



REIMBURSEMENT POLICY STATEMENT OHIO MEDICARE

Original Issue Date	Next Annual Review	Effective Date
03/08/2017	03/08/2018	05/01/2017
Policy Name		Policy Number
Sleep Studies		PY-0174
Policy Type		
Medical	Administrative	Pharmacy
		REIMBURSEMENT

Reimbursement Policies prepared by CSMG Co. and its affiliates (including CareSource) are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

CSMG Co. and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

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A. SUBJECT

Sleep Studies

B. BACKGROUND

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. The inclusion of a code does not imply any right to reimbursement or guarantee claims payment.

Sleep Studies and Polysomnography (PSG) refers to the test performed for people who suffer from insomnia, excessive daytime sleepiness, obstructive sleep apnea, breathing difficulties during sleep, or behavior disturbances during sleep. It is the continuous monitoring and recording, of a patient's body functions, during sleep. It may include eye movement, brain waves, blood pressure, oxygen saturation, muscle activity and heart rhythm. For the purpose of this policy, the terms "sleep study" and "Polysomnography" may be used interchangeably. However, when submitting a claim for reimbursement, providers should use the most appropriate CPT code with the appropriate associated definition. CareSource will reimburse providers, for sleep studies to CareSource members, as set forth in this policy.

C. DEFINITIONS

- **Narcolepsy** - is a syndrome that is characterized by abnormal sleep tendencies.
- **Obstructive Sleep Apnea (OSA)** - is the obstruction of airflow, during sleep, due to the collapse of the oropharyngeal walls.
- **Parasomnias** - are a group of conditions that may occur during sleep that can often lead to injury to the patient or others and damage to the surroundings. These conditions may include sleepwalking, sleep terrors, and rapid eye movement (REM) sleep behavior disorders.
- **Polysomnography (PSG)** - is a sleep study that records certain body functions during sleep and is used to diagnose sleep disorders.
- **Sleep Apnea** - is the interruption of airflow for at least 10 seconds.

D. POLICY

- I. CareSource does not require a prior authorization for a sleep studies.
- II. A sleep study/polysomnography (PSG) may be reimbursed according to CMS/LCD guidelines using appropriate CPT and/or HCPCS and modifier codes (if applicable).
- III. Reimbursement is based on submitting a claim with the appropriate ICD-10 diagnosis code to match the sleep study/polysomnography (PSG) CPT code.
- IV. If the appropriate ICD-10 diagnosis code is not submitted with the CPT code, the claim will be denied.
- V. Sleep study/PSG is considered medically necessary and covered:
 - A. Only if the patient has the symptoms or complaints of one of the conditions listed below.



1. Narcolepsy
 2. Parasomnias
 3. Sleep Apnea
- B. The patients must be referred to the sleep disorder clinic by their attending physicians, and the clinic maintains a record of the attending physician's orders.
- C. The need for diagnostic testing is confirmed by medical evidence, e.g., physician examinations and laboratory tests.
- D. The test is not redundant of other diagnostic procedures that must be performed.
- VI. Polysomnography (PSG) includes the stages of sleep, which requires items a through c below. Polysomnography is defined to minimally include, but is not limited to, the following:
- A. A 1-4 lead electroencephalogram (EEG) to measure global neural encephalographic activity using electrodes placed on the scalp.
 - B. Electrooculogram (EOG) to measure eye movements using electrodes placed near the outer canthus of each eye.
 - C. A submental electromyogram (EMG) to measure submental electromyographic activity using electrodes placed over the mentalis, submental muscle, and/or masseter regions.
 - D. Rhythm electrocardiogram (ECG).
 - E. Nasal and/or oral airflow via both thermistor and nasal pressure sensor.
 - F. Respiratory indication by chest-wall and abdominal movement measured using respiratory inductive plethysmography, endoesophageal pressure or by intercostal EMG.
 - G. Gas exchange (oxygen saturation) by oximetry or transcutaneous monitoring.
 - H. Bilateral anterior tibialis muscle activity, motor activity-movement using EMG.
 - I. Body positions by directly applied sensors or by direct observation.
- VII. Home Sleep Testing
- A. Home sleep studies are only covered for the diagnosis of Obstructive Sleep Apnea. Home sleep studies are not covered for any other sleep disorders such as:
1. Central sleep apnea
 2. Periodic limb movement disorder
 3. Insomnia
 4. Parasomnias
 5. Circadian rhythm disorders
 6. Narcolepsy
 7. Screening asymptomatic persons
- B. A home sleep test (G0398, G0399, G0400) is only covered:
1. For patients with a high pretest probability of moderate to severe obstructive sleep apnea.
 2. It must be performed in conjunction with a comprehensive sleep evaluation.
- C. Home sleep testing is not covered for persons with the following comorbidities:
1. Moderate to severe pulmonary disease
 2. Neuromuscular disease
 3. Congestive heart failure (CHF)
- D. The physician services related to home sleep testing (G0398, G0399 and G0400) are covered for the purpose of testing a patient for the diagnosis of obstructive sleep apnea if the home sleep testing is reasonable and necessary for the diagnosis of the patient's condition and the physician who performs the service has sufficient training and experience to reliably perform the service.



VIII. It is the responsibility of the physician/provider to ensure the medical necessity of procedures and documentation of such in the medical record.

Note: Although a sleep study/PSG does not require a prior authorization, CareSource may request documentation to support medical necessity. Appropriate and complete documentation must be presented at the time of review to validate medical necessity.

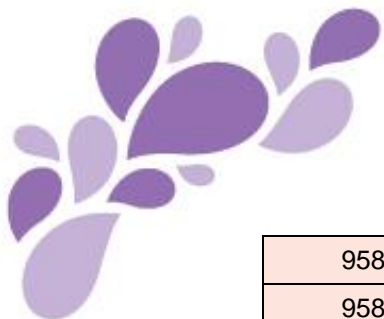
E. CONDITIONS OF COVERAGE

Reimbursement is dependent on, but not limited to, submitting CMS approved HCPCS and CPT codes along with appropriate modifiers. Please refer to the CMS fee schedule

<https://www.cms.gov/apps/physician-fee-schedule/search/search-results.aspx?Y=0&T=0&HT=0&CT=3&H1=95800&M=5>

The following list(s) of codes is provided as a reference. This list may not be all inclusive and is subject to updates. Please refer to the above referenced source for the most current coding information.

CPT Codes	Definition
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level 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)
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)
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
95812	Electroencephalogram (EEG) extended monitoring; 41-60 minutes
95813	Electroencephalogram (EEG) extended monitoring; greater than 1 hour



95816	Electroencephalogram (EEG); including recording awake and drowsy
95819	Electroencephalogram (EEG); including recording awake and asleep
95822	Electroencephalogram (EEG); recording in coma or sleep only
95824	Electroencephalogram (EEG); cerebral death evaluation only
95827	Electroencephalogram (EEG); all night recording
95829	Electrocorticogram at surgery (separate procedure)
95830	Insertion by physician or other qualified health care professional of sphenoidal electrodes for electroencephalographic (EEG) recording
95831	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk
95832	Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side
95833	Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands
95834	Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
95852	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side
95857	Cholinesterase inhibitor challenge test for myasthenia gravis
95860	Needle electromyography; 1 extremity with or without related paraspinal areas
95861	Needle electromyography; 2 extremities with or without related paraspinal areas
95863	Needle electromyography; 3 extremities with or without related paraspinal areas
95864	Needle electromyography; 4 extremities with or without related paraspinal areas
95865	Needle electromyography; larynx
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

ICD-10	Definition
G47.10	Hypersomnia, unspecified
G47.3	Sleep apnea
G47.33	Obstructive sleep apnea (adult) (pediatric)
G47.41	Narcolepsy
G47.5	Parasomnia



F. RELATED POLICIES/RULES

G. REVIEW/REVISION HISTORY

	DATE	ACTION
Date Issued	03/08/2017	
Date Revised		
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H. REFERENCES

1. Physician Fee Schedule 2017. (2017, January 1). Retrieved 3/6/2017 from <http://chfs.ky.gov/NR/rdonlyres/2030AA5E-DEC7-4D63-B4BE-A379CFAECBCA/0/2017Physicianfeescheduleupdate2817web.pdf>
2. Local Coverage Determination (LCD): POLYSOMNOGRAPHY and Other Sleep Studies (L36839). (2017, February 16). Retrieved 3/6/2017 from <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=36839&ver=3&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=North+Carolina&Keyword=polysomnography&KeywordLookUp=Title&KeywordSearchType=And&bc=gAAAACAAAAAAAA%3d%3d&>

The Reimbursement Policy Statement detailed above has received due consideration as defined in the Reimbursement Policy Statement Policy and is approved.