



P.O. Box 30449  
Salt Lake City, UT 84130-0449

[Date]

[Physician Name]

[Address 1]

[Address 2]

[City], [State] [ZIP Code]

**Re: New Advance Notification and Prior Authorization Requirements for Polysomnography and Portable Monitoring for Sleep-Related Breathing Disorders for UnitedHealthcare Commercial Members**

Dear [Physician Name]:

The evidence for clinical practices continues to evolve and improve the quality, cost effectiveness and convenience to patients for clinical interventions. Current published medical evidence supports that sleep testing can now be done outside of the traditional hospital environment (out-of center), including at home with the use of portable testing devices<sup>1</sup>. These portable systems can make testing more convenient and cost effective and may facilitate a faster diagnosis. We have arranged for several national Independent Diagnostic Testing Facilities (IDTFs) to provide home sleep testing nationwide, and have included a list of those IDTFs in this letter.

We also recognize that from time to time, it may be necessary, given the special circumstances of an individual patient, for them to receive these services inside of a facility. As such, **effective for dates of service on or after Nov. 1, 2012, UnitedHealthcare Commercial members will require advance notification and/or prior authorization for attended sleep testing performed in a health care or laboratory facility.** This prior authorization allows us to account for those special circumstances, also enabling us to make much more extensive use of in-home testing whenever and wherever appropriate for a patient's condition.

**Unattended sleep testing performed out of center will not require prior authorization or advance notification.**

We previously announced these requirements in the UnitedHealthcare Network Bulletin, July 2012 Edition, Vol. 50. As a reminder, you may initiate a request for prior authorization or provide advance notification through *UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Notification/Prior Authorization Submission*, or by calling the number on the back of the member's health care identification card. Additional details regarding ordering home sleep tests and initiating the notification/prior authorization process are provided below.

**Details on How to Arrange Home Sleep Testing:**

To help facilitate diagnosis using home sleep testing when appropriate, and to provide you and your patients with options, UnitedHealthcare has contracted with several national IDTFs that provide home sleep testing, as well as locally contracted sleep specialists. IDTFs will deliver the device to the member's home, provide instructions and phone support, and deliver the test result using a network of board-

certified sleep medicine physicians who perform the test interpretation. Please note that the home sleep test provider may request additional information from the ordering provider.

Contact the national IDTFs for additional information, or to schedule a home sleep test:

<b>National HST IDTF</b>	<b>Phone Number</b>	<b>Website</b>	<b>Fax Number</b>
Accusom/NovaSom	877-753-3776	novasom.com	866-216-5200
Lifewatch	877-246-6483	nitewatchservices.com	800-260-8023
Virtuox	877-337-7111	virtuox.net	866-215-7347
WaterMark Medical	877-710-6999	watermarkmedical.com	877-387-6715

**Details of New Advance Notification/Prior Authorization Requirements:**

**Advance notification** will apply to services for members with fully insured and self-insured health benefit plans, that: (1) do not require medical necessity for benefit coverage, and (2) require that the physician provide notice that a health service will be performed.

The test will not be subject to a clinical review; however, advance notification is required in order for an attended sleep test performed in a health care or laboratory facility to be approved. Failure to notify us may result in reimbursement penalties. Failure to provide the information necessary to process the advance notification may result in an adverse determination. Providers will receive a notification number which will be used for tracking purposes.

**Prior authorization** will apply to services for members with fully insured health benefit plans that (1) require medical necessity for benefit coverage and (2) require that the physician request the authorization before performing the service. In determining whether the requested sleep test is medically necessary, we will apply the clinical criteria set forth in the medical policy, *Polysomnography and Portable Monitoring for Evaluation of Sleep Related Breathing Disorders*, found at [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > **Tools & Resources > Policies, Protocols and Guides > Medical & Drug Policies and Coverage Determination Guidelines > Polysomnography and Portable Monitoring for Sleep-Related Breathing Disorders**. These criteria are consistent with generally accepted standards of medical practice and are based upon credible, scientific evidence published in peer-reviewed medical literature outlined in the policy. The criteria focus on whether the requested laboratory sleep test is: (a) scientifically proven to be effective; (b) clinically appropriate for individual members with their respective conditions and diagnoses, and (c) cost-effective when compared to alternative diagnostic or therapeutic options. Clinical review of the medical necessity criteria will determine coverage and/or payment decisions; however, treatment decisions are always between a physician and his/her patient.

The member’s health benefit plan is listed on the member’s health care identification card. You may also find this information on [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) in the Patient Eligibility section, or you may call the number on the back of the member’s health care identification card.

Submit advance notification and/or a request for prior authorization directly to UnitedHealthcare through [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com), by calling UnitedHealthcare at 877-842-3210 (Option 3), by dialing the number provided on the back of the member’s health care identification card, or by faxing your request to

866-756-9733. When providing advance notification, or requesting prior authorization, please have the following information available:

- The member name and identification number (ID);
- The ordering physician name and tax identification number (TIN) or National Provider Identification (NPI);
- The rendering physician or other health care professional name and TIN or NPI;
- The type of procedure (with procedure code);
- The ICD-9-CM (or its successor) diagnosis code for the diagnosis for which the service is requested; and
- The anticipated date of service.

Upon receipt and review of your request, we will advise you if additional clinical information is required to process your request, along with instructions on how to submit that documentation. Failure to submit the requested documentation may result in an adverse determination due to lack of sufficient clinical information.

**As mentioned above, advance notification or prior authorization will not be required for unattended sleep testing performed out of center using a portable monitor.**

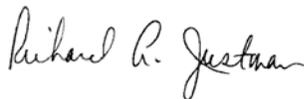
**Options for your patients diagnosed with OSA:**

If your UnitedHealthcare patient is diagnosed with OSA and positive airway pressure (PAP) therapy is warranted, the ordering physician may prescribe the therapy equipment required based on the sleep medicine specialist's test interpretation. Home sleep testing followed by the use of auto-adjusting positive airway pressure (APAP) devices in the self-adjusting mode for unattended treatment can be an effective alternative to laboratory titration of continuous positive airway pressure (CPAP) for some patients.

UnitedHealthcare currently has several nationally and locally contracted vendors that can provide PAP equipment. The nationally contracted providers for PAP include American HomePatient (ahom.com), Apria Healthcare (apria.com), Lincare (lincare.com) and Rotech (rotech.com).

If you have questions about our new program and policies, or would like to provide feedback, please contact your Physician Advocate, Market Medical Director, or call 877-842-3210.

Sincerely,



Richard A. Justman, M.D.  
National Medical Director

<sup>1</sup> Kuna ST, Gurubhagavatula I, Maislin G, et al. Noninferiority of functional outcome in ambulatory management of obstructive sleep apnea. *Am J Respir Crit Care Med.* 2011 May 1;183(9):1238-44.

For commercial products in the West: Insurance coverage provided by UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc.; UnitedHealthcare of California, UnitedHealthcare of Colorado, Inc.; UnitedHealthcare of Oregon, Inc.; UnitedHealthcare of Utah, Inc.; and UnitedHealthcare of Washington, Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc. or its affiliates.