



# MEDICAL ASSISTANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE

ISSUE DATE January 12, 2006	EFFECTIVE DATE February 1, 2006	NUMBER 01-06-02, 31-06-02
SUBJECT: Removal of Prior Authorization Requirement for Sleep Studies	BY  James L. Hardy, Acting Deputy Secretary Medical Assistance Programs	

## PURPOSE:

The purpose of this bulletin is to notify providers enrolled in the Office of Medical Assistance Programs (OMAP) and providing services to Medical Assistance (MA) eligible individuals in the Fee-for-Service (FFS) delivery system that effective February 1, 2006 prior approval for sleep studies is no longer required.

## SCOPE:

This bulletin applies to all providers enrolled in the MA Program who perform sleep studies in the fee-for-service (FFS) delivery system. Managed care providers should contact their managed care organization for specific instructions.

## BACKGROUND:

On January 8, 1988 providers were notified by Medical Assistance Bulletin 99-88-01 titled "Chapter 1150, Fee Schedule Revisions", issued January 8, 1988 and effective January 1, 1988 that a MA97 form was required to prior authorize sleep studies. Effective February 1, 2006 sleep studies will no longer require prior authorization. Procedures should be submitted according to the billing guide and will be reimbursed according to the MA Program Fee Schedule.

## DISCUSSION

In order to expedite the ability to provide services OMAP is changing the prior authorization requirement for sleep studies. Sleep studies may be performed and billed utilizing the billing guide instructions. OMAP reserves the right to retrospectively review service documentation.

## PROCEDURE:

Sleep studies may be performed and billed utilizing the billing guide instructions located on the provider web site. Physicians should reference the Physician Billing Guide. Hospitals should reference the General Hospitals UB92 Billing Guide. Procedure codes applicable to sleep studies include: 95805, 95807, 95808 and 95810. If the limit on the MA Program Fee Schedule is exceeded then Program Exception is required as exceeding the limit. If you have questions on billing procedures please contact the provider inquiry line.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free number for your provider type.

Visit the Office of Medical Assistance Programs website at [www.dpw.state.pa.us/omap](http://www.dpw.state.pa.us/omap)