

# Medicare Medical Policy

## Sleep Disorder Testing

MEDICARE MEDICAL POLICY NUMBER: 57

**Effective Date:** 7/1/2025

**Last Review Date:** 6/2025

**Next Annual Review:** 6/2026

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**INSTRUCTIONS FOR USE:** Company Medicare Medical Policies serve as guidance for the administration of plan benefits and do not constitute medical advice nor a guarantee of coverage. Company Medicare Medical Policies are reviewed annually to guide the coverage or non-coverage decision-making process for services or procedures in accordance with member benefit contracts (otherwise known as Evidence of Coverage or EOCs) and Centers of Medicare and Medicaid Services (CMS) policies, manuals, and other CMS rules and regulations. In the absence of a CMS coverage determination or specific regulation for a requested service, item or procedure, Company policy criteria or applicable utilization management vendor criteria may be applied. These are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

The Company reserves the right to determine the application of Medicare Medical Policies and make revisions to these policies at any time. Any conflict or variance between the EOC and Company Medical Policy will be resolved in favor of the EOC.

**SCOPE:** Providence Health Plan, Providence Health Assurance, and Providence Plan Partners as applicable (referred to individually as “Company” and collectively as “Companies”).

☒ Medicare Only

## MEDICARE COVERAGE CRITERIA

**IMPORTANT NOTE:** More than one Centers for Medicare and Medicaid Services (CMS) reference may apply to the same health care service, such as when more than one coverage policy is available (e.g., both an NCD and LCD exist). All references listed should be considered for coverage decision-making. The Company uses the most current version of a Medicare reference available at the time of publication; however, these websites are not maintained by the Company, so Medicare references and their corresponding hyperlinks may change at any time. If there is a conflict between the Company Medicare Medical Policy and CMS guidance, the CMS guidance will govern.

**Note:** This medical policy does not address home sleep testing or facility-based polysomnography in patients 17 years of age or younger, which may be considered medically necessary. In addition, sleep tests used for non-sleep disorders are not addressed by this medical policy.

Service	Medicare Guidelines
<i>Sleep Testing for Obstructive Sleep Apnea (OSA) – General</i>	<p>General coverage criteria: National Coverage Determination (NCD) for Sleep Testing for Obstructive Sleep Apnea (OSA) (<a href="#">240.4.1</a>)</p> <p><b>Note:</b> According to NCD 240.4.1, only sleep tests for the diagnosis of OSA and used for prescribing CPAP, are eligible for coverage of CPAP. Diagnostic sleep tests which are <b>not</b> noted as covered when used for CPAP prescribing are <b>not</b> covered and are not medically necessary. This would include remote-controlled titration of an oral appliance (e.g., the MATRx oral appliance titration study; CPT 95999). Therefore, the use of MATRx oral appliance titration study is considered <b>not medically necessary</b> under Medicare.</p>
<p><i>Polysomnography and Other Sleep Studies for OSA and Additional Sleep Related Breathing Disorders</i></p> <p><i>Includes:</i></p> <ul style="list-style-type: none"> <li>• <i>Polysomnography (PSG) testing</i></li> <li>• <i>Split-night studies</i></li> <li>• <i>Home sleep testing</i></li> <li>• <i>Multiple sleep latency test (MSLT)</i></li> </ul>	<p>In addition to sleep testing <b>for OSA</b> (supplementing the above NCD), the following Medicare reference provides coverage and non-coverage guidance <b>for other sleep related disorders</b>:</p> <p>Local Coverage Determination (LCD): Polysomnography and Other Sleep Studies (<a href="#">L34040</a>)</p>

<i>Abbreviated Daytime Sleep Study (PAP-NAP) to Assess CPAP/BiPAP Compliance</i>	Local Coverage Article (LCA): Abbreviated Daytime Sleep Study (e.g. PAP-NAP) ( <a href="#">A55479</a> )
<i>Actigraphy Testing (CPT 95803)</i>	LCA: Billing and Coding: Polysomnography and Other Sleep Studies ( <a href="#">A57698</a> )
<i>Sleep Testing for Chronic Insomnia or Insomnia Related to Depression</i>	<ul style="list-style-type: none"> <li>• LCD: Polysomnography and Other Sleep Studies (<a href="#">L34040</a>)</li> <li>• Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services, <a href="#">§70 - Sleep Disorder Clinics, C. Polysomnography for Chronic Insomnia Is Not Covered</a></li> </ul>

**IMPORTANT NOTICE:** While some services or items may appear medically indicated for an individual, they may also be a direct exclusion of Medicare or the member's benefit plan. Such excluded services or items by Medicare and member EOCs include, but are not limited to, services or procedures considered to be cosmetic, not medical in nature, or those considered not medically reasonable or necessary under *Title XVIII of the Social Security Act, §1862(a)(1)(A)*. If there is uncertainty regarding coverage of a service or item, please review the member EOC or submit a pre-service organization determination request. Note that the Medicare Advance Beneficiary Notice of Noncoverage (ABN) form **cannot** be used for Medicare Advantage members. (*Medicare Advance Written Notices of Non-coverage. MLN006266 May 2021*)

## POLICY CROSS REFERENCES

- [Sleep Disorder Treatment: Positive Airway Pressure](#), MP53
- [Sleep Disorder Treatment: Surgical](#), MP244

The full Company portfolio of Medicare Medical Policies is available online and can be [accessed here](#).

## POLICY GUIDELINES

### BACKGROUND

#### MATRx Oral Appliance Titration Study

The MATRx (Zephyr Sleep Technologies; Calgary, Alberta Canada) is a remote-controlled, oral appliance titration study performed in the sleep lab. It is proposed to identify the target protrusive position that will provide effective oral appliance therapy. Sleep tests covered by Medicare for the diagnosis of OSA and for prescribing CPAP are addressed by NCD 240.4.1 and any types of test services which are not included as "covered" in this NCD are not covered. Therefore, the use of MATRx oral appliance titration study is considered **not medically necessary** under Medicare.

## REGULATORY STATUS

### U.S. FOOD & DRUG ADMINISTRATION (FDA)

While clearance by the Food and Drug Administration (FDA) is a prerequisite for Medicare coverage, the 510(k) premarket clearance process does not in itself establish medical necessity. Medicare payment policy is determined by the interaction of numerous requirements, including but not limited to, the availability of a Medicare benefit category and other statutory requirements, coding and pricing guidelines, as well as national and local coverage determinations and clinical evidence.

## BILLING GUIDELINES AND CODING

### GENERAL

See associated local coverage articles (LCAs) for related billing and coding guidance, as well as appropriate sites of service and frequency utilization allowances and limitations:

- LCA: Billing and Coding: Polysomnography and Other Sleep Studies ([A57698](#))

Several procedure codes in this policy may only be considered medically necessary when:

- Reported with an ICD-10 (diagnosis) code included in the above LCA for the code group;
- Performed in the place of service deemed appropriate in the above LCA; **and/or**,
- Performed at a frequency no more than allowed by either the LCD or LCA.

Claims submitted without a medically necessary diagnosis code, **or** performed in an inappropriate setting, **or** testing performed more frequently than indicated will be denied as not medically necessary.

### Facility-Based and Non-Facility PSGs

Table 1: Coding Guidelines for PSGs

LOCATION	ATTENDED?	CPT/HCPCS CODING	NOTES
<b>Facility</b>	<b>Attended</b>	95807, 95808, 95810, 95811	<b>Attended sleep studies:</b> “Attended” are expected to be performed in a facility-based sleep study laboratory and <b>not</b> in the home or a mobile facility.  <b>Unattended sleep studies reported with CPT codes 95800, 95801 and 95806</b> may be performed in either the member’s home or in a facility.
	<b>Unattended</b>	95800, 95801, 95806	
<b>Non-Facility (Home or Mobile Facility)</b>	<b>Unattended</b>	95800, 95801, 95806	<b>Consecutive Home Sleep Studies:</b> These are considered a single test. Additional payment is not allowed for consecutive home sleep study nights.  <b>Unattended Sleep Studies in the home:</b> For unattended sleep study performed in the home, codes are to be billed by the provider (either professional or facility) who has supplied the patient with the home sleep study unit and provided instruction on how to use the equipment.
	<b>Unattended</b>	G0398, G0399, G0400	

### REPEAT SLEEP TESTING

Medical records must support the medical necessity of additional tests above the noted utilization frequency limits found in the LCD L34040 and/or LCA A57698. (*Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services, §70 - Sleep Disorder Clinics*)

See the above table for consecutive home sleep tests.

CODES*		
CPT	95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time
	95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)
	95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)
	95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness
	95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)
	95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist
	95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist
	95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
	95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist
	95999	Unlisted neurological or neuromuscular diagnostic procedure
HCPCS	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
	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
	G0400	Home sleep test (HST) with type iv portable monitor, unattended; minimum of 3 channels

**\*Coding Notes:**

- The code list above is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit. According to Medicare, “presence of a payment amount in the MPFS and the Medicare physician fee schedule database (MPFSDB) does not imply that CMS has determined that the service may be covered by Medicare.” The issuance of a CPT or HCPCS code or the provision of a payment or fee amount by Medicare does **not** make a procedure medically reasonable or necessary or a covered benefit by Medicare. (*Medicare Claims Processing Manual, Chapter 23 - Fee Schedule Administration and Coding Requirements, §30 - Services Paid Under the Medicare Physician’s Fee Schedule, A. Physician’s Services*)
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is

submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended.**

- See the non-covered and prior authorization lists on the Company [Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website](#) for additional information.
- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as “medically unlikely edits” (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

## REFERENCES

None

## POLICY REVISION HISTORY

DATE	REVISION SUMMARY
6/2022	Annual review (converted to new format 2/2023)
5/2023	Annual review; no changes
6/2024	Annual review; no changes
7/2025	Annual review; add background information regarding sleep studies, add table for coding guidelines of PSGs