

PROVIDER BULLETIN

Volume 45 Number 29

<http://dss.mo.gov/mhd/>

November 30th, 2022

UNATTENDED SLEEP STUDIES

Applies to: ALL PROVIDERS BILLING FOR SLEEP STUDIES

Effective date: The MO HealthNet Division (MHD) is currently covering unattended sleep studies due to the Public Health Emergency (PHE). Unattended sleep studies will continue to be covered after the PHE ends.

- Coverage of Unattended Sleep Studies
- Applicability

COVERAGE OF UNATTENDED SLEEP STUDIES

The MO HealthNet Division (MHD) currently covers in-lab sleep studies and began covering unattended sleep studies due to the Public Health Emergency (PHE). MHD will continue to cover unattended sleep studies after the PHE ends. MHD will only cover unattended sleep studies that meet the following criteria:

1. A home sleep apnea test **must** be used, with technically adequate devices, for the diagnosis of Obstructive Sleep Apnea (OSA) in uncomplicated adult patients presenting with signs and symptoms that indicate an increased risk of moderate to severe OSA.
2. A home sleep apnea test **must not** be used for general screening of asymptomatic populations.
3. A home sleep apnea test **must not** be used for the diagnosis of OSA in patients with significant cardiorespiratory disease, potential respiratory muscle weakness due to neuromuscular condition, awake hypoventilation or suspicion of sleep related hypoventilation, chronic opioid medication use, history of stroke or severe insomnia.
4. A home sleep apnea test **must not** be used for the diagnosis of OSA in children.
5. When an initial polysomnogram is negative and clinical suspicion for OSA remains, a second polysomnogram **must** be considered for the diagnosis of OSA.

Applicability

The information in this bulletin applies to the MO HealthNet (MHD) fee-for-service program and may apply to the MHD managed care program, as well. MHD's fee-for-service policies set the basic coverage policies for benefits and limitations in the managed care program. The

managed care health plans have additional flexibilities in operating their respective programs, such as determining which services require prior authorization, and details required for claims submission. Certain services, such as pharmacy, are “carved out” of managed care and will be paid through the fee-for-service program. To ensure your understanding of this bulletin’s applicability to each managed care health plan, please contact your health plan directly, or contact MHD.MCCommunications@dss.mo.gov.

Provider Bulletins are available on the MO HealthNet Division (MHD) website at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD website at <http://dss.mo.gov/mhd/> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient’s MO HealthNet Managed Care health plan. Before delivering a service, please check the patient’s eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the MO HealthNet ID card.

**Provider Communications Hotline
573-751-2896**