

Sleep Management Services Payment Policy

Applicability

This Policy applies to the following Fallon Health products:

- ☑ Fallon Medicare Plus (Medicare Advantage)
- ☑ MassHealth ACO
- ☑ NaviCare HMO SNP
- ☑ Summit ElderCare PACE
- ☑ Fallon Health Weinberg PACE
- ☑ Community Care (Commercial/Exchange)

Policy

The Plan partners with CareCentrix (CCX) to provide sleep diagnostic and therapeutic management services for selected Plan product lines as indicated below.

Utilizing evidence-based and industry accepted guidelines, CCX will review your request for a sleep study and make recommendations for those studies that can be performed in the member's home. If the member is not appropriate for a home sleep study, the member will be directed to a CCX-contracted sleep facility. The sleep program provided by CCX was developed to ensure all requests meet quality standards. You can review Fallon Health's medical coverage policies for the Diagnosis and Treatment of Sleep Disordered Breathing in Adults and Children at FCHP - Criteria, policies and guidelines.

Reimbursement

The Plan requires that the ordering physician request authorization from CCX prior to a Plan member receiving a sleep study (polysomnography), an in-facility PAP titration, a split-night study/titration, and/or sleep therapy (CPAP, APAP, bi-level, bi-level ST, and all related equipment and supplies) services. Failure to obtain prior authorization from /CCX in advance of delivering a sleep study will result in administrative service and claims payment denials.

All sleep diagnostic services will be contracted for by CCX with local specialty providers. These contracts will be structured as global service agreements (to include both technical and professional) which will require each rendering provider to be responsible for paying the professional fees (such as interpretation) associated with the services rendered.

All claims for members enrolled in products included in the program must be submitted to CCX in order to be paid. No claims will be paid by the Plan for sleep services.

Referral/notification/prior authorization requirements

The ordering provider is responsible for obtaining the required authorization from CCX prior to a member receiving sleep study services that include diagnostics (attended and HST), sleep therapy, or sleep therapy equipment and supplies. All sleep service requests need to be sent to CCX by any of the following methods:

- Phone: 1-866-827-2469
- Fax: 1-866-536-3618
- Web: [CareCentrix Provider Portal](#)

Upon review of the request, CCX will make medical necessity and site of service determinations within two business days for standard requests after submission of all requested clinical documentation (three hours for urgent requests).

The ordering provider will receive the authorization or denial by fax. Approvals will contain a CCX authorization number and a CPT code specific to the requested procedure.

If the requested sleep study can be performed in the Plan member's home, an CCX network provider will provide the home sleep test (HST) distribution, patient education, study interpretation, recommendation to the ordering physician, and the initiation of APAP therapy when appropriate. All members receiving PAP therapy will be enrolled in the CCX iComply Compliance Program.

If the sleep study is to be performed at a sleep lab, sleep lab facilities should obtain the authorization number from the referring physician at the time the procedure is scheduled. If you do not have an authorization number, please call CCX Monday through Friday, 8:00 a.m. to 5:00 p.m. EST, at 1-866-827-2469, or via fax at 1-866-536-3618, or by utilizing the CCX secure web portal at [CareCentrix Provider Portal](#).

Questions regarding this program should be directed to CareCentrix Sleep Management Program for Fallon Health Members at 1-866-827-2469 Monday through Friday, 8:00 a.m. to 5:00 p.m. Callers may leave voicemail messages after business hours and CareCentrix staff will return calls on the next business day.

Products included in the CCX prior authorization and utilization management program for sleep studies and therapy are:

- Community Care
- Medicare Plus HMO
- Fallon Health-Atrius Health Care Collaborative
- Reliant 365 Care
- NaviCare effective January 1, 2026

Summit ElderCare PACE, Fallon Health Weinbeg PACE, and Berkshire Fallon Health Collaborative members are not included in the prior authorization and utilization management program with CCX.

Requests for prior authorization for sleep management services for Berkshire Fallon Health Collaborative members should be directed to Fallon Health Utilization Management Department.

Each PACE plan member is assigned to an Interdisciplinary Team. PACE provides participants with all the care and services covered by Medicare and Medicaid, as authorized by the interdisciplinary team, as well as additional medically necessary care and services not covered by Medicare and Medicaid. With the exception of emergency care and out-of-area urgently needed care, all care and services provided to PACE plan members must be authorized by the interdisciplinary team.

Billing/coding guidelines

All sleep diagnostic services will be contracted for by CCX with local specialty providers. These contracts will be structured as global service agreements (to include both technical and professional) which will require each rendering provider to be responsible for paying the professional fees (such as interpretation) associated with the services rendered.

All claims for members enrolled in products included in the program must be submitted to CCX in order to be paid. No claims will be paid by the Plan for sleep services.

Accurate claims payment requires matching of the billed CPT code(s) to the CCX authorized CPT code(s) as well as accurate member ID, date of birth, name, etc.

Please see the CareCentrix Provider Manual located at the [CareCentrix Provider Portal](#) for additional information.

Electronic claims submission is the most efficient, accurate, and reliable way to submit claims to CareCentrix. Providers can enroll in Electronic Funds Transfer (EFT) with CareCentrix at the [CareCentrix Provider Portal](#).

Providers who must submit claims to CCX on paper should use one of the following options:

Via US Postal Service:

CareCentrix National Claims Center
PO Box 30722
Tampa, FL 33630

Via Federal Express, UPS or Certified Mail:

CareCentrix National Claims Center
10004 North Dale Mabry Highway
Suite 106
Tampa, FL 33618

Moreover, your specific contract may require certain modifiers or service codes that will need to be included on your claims to CareCentrix. Please make sure you identify these items and bill with the codes included in your contract.

Place of service

Sleep services are rendered in one of three settings – home (POS 12), independent lab (POS 81), or outpatient hospital (POS 22).

Policy history

Origination date:	05/01/2011
Previous revision date(s):	03/01/2013 – renamed from sleep studies payment policy and updated to reflect Sleep Management Solution’s role and new codes subject to authorizations 07/01/2013 – added discussion to the Reimbursement section about SMS/CCX reimbursement being for global services and that the rendering provider must pay professional fees. This was already discussed in the Billing/coding guidelines section so this is a clarification rather than a change. 01/01/2015 - updated prior authorization section to update products included in the SMS/CCX program 11/01/2015 - Moved to new Plan template and updated reimbursement section. 01/01/2017 - Annual review.
Connection date & details:	July 2017 – Updated the authorization section. November 2017 – Clarified supply language in Reimbursements and Referral/Notification/Prior Authorization Section. October 2018 – Updated mailing addresses, updated applicable products. October 2019 – Annual review, no updates. October 2021 - Corrected hyperlinks to CareCentrix website, updated lists of included and excluded products. October 2025 – Updated to reflect that effective January 1, 2026, Fallon Health will begin using CareCentrix, Inc. (CCX) for NaviCare sleep management prior authorization requests. Removed references to SMS throughout.

The criteria listed above apply to Fallon Health plan and its subsidiaries. This payment policy has been developed to provide information regarding general billing, coding and documentation guidelines for the Plan. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. The Plan reserves the right to apply this payment policy to all of the Plan companies and subsidiaries. The Plan routinely

verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayments.