Facility Based Sleep Studies

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.

<table>
<thead>
<tr>
<th>Type</th>
<th>Title</th>
<th>ID Number</th>
<th>Jurisdiction Medicare Administrative Contractors (MACs)</th>
<th>Applicable States/Territories</th>
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<tbody>
<tr>
<td>NCD</td>
<td>Sleep Testing for Obstructive Sleep Apnea (OSA)</td>
<td>240.4.1</td>
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</table>
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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
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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.

<table>
<thead>
<tr>
<th>CPT® Code(s)</th>
<th>Description</th>
<th>Comments</th>
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<tbody>
<tr>
<td>95807</td>
<td>Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist</td>
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<tr>
<td>95808</td>
<td>Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist</td>
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<tr>
<td>95810</td>
<td>Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist</td>
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<table>
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<th>CPT® Category III Code(s)</th>
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<td>95811</td>
<td>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</td>
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CPT® Code(s) identified

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<th>HCPCS Code(s)</th>
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HCPCS Code(s) identified

References


Change Summary

- 01/01/2024 New Policy.