

# Insurance Bulletin

Harvard Pilgrim Health Care Health Plan  
REGULATIONS FOR SLEEP STUDY ELIGIBILITY



877-SLEEPHC (877-753-3742)  
www.sleephealth.com

## EFFECTIVE IMMEDIATELY

**Harvard Pilgrim Health Care (HPHC) recently announced that all sleep services must be pre-authorized by HPHC.**

There will also be a shift from in-lab, overnight sleep studies to home sleep testing (HST), where medically appropriate. Additionally, HPHC has established patient compliance standards and requirements for submission of PAP-related services and for sleep health providers to maintain their status as approved providers.

In communication from Harvard Pilgrim about the program, they state the following: "Harvard Pilgrim has created a utilization management program for core HMO, POS, and PPO members ages 18 and older with sleep disordered breathing. The program is designed to improve the quality of care while ensuring access to the most appropriate, medically necessary care. All sleep studies, non-invasive airway assist devices (i.e., CPAP, BiPAP, and APAP), and related sleep study supplies and services for these members will require prior authorization."

**Sleep HealthCenters, as an approved, contracted sleep provider of Harvard Pilgrim Health Care (HPHC), can continue to provide sleep services for your patients.**

Sleep HealthCenters is prepared to manage the new Harvard Pilgrim Health Care (HPHC) process for your patients requiring sleep evaluations and studies.

The simplest way to navigate through these changes is to have Sleep HealthCenters manage the process and paperwork by having your patient evaluated by a Sleep HealthCenters sleep specialist prior to the sleep study.

Simply check off the Consultation and Management option on the Sleep HealthCenters requisition form and fax to Sleep Health-Centers at 866-799-0601.

**SLEEP HEALTHCENTERS®**  
...better sleep, better health.

**REQUISITION FORM**  
TOLL FREE FAX: 866-799-0601  
PHONE: 877-SLEEPHC or 877-753-3742  
info@sleephealth.com – www.sleephealth.com

**PATIENT INFORMATION**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ DOB \_\_\_\_\_  
Street Address \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_ M/F \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email Address \_\_\_\_\_  
Insurance \_\_\_\_\_ ID# \_\_\_\_\_ Subscriber \_\_\_\_\_

**PATIENT IS BEING REFERRED FOR (check only ONE from this section)**

**Consultation and Management**  
→ Visit with a sleep specialist to evaluate and treat patient.

**Sleep Study and Treatment**  
→ Includes sleep study (split night sleep study – first part diagnostic, second part CPAP titration if criteria met), post study consult and PAP therapy initiation (if indicated).

**Home Sleep Study and Treatment (adult only)**  
→ Includes sleep study, post study consult and PAP therapy initiation (if indicated). Patient has high probability of moderate-to-severe OSA and no significant co-morbid medical conditions.

**Sleep Study Only** (Results sent to referring physician for further management)

**Diagnostic Sleep Study**  
→ Full night polysomnography (PSG).

**Split Night Sleep Study**  
→ Full night sleep study. First part diagnostic, second part CPAP titration if criteria met.

**CPAP or Bi-level PAP Titration (circle one)**  
→ Full night titration for patients with documented sleep apnea.

**Sleep Study with Full EEG (where available)**  
→ Overnight video-EEG monitoring with PSG to evaluate for seizures.

If you have additional questions or need assistance with your referral, please contact us at 877-SLEEP-HC (877-753-3742).