

Santa Clara County Medical Association – 408/ 998-8850 – www.sccma.org

CMS Approves National Sleep Test Coverage

You can now get paid by Medicare for providing four types of sleep tests for obstructive sleep apnea, according to a recent CMS national coverage determination (NCD). Previously, CMS allowed carriers to set coverage rules for the test (G0398-G0400). Now, Medicare will specifically cover the following nationally:

1. Type I polysomnography device used in a sleep lab facility.
2. Type II or III sleep testing device used in or out of a sleep lab facility.
3. Type IV sleep testing device measuring three or more channels, including airflow, and used in or out of a sleep lab facility.
4. A sleep testing device measuring three or more channels – including actigraphy, oximetry, and peripheral arterial tone – used in or out of a sleep lab facility.

The change will be implemented August 10 and will be retroactive to March 3.

You may view the Medicare Transmittal here:

www.cms.hhs.gov/transmittals/downloads/R103NCD.pdf

The SCCMA website is down for construction. You may visit www.sccma.org in September for News and more.

Q & A

Q: Our physician is coordinating and supervising the care of a patient who is at home. What is the appropriate code to report?

A: Care Plan Oversight (CPO) Services provided to a patient in the home, domiciliary, or rest home (eg, assisted living facility) under the individual supervision of a physician should be reported using codes 99339-99340. If the patient is in a hospice program, use 99377-99378, and if the patient is under the care of a home health agency, use 99374-99375. These are time-based codes and should be reported based on the total time of individual physician supervision within a calendar month. Note that Medicare does not recognize CPT 99377-99378; instead you would use G0181-G0182.

Q: What is the appropriate code for testing stool for occult blood when the patient presents with symptoms and the provider takes a single specimen as part of a digital examination?

A: CPT code 82272, Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening, should be reported when a single specimen obtained from a digital rectal examination is tested.

Q: Are we required to bill Medicare for non-covered services?

A: Providers do not have to bill Medicare for statutorily non-covered services unless the patient asks, for purposes of secondary billing. If you do bill Medicare for non-covered services on behalf of the patient, use the GY modifier to indicate that you and the patient are aware of the non-coverage.