

# Sleep Studies

Chief Business Office Purchased Care  
Department of Program Integrity (DPI)

July 2013

# Objectives

- **Define a Sleep Study**
- **Display Understanding of a Sleep Study**

# Sleep Studies

- **Definition**
  - **Sleep Studies**
  - **Sleep Technician**



# Sleep Studies

## ■ CPT Codes

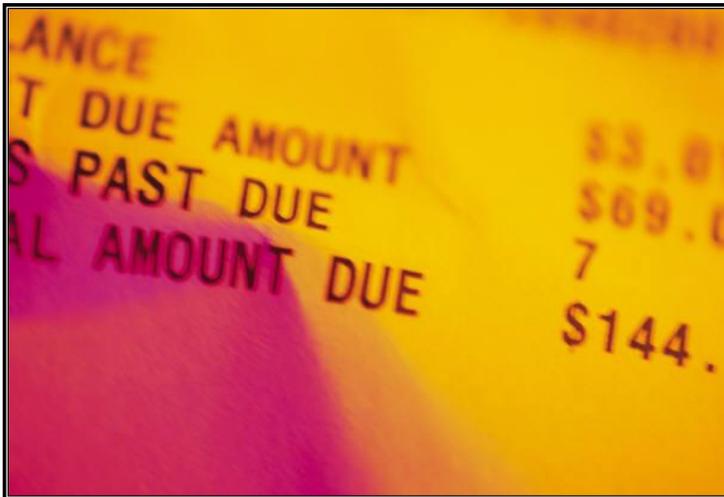
- **95806 – Sleep study; unattended by a technologist**
- **95807 – Sleep study; simultaneous recording, attended by a technologist**
- **95811 – Polysomnography; sleep staging with 4 or more additional parameters of sleep, attended by a technologist**



# Sleep Studies

## ■ CPT Codes

- 95806 – Average reimbursement rate: \$122.48
- 95807 – Average reimbursement rate: \$438.90
- 95811 – Average reimbursement rate: \$552.87





# Sleep Studies

14. DATE OF CURRENT: MM DD YY		ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY													
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE				17a. 17b. NPI		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY													
19. RESERVED FOR LOCAL USE						20. OUTSIDE LAB? \$ CHARGES YES NO													
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) 1. 78050 2. 3. 4. 5.						22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER													
24. A. DATE(S) OF SERVICE From To MM DD YY MM DD YY		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #				
05	10	12	05	10	12	12	95806	TC		122	48			NPI					
														NPI					
														NPI					
														NPI					
														NPI					
														NPI					
25. FEDERAL TAX I.D. NUMBER SSN EIN 10-00009987				26. PATIENT'S ACCOUNT NO. 123456789		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO		28. TOTAL CHARGE \$		29. AMOUNT PAID \$		30. BALANCE DUE \$ 122.48							
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED DATE				32. SERVICE FACILITY LOCATION INFORMATION BOBs Sleep Clinic 100 2nd St. Sleep Apnea, TX				33. BILLING PROVIDER INFO & PH # ( ) BOB's Sleep Clinic 100 2nd St. Sleep Apnea, TX											
				a.				b.				a.				b.			

# Conclusion

- **Define Sleep Studies**
- **Provided an understanding of Sleep Studies**

# False Claim Laws

- **18 USC § 287 - False, fictitious or fraudulent claims**
- **31 U.S.C. 3729 False Claims Act**
- **42 USC § 1320a–7b - Criminal penalties for acts involving Federal health care programs**

# References

**Veterans Affairs manages several health care programs that reimburse private health care providers for caring for our Veterans and their eligible family members. Unfortunately, these health care programs have a different statutory and regulatory authority, which creates diverse payment methodologies. The majority of VA health care programs utilize Medicare's payment methodologies or something very similar.**

**Therefore, providers and facilities that utilize Medicare's billing and coding guidelines will greatly minimize claim delays or rejections as a result of the Program Integrity Tools Improper Payment Review.**

**The following Medicare link is an excellent source of billing and coding guidance for all providers and facilities:**

**Medicare Claim Processing Guide**

**<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c01.pdf>**