

SLEEP STUDIES

Code	F
<p>OVERNIGHT SLEEP STUDIES</p> <p>For the purpose of sleep studies (including overnight sleep studies and daytime sleep studies),</p> <p>“CPSO Standards” means the publication of the College of Physicians and Surgeons of Ontario entitled “Independent Health Facilities, Clinical Practice Parameters and Facility Standards, Sleep Medicine” in effect 6 months prior to the date upon which the sleep study was rendered.</p> <p>“prior approval” means approved for payment as an insured service, before the service is rendered, by the Ministry of Health and Long-Term Care following assessment on a case-by-case basis in accordance with all medically relevant criteria.</p> <p>Terms and Conditions</p> <p>Facility fees for sleep studies meeting the eligibility parameters are payable under the <i>Independent Health Facilities Act</i> and are listed in the Schedule of Facility Fees.</p> <p>Sleep studies are subject to limits set out below. Unless otherwise specifically provided, service(s) in excess of these limits are not insured services except when prior approval to exceed the limit is obtained from the Ministry of Health and Long-Term Care. Despite the foregoing, where prior approval to exceed a limit is not requested from the Ministry of Health and Long-Term Care but the service would otherwise satisfy one or more of the conditions for which prior approval to exceed the limit is routinely granted (had prior approval been requested) any service in excess of the limit is <i>not eligible for payment</i>.</p> <p>[Commentary: Services rendered in excess of a maximum are <i>not eligible for payment</i>.]</p> <p>IHF Facility Fee Payment rules:</p> <p>The <i>facility fee</i> for the procedure is <i>eligible for payment</i> only if it meets all of the following requirements:</p> <ol style="list-style-type: none"> 1. It satisfies the conditions set out under “Sleep Studies Services Rendered at a licensed Independent Health Facility (IHF)”. 2. It is rendered at a licensed IHF. 3. A technician is in constant attendance with the patient(s) during the period of the sleep study. 4. The qualifications of technical staff participating in the sleep study comply with the criteria set out in the CPSO Standards. 5. All equipment and test components comply with the criteria set out in the CPSO Standards. 	

SLEEP STUDIES

Code	F
<p>“Sleep Studies Services Rendered at a licensed Independent Health Facility (IHF)”.</p> <p>A. Incomplete Overnight Sleep Studies</p> <p>If the recording does not contain information sufficient for a diagnostic interpretation as determined in accordance with generally accepted standards as set out in the CPSO Standards, the professional fee is <i>not eligible for payment</i> and the service constitutes one of the following, as determined by time in bed (total study time):</p>	
J898	92.65
J899	185.40
J990	370.75
<p>Payment rules:</p> <ol style="list-style-type: none"> 1. A maximum of one of any of J898, J899 and J990 is eligible for payment, per patient ,per facility, per <i>12 month period</i>. 2. J898, J899 and J990 are not included in the limits for overnight studies set out below. <p>B. Overnight Sleep Studies in Independent Health Facilities</p> <p>Level 1</p> <p>Is a overnight sleep study with continuous monitoring of oxygen saturation, ECG and Ventilation (airflow and respiratory effort) and additional monitoring to stage sleep (including all of the following: EEG, EOG and sub-mental EMG).</p> <p style="text-align: center;">Initial Diagnostic Study</p> <p>“Initial Diagnostic Study” means the first overnight sleep study rendered to an insured person as an insured service in Ontario for the purpose of establishing the diagnosis of a sleep disorder (and includes a split night study). Every overnight diagnostic sleep study rendered before July 1, 2010, for which a claim was submitted and paid as an insured service under the <i>Health Insurance Act</i> constitutes an “initial diagnostic study” and is deemed to have been rendered on July 1, 2010.</p>	
Initial Diagnostic Study – Level 1	
J896/J696	370.75
<p>Note:</p> <ol style="list-style-type: none"> 1. A maximum of one initial diagnostic study is eligible for payment per patient per lifetime. 2. All subsequent overnight sleep studies constitute “repeat diagnostic” or “therapeutic” studies. 	

SLEEP STUDIES

Code	F
<p style="text-align: center;">Repeat Diagnostic Study</p> <p>“Repeat Diagnostic Study” means an overnight diagnostic sleep study rendered:</p> <ul style="list-style-type: none"> a. for the purpose of obtaining a second opinion at a different facility than the facility where the preceding study was rendered, provided that the following conditions are met: <ul style="list-style-type: none"> i. prior to the repeat diagnostic study, the patient has been assessed by a physician who practices sleep medicine at the different facility, <p>[Commentary: The different facility requirement above applies to a repeat diagnostic study rendered at a hospital, a hospital off-site premise or an independent health facility.]</p> <ul style="list-style-type: none"> ii. where the previous study was rendered at an independent health facility and the repeat diagnostic study is rendered at a different independent health facility (the “different facility”) than the independent health facility where the preceding study was rendered (the “first facility”), neither the owner nor the operator of the different facility is, at the time the repeat study is rendered, an associate of the owner or operator of the first facility, where “associate” has the same meaning as in the <i>Independent Health Facilities Act</i>, <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> b. for one or more of the following purposes, after pre-study assessment by a physician practicing sleep medicine: <ul style="list-style-type: none"> i. re-evaluation of a previous negative or inconclusive diagnostic sleep study as indicated by persistent or progressive symptoms; ii. re-evaluation, other than primarily for Positive Airway Pressure therapy (PAP) adjustment, of patients previously diagnosed with a primary sleep disorder in which there has been symptom development suggesting another co-morbid sleep disorder; or iii. re-evaluation of patients with an established diagnosis of a sleep disorder other than a sleep related breathing disorder who have significant symptom progression or non-response to therapy <p>[Commentary: 1. In the case of patients with previously diagnosed sleep related breathing disorders, although PAP treatment may be adjusted during a repeat study, a repeat study is <i>not eligible for payment</i> if rendered primarily for PAP treatment adjustment. 2. Examples of sleep disorders other than a sleep related breathing disorder are Narcolepsy, Idiopathic hypersomnia and Periodic Limb Movement Disorder.]</p>	
J897/J697 - diagnostic study	370.75

SLEEP STUDIES

Code		F
Repeat Diagnostic Study – Level 1 (continued)		
	<p>Payment rules:</p> <ol style="list-style-type: none"> 1. Repeat diagnostic studies are limited to one per patient, per facility, per <i>12 month period</i> except where prior approval has been given. 2. Repeat diagnostic studies performed in the same facility that performed the initial diagnostic study are <i>not eligible for payment</i> in the <i>12 month period</i> following an initial diagnostic study except where prior approval has been given. <p>Therapeutic study</p> <p>“Therapeutic Study” means a sleep study rendered after pre-study assessment by a physician practicing sleep medicine, for any of the following purposes:</p> <ol style="list-style-type: none"> a. To establish optimal settings for nasal positive airway pressure therapy (CPAP/BiPAP/ASV etc.) and/or oxygen therapy for sleep related breathing disorders; <p>[Commentary: Examples of sleep related breathing disorders are obstructive sleep apnea syndrome (OSAS), central sleep apnea syndrome (CSAS), Cheyne-Stokes breathing, complex sleep apnea syndrome, or hypoventilation syndromes.]</p> <ol style="list-style-type: none"> b. To evaluate the response to surgical procedures for the treatment of OSAS; c. To determine the efficacy of oral appliance therapy for OSAS; d. To evaluate the efficacy of positional therapy for the treatment of OSAS; e. To evaluate the efficacy of substantial weight loss for the treatment of OSAS; or f. To titrate ventilatory settings for patients with respiratory control disorders, neuromuscular or neurodegenerative diseases. 	
Therapeutic Study for Sleep Related Breathing Disorders – Level 1		
J895/J695	- therapeutic study	370.75
	<p>Payment rules:</p> <ol style="list-style-type: none"> 1. There is a limit of one therapeutic study (either J895 or J695) per patient during any two consecutive <i>12 month</i> periods except where prior approval has been given. 2. J895/J695 rendered to the same patient during the same 12 hour period as J896/J696 or J897/J697 is <i>not eligible for payment</i>. 	
	<p>Note:</p> <ol style="list-style-type: none"> 1. For payment purposes, repeat diagnostic studies or therapeutic studies for indications or in circumstances other than listed above, or in excess of the limits set out below, require prior approval. 2. A repeat diagnostic study rendered without the required pre-study assessment by a physician practicing sleep medicine, is <i>not eligible for payment</i>. 	

SLEEP STUDIES

Code	F
<u>Therapeutic Study for Sleep Related Breathing Disorders – Level 1 (continued)</u>	
<p>3. A therapeutic study rendered without a pre-study assessment by a physician practicing sleep medicine is <i>not eligible for payment</i> except:</p> <ul style="list-style-type: none"> a. For the therapeutic study that immediately follows an initial diagnostic or repeat diagnostic study where: <ul style="list-style-type: none"> i. the time interval is such that it is unlikely the clinical circumstances of the patient has changed; and ii. the physician practicing sleep medicine has previously assessed the patient and documented the applicable decisions with respect to the performance of the therapeutic study; or b. In exceptional circumstances where the physician can demonstrate to the ministry upon request that the CPSO standards are satisfied with the use of a clinical protocol or approved medical directive. 	
<p>[Commentary:</p> <ol style="list-style-type: none"> 1. An example of an exceptional circumstance may be where a patient is required to travel a long distance to a sleep facility and requires an initial diagnostic or repeat diagnostic study followed by a therapeutic study on a subsequent night. For payment purposes, a pre-study assessment by a physician practicing sleep medicine is not required provided the therapeutic study is rendered in accordance with a clinical protocol or medical directive that has been approved by an authority other than a physician affiliated with the sleep facility (e.g. a Medical Advisory Committee for a sleep clinic affiliated with a hospital). The physician should be prepared to provide any necessary supporting documentation to the ministry upon request. 2. Prior approval, where required, will typically be dependent on the physician demonstrating that the study is generally accepted as necessary for the patient under the circumstances. 3. Sleep studies that require prior approval also require a pre-study assessment by a physician practicing sleep medicine. It is this assessment upon which the request for prior approval is considered. 4. Prior approval requires a written request accompanied by supporting documentation including the pre-study assessment and the relevant previous sleep study reports. 5. Split-night sleep studies are claimed as J896/J696 or J897/J697 only, as appropriate to the study rendered.] 	
C. Daytime Sleep Studies	
J893	69.95
J894	69.95
<p>Payment rules:</p> <ol style="list-style-type: none"> 1. J894 rendered to same patient same <i>day</i> as J893 is <i>not eligible for payment</i>. 2. A maximum of one J893 and a maximum of one J894 are payable per <i>12 month period</i> per facility per patient. 	

SLEEP STUDIES

Code	F
<u>Daytime sleep studies (continued)</u>	
3. If the recording does not contain information sufficient for a diagnostic interpretation as determined in accordance with CPSO standards, the service is <i>not eligible for payment.</i>	