

# Community Plan of New Jersey: Prior authorization and site of service expansion for sleep studies

Effective Nov. 1, 2022

Effective **Nov. 1, 2022**, we're expanding our prior authorization/notification requirements and site of service medical necessity reviews to include 5 additional sleep study CPT® codes. This will affect the UnitedHealthcare Community Plan of New Jersey and outpatient hospital settings only.

## New CPT codes

The following CPT codes will require prior authorization/notification and medical necessity reviews for outpatient hospital settings only:

- 95805
- 95807
- 95808
- 95810
- 95811

## Important points

- We conduct medical necessity reviews per the terms of the member's plan, which require services to be medically necessary, including reasonably cost-effective, for us to cover them
  - We're using our **Attended Polysomnography for Evaluation of Sleep Disorders (for New Jersey Only) – Community Plan Medical Policy** to facilitate these reviews
- For members younger than age 18:
  - We won't conduct site of service reviews
  - We'll continue to cover sleep studies conducted in facility-based sleep study laboratories and other non-outpatient hospital sites
- For members ages 18 and older:
  - We'll conduct medical necessity reviews for the CPT codes list above for sleep studies planned to be conducted in an outpatient hospital setting
  - We'll continue to cover sleep studies conducted in facility-based sleep study laboratories and other non-outpatient hospital sites
    - Except for obstructive sleep apnea (OSA) evaluations, which we won't cover



## We're here to help

If you have questions, please call Provider Services at **888-362-3368**.

## Frequently asked questions



### General

#### Why did you choose these procedures?

We conducted careful reviews to determine which procedures can be performed safely and effectively outside the outpatient hospital setting, while also considering the terms of our members' plans and applicable state law.

#### How will the review process affect decisions between health care professionals and their patients?

We support informed patient choice and respect care decisions between health care professionals and the members of our plans. Our coverage determinations reflect only whether we cover a service or site under the member's plan. We don't intend for them to replace treatment decisions.

#### What criteria will you use for medical necessity reviews?

To make medical necessity determinations, including site of service medical necessity determinations, we'll use the criteria in our medical policy.



### Prior authorization/notification

#### How do I provide notification or request prior authorization?

You can provide notification or request authorization in one of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at [UHCprovider.com/paan](https://UHCprovider.com/paan)
- **Phone:** Call **877-842-3210** from 7 a.m.–7 p.m. local time, Monday–Friday, or the Provider Services number on the member's ID card

#### What happens if I don't complete the prior authorization/notification process?

If you don't complete the notification/prior authorization process before you render the service, we may deny the claims, and you can't bill the member.

#### Will there be special considerations for health care professionals with accountable care organization (ACO) relationships?

Not at this time. We expect all health care professionals to notify us and request prior authorization in accordance with our protocols.



### Site of service medical necessity reviews

#### How can I find participating sleep centers in my area?

- Visit our [Provider Directory](#) on [UHCprovider.com](https://UHCprovider.com)
- Contact [Network Management](#)
- Call the phone number on the member's ID card

#### Can I bill a member if you deny the site of service for lack of medical necessity?

If you receive the member's written consent before you perform the service, and it's consistent with our protocols, you can bill a member if we determine a site of service isn't medically necessary. If you don't receive the member's written consent, you can't bill the member.

### **Can you approve a prior authorization/notification if the site of service isn't an outpatient hospital?**

We'll only approve the outpatient hospital site of service if it satisfies the medical policy for an outpatient hospital site. If it doesn't, we won't provide prior authorization for coverage for the outpatient hospital location. We don't require you to complete the prior authorization process for surgical procedures you perform in an emergency room, urgent care center or observation unit, or during an inpatient stay.



### **Example scenarios**

#### **What if a procedure was scheduled to be performed after site of service medical necessity reviews begin?**

If you complete the notification/prior authorization process for the procedure before Nov. 1, 2022, you don't need to take any additional action.

#### **What if a patient has medical conditions requiring the use of an outpatient hospital site?**

We understand that some patients need more complex care because of factors like age or medical conditions. Using the clinical information you provide to us, we'll review the member's situation to evaluate a site of service, in accordance with the terms of our medical policy.

#### **Do you take into consideration the distance for the member to travel or whether the participating sleep center has the equipment or resources for the planned procedure as part of your site of service medical necessity review?**

We realize there may be times when a member isn't within a reasonable distance of a participating sleep center with the necessary resources for the care they need. In these cases, we'll authorize the procedure at a participating outpatient hospital, in accordance with the terms of our medical policy.