


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

<b>MEDICARE POLICY CRITERIA</b>	
<p><b>Notes:</b> 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.</p> <p>The following Centers for Medicare &amp; 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.</p>	
Service	Medicare Guidelines
<i>Sleep Testing for Obstructive Sleep Apnea (OSA)</i>	National Coverage Determination (NCD) for Sleep Testing for Obstructive Sleep Apnea (OSA) ( <a href="#">240.4.1</a> ) <sup>1</sup>
<i>Polysomnography and Other Sleep Studies for Sleep Related Breathing Disorders</i>	<ul style="list-style-type: none"> <li>• Local Coverage Determination: Polysomnography and Other Sleep Studies (<a href="#">L34040</a>)<sup>2</sup></li> <li>• Local Coverage Article (LCA): Billing and Coding: Polysomnography and Other Sleep Studies (<a href="#">A57698</a>)<sup>3</sup></li> </ul>
<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> ) <sup>4</sup>

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Per the Providence Health Assurance [Medicare Policy Manual](#) commercial medical policies may be applied to Medicare coverage determinations in the absence of an appropriate NCD, LCD, LCA, or CMS Coverage Manual. Therefore, the commercial medical policy, **Sleep Disorder Testing (All Lines of Business Except Medicare)**, applies to the following services:

- Sleep disorder testing not addressed above

## CPT/HCPCS CODES

Medicare Only	
No Prior Authorization Required	
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
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)
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
Not Covered	
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)

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<b>Unlisted Codes</b>	
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 <b>denied as not covered.</b>	
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 Testing (All Lines of Business Except Medicare)
- Sleep Disorder Testing (Medicare Only)
- Sleep Disorder Treatment: Positive Airway Pressure (All Lines of Business Except Medicare)
- Sleep Disorder Treatment: Positive Airway Pressure (Medicare Only)
- Sleep Disorder Treatment: Surgical (All Lines of Business Except Medicare)
- Sleep Disorder Treatment: Surgical (Medicare Only)

**REFERENCES**

1. Centers for Medicare & Medicaid Services: National Coverage Determination (NCD) for Sleep Testing for Obstructive Sleep Apnea (OSA) (240.4.1). Effective Date of this Version: 3/3/2009.

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<https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=330>.

Accessed 02/10/2021.

2. Centers for Medicare & Medicaid Services Local Coverage Determination (LCD): Polysomnography and Other Sleep Studies (L34040). Revision Effective Date: For services performed on or after 12/01/2019. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34040>. Accessed 02/26/2021.
3. Centers for Medicare & Medicaid Services Local Coverage Article: Billing and Coding: Polysomnography and Other Sleep Studies (A57698). Original Effective Date: 12/01/2019. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=57698>. Accessed 02/26/2021.
4. Centers for Medicare & Medicaid Services Local Coverage Article: Abbreviated Daytime Sleep Study (e.g. PAP-NAP) (A55479). Revision Effective Date: 06/05/2017. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=55479>. Accessed 02/10/2021.