysis (e.g., by airflow or peripheral arterial tone), and sleep time.
 - **Modifier TC** – Physician provides the test only
 - **Modifier 26** – Physician interprets the results only
- For **repeat HSTs** prior to the one-year mark, you must provide persuasive medical evidence, such as:
 - Equipment failure
 - Insufficient sleep time or improper use by the patient

Please ensure that all billing complies with the appropriate codes and be aware that HST is **bundled** to include the cost of equipment, assessment, and interpreting results.

Patient Consent and Rights

It is crucial that you **inform patients** about the Home Sleep Test and obtain their consent. While written consent is **not required**, providers must document that informed consent was obtained in the patient's medical chart.

Contact Information and Additional Resources

For questions specific to MMC plan enrollment, reimbursement, and documentation requirements, please contact Molina's Provider Services at (877) 872-4716.

We encourage you to incorporate this updated guidance into your practice and to educate your patients about the benefits and process of Home Sleep Testing.

Thank you for your continued partnership and commitment to providing quality care to our members.

Sincerely,

Molina of New York and Affinity by Molina Health Care Services.