

Facility Based Sleep Studies



INDEPENDENT CARE HEALTH PLAN

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Medicare Advantage Medical Coverage Policy

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Disclaimer

The Coverage Summaries are reviewed by the iCare Medicare Utilization Management Committee. Policies in this document may be modified by a member's coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from iCare.

Related Medicare Advantage Medical/Pharmacy Coverage Policies

Obstructive Sleep Apnea and Other Sleep Related Breathing Disorders Surgical Treatments

Related Documents

Please refer to [CMS website](#) for the most current applicable CMS Online Manual System (IOMs)/National Coverage Determination (NCD)/ Local Coverage Determination (LCD)/Local Coverage Article (LCA)/ Transmittals.

Type	Title	ID Number	Jurisdiction Medicare Administrative Contractors (MACs)	Applicable States/Territories
NCD	Sleep Testing for Obstructive Sleep Apnea (OSA)	240.4.1		

LCD LCA	Polysomnography and Other Sleep Studies	L36839 A56903	J5, J8 - Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE
LCD LCA	Polysomnography and Other Sleep Studies	L36902 A57049	J15 - CGS Administrators, LLC (Part A/B MAC)	KY, OH
LCD LCA	Polysomnography and Other Sleep Studies	L36861 A57697	JE - Noridian Healthcare Solutions, LLC	CA, HI, NV, American Samoa, Guam, Northern Mariana Islands
LCD LCA	Polysomnography and Other Sleep Studies	L34040 A57698	JF - Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
LCD LCA	Outpatient Sleep Studies	L35050 A56923	JH, JL - Novitas Solutions, Inc. (Part A/B MAC)	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
LCD LCA	Polysomnography	L36593 A56995	JJ, JM - Palmetto GBA (Part A/B MAC)	AL, GA, NC, SC, TN, VA, WV
LCD LCA	Polysomnography and Sleep Testing	L33405 A57496	JN - First Coast Service Options, Inc. (Part A/B MAC)	FL, PR, US VI

Description

A sleep study is a test that may be used to assist in the diagnosis of sleep disorders such as sleep apnea, narcolepsy or other nighttime behaviors. It can record a range of bodily functions during sleep such as:

- Brain, heart and muscle activity
- Eye movement
- Heart monitoring
- Oxygen saturation levels
- Respiratory effort, rate and rhythm

A sleep study may be performed in a sleep facility/laboratory or in the home. The scope of this medical coverage policy is limited to facility based testing.

Polysomnogram (PSG) is a sleep study that is performed in a facility/laboratory setting and requires an overnight stay. PSG is designed to capture multiple sensory channels including blood pressure, brain waves, breathing patterns and heartbeat as an individual sleeps. It can also record eye and leg movements as well as muscle tension which can be useful in diagnosing parasomnias. A PSG performed at a facility will record a minimum of 12 channels which involves at least 22 wire attachments to the individual. Sensors that send

electrical signals to a computer are placed on the chest, face, head and legs. This test is attended by a technologist and the results are evaluated by a qualified physician. A PSG may be performed in conjunction with a positive airway pressure (PAP) machine to determine the titration of oxygen flow.

Coverage Determination

iCare follows the CMS requirements that only allows coverage and payment for services that are reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by Medicare.

In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, iCare may consider the criteria contained in the following:

[Polysomnography \(PSG\), Sleep Center](#)

The use of the criteria in this Medicare Advantage Medical Coverage Policy provides clinical benefits highly likely to outweigh any clinical harms. Services that do not meet the criteria above are not medically necessary and thus do not provide a clinical benefit. Medically unnecessary services carry risks of adverse outcomes and may interfere with the pursuit of other treatments which have demonstrated efficacy.

Coverage Limitations

[US Government Publishing Office. Electronic code of federal regulations: part 411 – 42 CFR § 411.15 - Particular services excluded from coverage](#)

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
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	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
No code(s) identified		

References

- Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD). Outpatient sleep studies (L35050). <https://www.cms.gov>. Published October 1, 2015. Updated January 1, 2021. Accessed November 15, 2023.
- Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD). Polysomnography (L36593). <https://www.cms.gov>. Published September 12, 2019. Updated March 16, 2023. Accessed November 16, 2023.
- Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD). Polysomnography and other sleep studies (L34040). <https://www.cms.gov>. Published October 1, 2015. Updated December 1, 2019. Accessed November 15, 2023.
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- Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD). Polysomnography and other sleep studies (L36861). <https://www.cms.gov>. Published June 5, 2017. Updated December 1, 2019. Accessed November 16, 2023.
- Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD). Polysomnography and other sleep studies (L36902). <https://www.cms.gov>. Published March 6, 2017. Updated January 26, 2023. Accessed November 15, 2023.
- Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD). Polysomnography and sleep testing (L33405). <https://www.cms.gov>. Published October 1, 2015. Updated July 1, 2020. Accessed November 15, 2023.

8. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD). Sleep testing for obstructive sleep apnea (OSA) (240.4.1). <https://www.cms.gov>. Published March 3, 2009. Accessed November 15, 2023.
9. MCG Health. Polysomnography (PSG), sleep center. 27th edition. <https://www.mcg.com>. Accessed November 22, 2023.

Change Summary

- 01/01/2024 New Policy.