


MEDICAL POLICY	Sleep Disorder Testing (Medicare Only)
Effective Date: 6/1/2022  6/1/2022	Medical Policy Number: 57
	Medical Policy Committee Approved Date: 1/18; 1/19; 12/19; 6/2020; 04/2021; 5/2022
Medical Officer	Date

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

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

APPLIES TO:

Medicare only

MEDICARE POLICY CRITERIA

Notes: 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.

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

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) (240.4.1)</p> <p>Note: 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 not noted as covered when used for CPAP prescribing are not 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).</p>

MEDICAL POLICY	Sleep Disorder Testing (Medicare Only)
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<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"> • <i>Polysomnography (PSG) testing</i> • <i>Split-night studies</i> • <i>Home sleep testing</i> • <i>Multiple sleep latency test (MSLT)</i> 	<p>In addition to sleep testing for OSA (supplementing the above NCD), the following Medicare reference provides coverage and non-coverage guidance for other sleep related disorders:</p> <p>Local Coverage Determination (LCD): Polysomnography and Other Sleep Studies (L34040)</p>
<p><i>Abbreviated Daytime Sleep Study (PAP-NAP) to Assess CPAP/BiPAP Compliance</i></p>	<p>LCA: Abbreviated Daytime Sleep Study (e.g. PAP-NAP) (A55479)</p>
<p><i>Actigraphy Testing (CPT 95803)</i></p>	<p>Local Coverage Article (LCA): Billing and Coding: Polysomnography and Other Sleep Studies (A57698)</p>
<p><i>Sleep Testing for Chronic Insomnia or Insomnia Related to Depression</i></p>	<ul style="list-style-type: none"> • LCD: Polysomnography and Other Sleep Studies (L34040) • Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services, §70 - Sleep Disorder Clinics, C. Polysomnography for Chronic Insomnia Is Not Covered

BILLING GUIDELINES

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.

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*)

MEDICAL POLICY	Sleep Disorder Testing (Medicare Only)
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CPT/HCPCS CODES

Medicare Only	
<p style="text-align: center;">No Prior Authorization Required</p> <p>Note: Inclusion of a code in this section does not guarantee reimbursement or coverage. The following codes do not require routine review for medical necessity, but they may be subject to audit or benefit denial.</p>	
<p>Facility-Based Polysomnography</p> <p>Note: According to LCA A57698, CPT codes 95808, 95810 and 95811 should be performed in a facility-based sleep study laboratory and not in the home or a mobile facility. Because they are attended by a technologist, tests represented by CPT 95807 would also be expected to be performed in a facility.</p>	
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness
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
<p>Home Sleep Studies</p> <p>Note: Consecutive home sleep studies are considered a single test. Additional reimbursement will not be covered for consecutive home sleep study nights. According to LCA A57698, CPT codes 95800, 95801 and 95806 may be performed in the home or a facility, and HCPCS codes G0398, G0399, or G0400 may be performed in the home.</p>	
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
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)
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)

MEDICAL POLICY	Sleep Disorder Testing (Medicare Only)
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Not Covered	
The following code is non-covered based on a Medicare LCD or LCA.	
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)
Unlisted Codes	
All unlisted codes will be reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is billed related to services addressed in this policy then it will be denied as not covered .	
95999	Unlisted neurological or neuromuscular diagnostic procedure

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and PHA Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

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.

MEDICAL POLICY CROSS REFERENCES

- Sleep Disorder Treatment: Positive Airway Pressure (Medicare Only), MP53
- Sleep Disorder Treatment: Surgical (Medicare Only), MP244