2023
REIMBURSEMENT GUIDE

WatchPAT™ Home Sleep Apnea Test

ZOLL itamar

CODING AND PAYMENT

2023 Medicare Physician Fee Schedule (MPFS) Payments

CPT® / HCPCS CODE[1]	MODIFIER	DESCRIPTION	2023 RVUs	2023 NATIONAL AVERAGE PAYMENT*[2]
95800	Global	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (e.g., by airflow or peripheral arterial tone), and sleep time	4.45	$150.80
95800	TC	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (e.g., by airflow or peripheral arterial tone), and sleep time	3.26	$110.47
95800	26	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (e.g., by airflow or peripheral arterial tone), and sleep time	1.19	$40.33
G0400		Home sleep test (HST) with type iv portable monitor, unattended; minimum of 3 channels	N/A	Carrier Determined

CPT®/HCPCS code requirements may vary by payer for unattended home sleep studies. Most private payers accept CPT® 95800 for the WatchPAT™ sleep test while others require reporting with HCPCS G0400. Check with your payer to ensure appropriate coding on your claim form. **All Medicare MACs accept CPT 95800 for reporting WatchPAT**.

MODIFIERS

CPT® Modifiers are often used with diagnostic studies that may have separate billing components; a professional and technical service. In some instances, the provider can bill both the professional and technical component as a global service. Contact your Medicare contractor or other payer to determine if you meet their requirements for billing globally.

MODIFIER	DESCRIPTION
26	Professional Component: The professional component (PC) represents the supervision and interpretation of a procedure provided by the physician or other healthcare professional. It is identified by appending modifier 26 to the procedure code
TC	Technical Component: The technical component (TC) represents the cost of the equipment, supplies and personnel to perform the procedure. It is identified by appending modifier TC to the procedure code.

MEDICARE PLACE OF SERICE (POS)

Home sleep apnea testing (HSAT) provided by physicians may contain both a technical component (TC) and a professional component (PC). Often, the PC and TC of diagnostic services are furnished in different settings. Based on Medicare guidelines the POS shall be assigned according to the setting in which the beneficiary received face-to-face services, except when the PC or interpretation component is done from a distant site. Then the POS for the PC component shall be the setting in which the beneficiary received the TC service. Some Medicare Administrattive Contractors (MACs) request that POS 11 (office) be used for the TC service while others request that POS 12 (home) be used. Check the LCD for your Medicare MAC to ensure the correct POS for your area.

[1] Current Procedural Terminology (CPT®) copyright (2022). American Medical Association (AMA). All rights reserved. No fee schedules, basic units, relative value or related listings are included in CPT®. The AMA assumes no liability for the data contained herein.

[2] Calendar Year 2023 Medicare Physician Fee Schedule, Final Rule [CMS-1734-F]. Federal Register, November 18, 2022. No geographic adjustments have been made to the reported payment rates. All MPFS Fee Schedules calculated using CF of $33.8872 effective January 2023.

Commonly Used POS Codes

PLACE OF SERVICE	CATEGORY	POS CODE
Physician Office	Non- Facility	11
Home	Non- Facility	12
Outpatient Hospital	Facility	22

EVALUATION AND MANAGEMENT (E&M) SERVICES

E&M services 99202-99205 and 99211-99215, may be billed for a separate and distinct reason on the same day as the WatchPAT™ service. Billing will vary based on whether the patient is new or established, problem presented, and time spent with patient. Check with each payer (Medicare or third party payer) to determine the appropriate billing for the E&M service.

DIAGNOSIS CODES

The following table includes a list of commonly used diagnosis codes.

Commonly Used ICD-10-CM Diagnosis Codes

ICD-10	DESCRIPTION
G47.30	Sleep apnea, unspecified
G47.33	Obstructive sleep apnea (adult)(pediatric)

FREQUENTLY ASKED QUESTIONS

Q. Do Medicare and third party payers have any restrictions on who can bill for HSAT?

A. Yes. MACs require that physicians who interpret the sleep study have a sleep certification issued by specific specialty boards, or be an active member of an accredited sleep center or laboratory. Some MACs also require physicians that provide the sleep study to be credentialed. Check the LCD of your MAC for their requirements. Medicare also restricts durable medical equipment suppliers from

providing any component of sleep testing. Third party payers make autonomous decisions in the development of their medical policies and the limitations they set. While some third party payers include sleep certification or accreditation requirements for HSAT in their policies, most do not. Please check payer policies for applicable limitations.

Q. How often can HSAT be performed and qualify for reimbursement?

A. Payers vary on the number of sleep studies that are considered medically necessary per year. Most payers allow two sleep studies per year unless it is medically necessary to repeat a study. It is recommended to seek prior authorization if the payer's established frequency limitation is exceeded.

Q. How many consecutive nights of study may be performed and reimbursed?

A. Many payers state in their medical policy that if you perform two or three nights of study it will only be reimbursed as one night of study. However, some payers may reimburse more than one night of study depending on your specific contract and supporting medical necessity documentation. Check with your payer to determine their requirements.

FOR REIMBURSEMENT QUESTIONS CONTACT US AT:
https://www.itamar-medical.com/watchpat-reimbursement/

ZOLL Itamar
3290 Cumberland Club Dr.
Atlanta, GA 30339
USA

Tel 1-888-748-2627
FAX 1-888-748-2628

www.itamar-medical.com