

ATTACHMENT - SLEEP STUDIES (proposed to be effective October 1, 2014)

TOS *	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
5	G0398		home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate,airflow,respiratory effort and oxygen saturation	0-20	N		Not a Benefit	Not a Benefit	\$152.64	\$152.64
5	G0398		home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate,airflow,respiratory effort and oxygen saturation	21-999	N		Not a Benefit	Not a Benefit	\$152.64	\$152.64
I	G0398		home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate,airflow,respiratory effort and oxygen saturation	0-20	N		Not a Benefit	Not a Benefit	\$101.76	\$101.76
I	G0398		home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate,airflow,respiratory effort and oxygen saturation	21-999	N		Not a Benefit	Not a Benefit	\$101.76	\$101.76
T	G0398		home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate,airflow,respiratory effort and oxygen saturation	0-20	N		Not a Benefit	Not a Benefit	\$50.88	\$50.88
T	G0398		home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate,airflow,respiratory effort and oxygen saturation	21-999	N		Not a Benefit	Not a Benefit	\$50.88	\$50.88
5	G0399		home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation	0-20	N		Not a Benefit	Not a Benefit	\$127.21	\$127.21
5	G0399		home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation	21-999	N		Not a Benefit	Not a Benefit	\$127.21	\$127.21

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I	G0399		home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation	0-20	N		Not a Benefit	Not a Benefit	\$86.50	\$86.50
I	G0399		home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation	21-999	N		Not a Benefit	Not a Benefit	\$86.50	\$86.50
T	G0399		home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation	0-20	N		Not a Benefit	Not a Benefit	\$35.62	\$35.62
T	G0399		home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation	21-999	N		Not a Benefit	Not a Benefit	\$35.62	\$35.62
5	G0400		home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels	0-20	N		Not a Benefit	Not a Benefit	\$101.76	\$101.76
5	G0400		home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels	21-999	N		Not a Benefit	Not a Benefit	\$101.76	\$101.76
I	G0400		home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels	0-20	N		Not a Benefit	Not a Benefit	\$71.24	\$71.24
I	G0400		home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels	21-999	N		Not a Benefit	Not a Benefit	\$71.24	\$71.24
T	G0400		home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels	0-20	N		Not a Benefit	Not a Benefit	\$30.54	\$30.54
T	G0400		home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels	21-999	N		Not a Benefit	Not a Benefit	\$30.54	\$30.54

*Type of Service (TOS)	
5	Laboratory
I	Professional Component
T	Technical Component