

<b>Commercial Reimbursement Policy</b>	
Subject: <b>Sleep Studies and Related Bundled Services and Supplies – Professional</b>	
Policy Number: <b>C-09009</b>	Policy Section: <b>Medicine</b>
Last Approval Date: <b>05/22/2024</b>	Effective Date: <b>04/11/2022</b>

**Disclaimer**

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by an Anthem member’s benefit plan. The determination that a service, procedure, item, etc. is covered under a member’s benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member’s state of residence.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or revenue codes. These codes denote the services and/or procedures performed and when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

**Policy**

Anthem considers related services and supplies to be included in polysomnography and other sleep studies/tests, for providers who render these services, and not eligible for separate reimbursement unless provider, state, or federal contracts and/or requirements indicate otherwise.

**Polysomnography**

Anthem requires that for a sleep study to be properly classified as polysomnography, sleep must be recorded and staged. All polysomnography services must include the first three sleep staging parameters listed below. The appropriate CPT® code for the polysomnography service should

then be determined based on how many of the additional sleep parameters listed below are measured.

Sleep staging includes:

- Frontal, central, and occipital lead of electroencephalogram (EEG) (3 leads)
- Left and right electrooculogram (EOG)
- Submental electromyogram (EMG) lead

Additional parameters of sleep include:

- Electrocardiogram (ECG)
- Oxyhemoglobin saturation, SpO<sub>2</sub>
- Nasal and/or oral airflow
- Respiratory effort
- Bilateral anterior tibialis EMG

### Split-Night Sleep Studies/Polysomnography

In a split-night study, when enough information is gathered for a positive diagnosis of obstructive sleep apnea (OSA), a nasal mask is applied to the member and the CPAP machine is titrated to determine the most appropriate setting for relief of symptoms.

### Unattended and/or Home Sleep Studies

For unattended and/or home sleep studies, Anthem defines an episode of testing as a seven (7) day period beginning with the first day of testing. Therefore, when multiple nights of unattended and/or home testing are reported within a seven (7) day period, only one (1) unit of service will be eligible for reimbursement regardless of the number of nights member data is obtained to complete the testing. This frequency limit applies to those services included in the code/service group for unattended and/or home sleep studies: 95800, 95801, 95806, G0398, G0399, and G0400. Modifiers will not override the frequency limit edit.

The inclusion or exclusion of a specific code does not indicate eligibility for reimbursement under all circumstances. Modifiers will not override the denial for the bundled services and/or supplies listed below.

### Related Coding

Coding Grids	Comment
Codes and Frequency Limits for Sleep Studies/Tests	<a href="#">Codes and Frequency Limits for Sleep Studies/Tests</a>
Related Services and Supplies	<a href="#">Related Services and Supplies</a>

### Policy History

05/22/2024	Review approved: no changes
04/11/2022	Review approved and effective: minor language changes to the policy and Related Coding sections; Definition section updated to distinguish between PAP and CPAP

05/27/2020	Review approved: minor updates to policy language; added codes with limitation edits to the related coding table; updated policy history
06/01/2019	New policy template: removed <i>Description section</i> and added Definition section
04/20/2018	Review approved: policy language updated; retained coding table
10/04/2016	Revised: Removed reference to 1 per 60 days frequency limit for attended sleep studies--95807, 95808, 95810, 95811, 95782, and 95783
03/01/2016	Review: added American Academy of Sleep Medicine recommendation regarding inappropriate billing of the diagnostic and titration portion of a study separately; added limitation edit of 1 per 60 days
07/01/2015	Revised policy language
03/03/2015	Review: no changes made to the policy
02/04/2014	Review: updated policy language, grammar, and punctuation; elaborated on frequency editing language
02/05/2013	Revised: <ul style="list-style-type: none"> <li>• Updated name of policy to “Sleep Studies and Related Bundled Services &amp; Supplies”</li> <li>• Updated paragraph on home and portable sleep studies</li> <li>• Added frequency limit 1 per 7-day period for unattended/home studies</li> </ul>
01/08/2013	Revised: Coding updates: <ul style="list-style-type: none"> <li>• Added codes 95800, 95801, G0400 to policy</li> <li>• Updated descriptions for 95808, 95810, and 95811 due to revisions, most notably age defined 6 and older for 95810 and -11</li> <li>• Added new 2013 codes: <ul style="list-style-type: none"> <li>○ 95782 describes a technologist attended polysomnography, younger than 6 years, sleep staging with 4 or more additional parameters of sleep</li> <li>○ 95783 describes a technologist attended polysomnography, younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy (CPAP) or bi-level ventilation positive airway pressure (BiPAP)</li> </ul> </li> </ul>
12/18/2012	Review: codes 95800, 95801, and G0400 were not added to the policy because they were identified as investigational/not medically necessary
08/07/2012	Review with changes: <ul style="list-style-type: none"> <li>• Removed <i>effective date</i> under the Coding section</li> <li>• Removed <i>references to CG-MED-01 and MED.00002</i></li> </ul>
08/02/2011	Review with no change
08/03/2010	Review with no change
08/04/2009	Initial policy approved and effective

## References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- Optum EncoderPro 2024

## Definitions

Positive Airway Pressure (PAP) Device	A device that non-invasively delivers positive pressure to the airway to treat sleep-related breathing disorders.
Continuous Positive Airway Pressure (CPAP) Device	A noninvasive method, typically involving a nasal mask or flow-generator system of delivering single air pressure continuously through the nostrils to assist the patient with nocturnal respiration (breathing during sleep).
Polysomnography	A sleep test in which physiological parameters are continuously and simultaneously recorded for at least a 6-hour period that is performed in a sleep laboratory with an attending technologist or qualified health care professional.
Sleep Staging	The delineation of the distinct levels of sleep by simultaneously evaluating physiologic measures including a frontal, central and occipital lead of EEG (3 leads), submental EMG lead and a left and right EOG.
Sleep Testing (or Sleep Study)	The continuous and simultaneous monitoring of physiological parameters while asleep.
Unattended	A recording session during which a technologist or qualified health care professional is not physically present with the patient.
General Reimbursement Policy Definitions	

## Related Policies and Materials

Bundled Services and Supplies – Professional

### Use of Reimbursement Policy

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over Reimbursement Policy and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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