

# Attended Polysomnography for Evaluation of Sleep Disorders (for Indiana Only)

Policy Number: CS098IN.03

Effective Date: July 1, 2021

[➔ Instructions for Use](#)

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## Related Policies

- [Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/ Replacements \(for Indiana Only\)](#)
- [Obstructive and Central Sleep Apnea Treatment \(for Indiana Only\)](#)

## Application

This Medical Policy only applies to the state of Indiana.

## Coverage Rationale

For medical necessity clinical coverage criteria for any of the following sleep study related procedures:

- Facility-Based Polysomnogram (PSG)
- Facility-Based Titration Study
- Home-Based Autotitration Positive Airway Pressure (APAP)
- Home Sleep Test
- Limited Channel Sleep Test
- Maintenance of Wakefulness Test (MWT)
- Multiple Sleep Latency Test (MSLT)
- Polysomnogram (PSG)
- Positive Airway Pressure (PAP) Titration Study
- Split-Night Sleep Study

Refer to InterQual® 2020, Apr. 2020 Release, CP: Procedures:

- Sleep Studies
- Sleep Studies (Pediatric)

Click [here](#) to view the InterQual® criteria.

## 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 policy 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 federal, state, or contractual requirements 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
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 (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)
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 (e.g., 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

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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

## U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Systems to record and analyze PSG information are regulated by the FDA as Class II Devices under the 510(k) premarketing notification process. See the following website for more information (use product code OLV):

<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmnmn.cfm>. (Accessed March 7, 2021)

The FDA has approved several HSAT devices under the 510(k) premarketing notification process. See the following website for more information (use product code MNR): <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmnmn.cfm>. (Accessed March 7, 2021)

Actigraphy devices are classified as sleep assessment devices (product code LEL). See the following website for more information: <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmnmn.cfm>. (Accessed March 7, 2021)

## Policy History/Revision Information

Date	Summary of Changes
07/01/2021	<b>Coverage Rationale</b> <ul style="list-style-type: none"><li>Replaced reference to “InterQual® 2020” with “InterQual® 2021”</li></ul> <b>Supporting Information</b> <ul style="list-style-type: none"><li>Archived previous policy version CS098IN.02</li></ul>

## Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.