Sleep Testing for Obstructive Sleep Apnea (OSA) (NCD 240.4.1)

Guideline Number: MPG287.06
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Terms and Conditions

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Related Medicare Advantage Policy Guidelines

- Electrosleep Therapy (NCD 30.4)
- Continuous Positive Airway Pressure (CPAP) Therapy for Obstructive Sleep Apnea (OSA) (NCD 240.4)

Related Medicare Advantage Coverage Summary

- Sleep Apnea: Diagnosis and Treatment

Policy Summary

See Purpose

Overview

Obstructive sleep apnea (OSA) is the collapse of the oropharyngeal walls and the obstruction of airflow occurring during sleep. This leads to partial reductions (hypopneas) and complete pauses (apneas) in breathing during sleep. Most pauses last between 10 and 30 seconds, but some may persist for one minute or longer. This can lead to abrupt reductions in blood oxygen saturation. Diagnostic tests for OSA have historically been classified into four types. The most comprehensive is designated Type I attended facility based polysomnography (PSG), which is considered the reference standard for diagnosing OSA. The Centers for Medicare & Medicaid Services finds that the evidence is sufficient to determine that the results of the sleep tests identified below can be used by a beneficiary's treating physician to diagnose OSA, that the use of such sleep testing technologies demonstrates improved health outcomes in Medicare beneficiaries who have OSA and receive the appropriate treatment, and that these tests are thus reasonable and necessary under section 1862(a)(1)(A) of the Social Security Act.

Guidelines

Nationally Covered Indications

- Type I Polysomnography is the most comprehensive and is covered when used to aid the diagnosis of OSA in beneficiaries who have clinical signs and symptoms indicative of OSA if performed attended in a sleep lab facility. Type I is considered the reference standard for diagnosing OSA. Attended facility based polysomnogram is a comprehensive diagnostic sleep test including at least electroencephalography (EEG), electro-oculography (EOG), electromyography (EMG), heart rate or electrocardiography (ECG), airflow, breathing/respiratory effort, and arterial oxygen saturation (SaO2) furnished in a sleep laboratory facility in which a technologist supervises the recording during sleep time and has the ability to intervene if needed. Overnight PSG is the conventional diagnostic test for OSA. The American Thoracic Society and the American Academy of Sleep Medicine have recommended supervised PSG in the sleep laboratory over 2 nights for the diagnosis of OSA and the initiation of continuous positive airway pressure (CPAP).
- Type II sleep testing device is covered when used to aid the diagnosis of OSA in beneficiaries who have clinical signs and symptoms indicative of OSA if performed unattended in or out of a sleep lab facility or attended in a sleep lab facility. Type II devices are portable devices that may measure the same channels as type I testing, except that a heart-rate monitor can

replace the ECG. This device has a minimum of 7 channels (e.g., EEG, EOG, EMG, ECG-heart rate, airflow, respiratory effort, and oxygen saturation – this type of device monitors sleep staging). A sleep technician is not necessarily in constant attendance in Type II studies but is needed for preparation.

- Type III sleep testing device is covered when used to aid the diagnosis of OSA in beneficiaries who have clinical signs and symptoms indicative of OSA if performed unattended in or out of a sleep lab facility or attended in a sleep lab facility. Type III devices monitor and record a minimum of 4 channels and must record ventilation or airflow, heart rate or ECG, and oxygen saturation. A sleep technician is not necessarily in constant attendance in Type III studies but is needed for preparation.
- Type IV sleep testing device measuring three or more channels, one of which is airflow, is covered when used to aid the diagnosis of OSA in beneficiaries who have signs and symptoms indicative of OSA if performed unattended in or out of a sleep lab facility or attended in a sleep lab facility. Type IV devices must include airflow as one of the required 3 channels. Other measurements may include oximetry and heart rate. A sleep technician is not necessarily in constant attendance in Type IV studies but is needed for preparation.

Sleep testing devices measuring three or more channels that include actigraphy, oximetry, and peripheral arterial tone, are covered when used to aid the diagnosis of OSA in beneficiaries who have signs and symptoms indicative of OSA if performed unattended in or out of a sleep lab facility or attended in a sleep lab facility. Three categories of portable monitors (used both in attended and unattended settings) have been developed for the diagnosis of OSA:

- Type II monitors have a minimum of 7 channels (e.g., EEG, EOG, EMG, ECG-heart rate, airflow, breathing/respiratory effort, SaO2)-this type of device monitors sleep staging, so AHI can be calculated).
- Type III monitors have a minimum of 4 monitored channels including ventilation or airflow (at least two channels of respiratory movement or respiratory movement and airflow), heart rate or ECG, and oxygen saturation.
- Type IV devices may measure one, two, three or more parameters but do not meet all the criteria of a higher category device. Some monitors use an actigraphy algorithm to identify periods of sleep and wakefulness.

Nationally Non-Covered Indications

Diagnostic sleep tests other than those noted above are not sufficient for the coverage of CPAP and are not covered.

Evidence at the present time is not convincing that polysomnography (PSG) in a sleep disorder clinic (center or laboratory or home sleep test (HST) for chronic insomnia provides definitive diagnostic data or that such information is useful in patient treatment or is associated with improved clinical outcome. The use of polysomnography (PSG or HST) for diagnosis of patients with chronic insomnia is not covered under Medicare because it is not reasonable and necessary under § 1862(a)(1)(A) of the Act.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (e.g., by airflow or peripheral arterial tone), and sleep time
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (e.g., by airflow or peripheral arterial tone)
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 (e.g., thoracoabdominal movement)
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist

CPT Code	Description
95808	Polysomnography; sleep staging with 1-3 additional parameters of sleep, attended by a technologist
95810	Polysomnography; sleep staging with 4 or more additional parameters of sleep, attended by a technologist
95811	Polysomnography; 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

HCPCS Code	Description
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

Coding Clarification: For Diagnosis codes, see related Local Coverage Determinations.

References

CMS National Coverage Determinations (NCDs)

NCD 240.4.1 Sleep Testing for Obstructive Sleep Apnea (OSA)
Reference NCD: NCD 240.4 Continuous Positive Airway Pressure (CPAP) Therapy for Obstructive Sleep Apnea (OSA)

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L33405 Polysomnography and Sleep Testing	A57496 Billing and Coding: Polysomnography and Sleep Testing	First Coast	FL, PR, VI	FL, PR, VI
	A57495 Polysomnography and sleep testing revision to the Part A and Part B LCD			
	A55831 Response to Comments: L33405 Polysomnography and Sleep testing			
L36593 Polysomnography	A56995 Billing and Coding: Polysomnography	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
	A56006 Billing and Coding: E&M Coding for Oral Surgeons			
	A55958 Accreditation and Credentialing Requirements for Polysomnography LCD L36593			
L34040 Polysomnography and Other Sleep Studies	A57698 Billing and Coding: Polysomnography and Other Sleep Studies	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
	A55492 Response to Comments: Polysomnography and Other Sleep Studies			

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L35050 Outpatient Sleep Studies	A56923 Billing and Coding: Outpatient Sleep Studies	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L36861 Polysomnography and Other Sleep Studies	A57697 Billing and Coding: Polysomnography and Other Sleep Studies A55491 Response to Comments: Polysomnography and Other Sleep Studies	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
L36902 Polysomnography and Other Sleep Studies	A57049 Billing and Coding: Polysomnography and Other Sleep Studies	CGS	KY, OH	KY, OH
L36839 Polysomnography and Other Sleep Studies	A56903 Billing and Coding: Polysomnography and Other Sleep Studies A55381 Response to Comments: L33405 Polysomnography and Sleep testing	WPS	AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY	IA, IN, KS, MI, MO, NE
N/A	A53019 Polysomnography and Sleep Studies – Medical Policy Article	NGS	CT, IL, MA, ME, MN, NY, NH, RI, VT, WI	CT, IL, MA, ME, MN, NY, NH, RI, VT, WI
N/A	A55929 Polysomnography and sleep testing revision to the Part A and Part B LCD	First Coast	FI, PR, VI	FI, PR, VI
N/A	A56290 Polysomnography and sleep testing revision to the Part A and Part B LCD	First Coast	FI, PR, VI	FI, PR, VI
A55931 (Polysomnography and Sleep Studies Coding Guidelines) Retired 10/17/2019	N/A	First Coast	FI, PR, VI	FI, PR, VI
A52928 (Sources of Information and Basis for Decision Noncovered Services LCD) Retired 11/27/2019	N/A	First Coast	FI, PR, VI	FI, PR, VI
A54675 (Noncovered Services Coding Guidelines) Retired 11/27/2019	N/A	First Coast	FI, PR, VI	FI, PR, VI

CMS Benefit Policy Manual

Chapter 6; § 50 Sleep Disorder Clinics
Chapter 15; § 70 Sleep Disorder Clinics, § 110 Durable Medical Equipment - General

CMS Claims Processing Manual

Chapter 32; § 210 Billing Requirements for Continuous Positive Airway Pressure (CPAP) for Obstructive Sleep Apnea (OSA)

CMS Transmittal(s)

Transmittal 96, Change Request 6048, Dated 10/15/2008 (Continuous Positive Airway Pressure (CPAP) Therapy for Obstructive Sleep Apnea (OSA))
Transmittal 103, Change Request 6534, Dated 07/10/2009 (Sleep Testing for Obstructive Sleep Apnea (OSA))

MLN Matters

Article MM6094, July 2008 Update of the Hospital Outpatient Prospective Payment System (OPPS)
Article MM6534, Sleep Testing for Obstructive Sleep Apnea (OSA)
Article MM8304, Detailed Written Orders and Face-to-Face Encounters

UnitedHealthcare Commercial Policies

Attended Polysomnography for Evaluation of Sleep Disorders
Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies and Repairs/Replacements
Obstructive Sleep Apnea Treatment

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	Template Update • Reformatted policy; transferred content to new template
07/08/2020	Supporting Information • Updated *References* section to reflect the most current information • Archived previous policy version MPG287.05

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the References section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the Administrative Guide.