

Fact Sheet on Recent Revisions to Polysomnography and Sleep Study LCDs: Wisconsin Physician Services, CGS, and Noridian



Overview

Select Medicare Administrative Contractors (MACs) have revised their Local Coverage Determinations (LCDs) for hospitals in select states that bill Medicare Part B for polysomnography and other diagnostic sleep studies. Changes in the LCDs may impact a provider's ability to bill for sleep services and may depend on the following factors:

- Which MAC the hospital uses to bill **Medicare Part B** for polysomnography and other diagnostic sleep studies
- State in which hospital is located



Medicare Administrative Contractors Implementing This Change

Currently, there are three MACs implementing this change.

1. **Wisconsin Physician Services (WPS)** impacts providers located in **Indiana, Iowa, Kansas, Michigan, Missouri, and Nebraska** that bill Medicare Part B for polysomnography and other diagnostic sleep studies (Effective February 16, 2017).
2. **CGS** impacts providers located in **Ohio and Kentucky** that bill Medicare Part B for polysomnography and other diagnostic sleep studies (Effective March 6, 2017). *Note: CGS is conducting a review of their revised LCD requirement and indicated that further information may be forthcoming in the future.*
3. **Noridian** impacts providers located in **Alaska, Arizona, California, Hawaii, Idaho, Montana, Nevada, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming, and US Territories (American Samoa, Guam, and Northern Mariana Islands)** that bill Medicare Part B for polysomnography and other diagnostic sleep studies (Effective June 5, 2017). *Note: hospitals that are part of health systems that utilize WPS, CGS, or Noridian as its corporate Part B MAC may also be impacted by this new requirement.*



How Revisions May Affect Hospitals

Note: The Joint Commission's Hospital Accreditation Program will not currently satisfy the requirements of WPS and Noridian and ultimately may not satisfy the requirements of CGS. Prior to the implementation of these revised LCDs, these MACs required accreditation for billing purposes and recognized both Joint Commission Hospital and Ambulatory Care Accreditation programs. While Joint Commission's Hospital Accreditation was previously sufficient, it no longer meets the requirements. The Joint Commission's External Relations team, along with several state hospital associations, is advocating with these MACs about the changes under the revised LCDs.

If the hospital did not already have their sleep center accredited by **The Joint Commission's Ambulatory Care Accreditation Program** or one of the other approved accreditors (AASM and ACHC), their claims for services rendered after February 16, 2017 (WPS), March 6, 2017 (CGS), or June 5, 2017 (Noridian) may be denied.

Hospitals with sleep services already accredited by **The Joint Commission's Ambulatory Care Accreditation Program** or one of the other approved accreditors can continue billing Medicare Part B for sleep services.

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Meeting the Requirements

If the facility was using The Joint Commission's Hospital Accreditation as its approved accredited body for sleep services, the hospital would need to attain accreditation under the **Joint Commission's Ambulatory Care Accreditation Program** or another approved accrediting organization.



Survey Process

Hospitals currently accredited under The Joint Commission's Hospital Accreditation Program can request an Ambulatory Care tailored survey specifically for its sleep services only. This request can occur at any time (through an extension-new program survey) or wait for its next triennial survey. The Ambulatory Care survey will be conducted by Ambulatory Care surveyors under the Ambulatory Care standards. The Ambulatory Care survey will be a minimum of 1 surveyor for 2 days.

Once the hospital undergoes a successful survey under the Ambulatory Care Accreditation Program, the hospital's sleep services will be granted dual accreditation (Hospital and Ambulatory Care), and will still continue to be included in the scope of the hospital's accreditation survey. CMS requires all services being billed under the hospital CCN to be surveyed under the Hospital Accreditation Program.

Hospitals NOT accredited under The Joint Commission's Hospital or Ambulatory Care Accreditation Program can apply for Ambulatory Care Accreditation. All ambulatory services will be included in the scope of the survey, not just the sleep services. Options for non-Joint Commission accredited hospitals will be evaluated on a case-by-case basis.



Where Can I Get More Information?

To request an Ambulatory Care survey or for questions regarding Ambulatory Care Accreditation, please call Kristen Witalka at 630-792-5292, or email kwitalka@jointcommission.org.

For questions regarding payer policies, please contact Mark Crafton, Executive Director, State and External Relations, at 630-792-5260 or mcrafton@jointcommission.org.



About MACs & LCDs

Medicare Administrative Contractors (MACs) or Fiscal intermediaries (FI) sometimes develop policies regarding Medicare coverage of specific items or services. These are known as Local Coverage Determinations (LCDs) and only effect providers in their jurisdictions. A service that commonly has rules by an LCD governing Medicare reimbursement is **Polysomnography and Sleep Studies**.