

Sleep Studies

Policy

Harvard Pilgrim reimburses contracted providers who render medically necessary, prior authorized sleep diagnostic services and sleep therapy management services when performed in the home or in a contracted facility, sleep study lab, or free-standing facility.

Harvard Pilgrim has contracted with Evolent Health to provide utilization management of sleep diagnostic services for members enrolled in commercial HMO, POS, and PPO products. This program is designed to improve the quality of care being delivered to patients with sleep disordered breathing, and optimally manage the utilization of these services while ensuring member access to appropriate, medically necessary care.

Utilizing evidence-based guidelines (consistent with American Academy of Sleep Medicine recommendations), Evolent Health will review all requests for sleep studies. Harvard Pilgrim will review all requests for sleep therapies and refer members to appropriate contracted sleep labs and providers within the Harvard Pilgrim provider network. Evolent Health's guidelines can be found on its website www.evolent.com and are presented in a PDF file format that can be printed for future reference.

Policy Definition

Sleep Studies/Polysomnography refer to continuous and simultaneous monitoring and recording of various observational physiological parameters of sleep for six or more hours with physician review, interpretation and report.

Prerequisite(s)

Applicable Harvard Pilgrim referral, notification and authorization policies and procedures apply. Refer to [*Referral, Notification and Authorization*](#) for more information.

HMO/POS/PPO

- Prior authorization is required by the ordering provider through Evolent Health for any sleep study for members age 18 and over.
Note: Prior to sleep studies interpretation services being performed, the physician must verify that the appropriate authorization is in place.
(Refer to [*Authorization Policy*](#) and [*Sleep Studies Authorization Policy*](#) for specific requirements)
- A referral is required for specialists' services for HMO and in-network POS members.

Open Access HMO and POS

For [*Open Access HMO*](#) and [*Open Access POS*](#) products, no referral is required to see a contracted specialist.

Harvard Pilgrim Reimburses¹

HMO/POS/PPO

Harvard Pilgrim reimburses sleep studies, and/or sleep therapy services, when authorized and performed for the following indications, including but not limited to:

- Excessive daytime sleeping
- Obstructive sleep apnea (OSA)
- Obesity hyperventilation syndromes (excluding OSA as an additive case)
- Nocturnal myoclonus
- Narcolepsy evaluation (multiple sleep latency testing).
- Sleep study, including simultaneous recording of ventilation, respiratory effort, ECG or heart rate and oxygen saturation, leg myoclonus monitoring, respiration
- Snoring in children
- Idiopathic pulmonary hypertension (excluding OSA as an additive cause)
- Polysomnography; sleep staging with 1–3 additional parameters of sleep

PAYMENT POLICIES

- Idiopathic cor pulmonale (excluding OSA as an additive cause)
- Polysomnography; sleep staging with four or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy of bi-level ventilation
- Polysomnography; sleep staging with four or more parameters of sleep
- Congestive cardiomyopathy with EF<30% (excluding parameters of sleep)
- Polysomnography (PSG) which will typically include sleep staging using two EEG leads, Electro-oculograms (EOG), submental electromyogram (EMG), respiratory effort by any standard methodology (strain gauges, piezo electrodes, impedance devices, band EMGs), airflow changes by thermistor, end tidal CO₂ in children
 - Reporting should include sleep stage distribution, arousals, apnea, hypoapneas, apnea index, snoring, body position, oxygen saturation, and periodic limb movement
- Multiple sleep latency testing following a nighttime PSG with EEG, EOG, and EMG leads in place
- Split night studies with PSG in the first half of the night and CPAP trial the second half of the night
- PSG and esophageal balloon monitoring for upper airway resistance syndrome and respiratory effort-related arousal
- Repeat sleep studies to assess appropriate CPAP/BIPAP pressure settings, assess treatment or response after upper airway surgical procedures or after initial treatment with oral appliances, to determine if positive airway pressure treatment remains effective or to determine if continued treatment is necessary

Harvard Pilgrim Does **Not** Reimburse

HMO/POS/PPO

- SNAP — Simplified Nasometric Assessment Procedures (Testing in the home where the patient places a cannula on the upper lip to collect oro-nasal upper respiratory sound and information.)
- Sleep studies performed as part of an inpatient stay (Reimbursement is included in the DRG/per diem/case rate paid for the inpatient stay.)
- Actigraphy

Member Cost-Sharing

Services subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible).

Provider Billing Guidelines and Documentation

Coding²

Sleep Studies

Code	Description	Comment
94799	Unlisted pulmonary service or procedure	Not reimbursed when billed for sleep studies.
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (e.g., by airflow or peripheral arterial tone), and sleep time	Prior authorization is required.
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (e.g., by airflow or peripheral arterial tone)	Prior authorization is required.
95803	Actigraphy; testing, recording, analysis and interpretation	Not reimbursed
95805	Multiple sleep latency or maintenance of wakefulness testing, recording and analysis and interpretation of	Prior authorization is required.

PAYMENT POLICIES

Code	Description	Comment
	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 (thoracoabdominal movement)	Prior authorization is required.
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	Prior authorization is required.
95808	Polysomnography; any age, sleep staging with 1–3 additional parameters of sleep, attended by a technologist	Prior authorization is required.
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Prior authorization is required.
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	Prior authorization is required.
G0398	Home sleep study test (HST) with type II portable monitor, unattended	Prior authorization is required.
G0399	Home sleep study test (HST) with type III portable monitor, unattended	Prior authorization is required. When billing for professional component (modifier 26), submit with the "Place of Service Home (1)."
G0400	Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels	Prior authorization is required.

Related Policies

Payment Policies

- Durable Medical Equipment
- Hospital Based Clinic
- Inpatient Acute Medical Admissions
- Maximum Units Per Day
- CPT & HCPCS Level II Modifiers
- General Coding and Claims Editing

Clinical and Authorization Policies

- Durable Medical Equipment
- Obstructive Sleep Apnea Surgeries
- Oral Devices for Obstructive Sleep Apnea
- Sleep Studies

Authorization/Notification Policies

- Prior Authorization Policy

PAYMENT POLICIES

PUBLICATION HISTORY

04/30/05	original documentation
10/31/05	annual review; added new reimbursed and non-covered services; added actigraphy non-coverage and other covered indications
10/31/06	annual review; added no coverage for electrosleep therapy
10/31/07	annual review; added AASM accreditation requirement
01/31/08	annual review, clarified non-covered level 2, 3, 4, sleep studies
01/31/09	annual coding update
09/15/09	annual review; minor edit for clarity
01/15/10	annual coding update+
09/15/10	annual review; no changes
01/15/11	annual coding update
05/15/11	added 08/01/2011 authorization requirement information for sleep studies, CPAP/BiPAP and related supplies
11/15/11	clarified authorization requirements for sleep studies interpretation services
01/01/12	removed First Seniority Freedom information from header
10/15/12	annual review; added auth requirements, apply for members age 18 and over; removed CPT reference associated with modifier 52; clarified max frequency replacements; added A9279 to code grid to document existing policy of no separate reimbursement
01/15/13	annual coding update; removed term "legacy" from policy section; added 95782, 95783 to code grid; clarified age criteria for 95808, 95810, 95811
11/15/13	annual review; clarified frequency of replacements for E0470, E0471 and E0601
06/15/14	added <i>Connecticut Open Access HMO</i> referral information to Prerequisites
11/15/14	annual review; no changes
11/15/16	annual review; updated name of prior authorization reviewer from CareCore National to CareCore National/eviCore; updated billing instructions for G0399
06/15/17	changed prior authorization reviewer from CareCore National to National Imaging Associates (NIA); updated coding grid
07/15/17	added payment information to 95800, 95801, 95806, G0398 and G0400
12/15/17	annual review; administrative edits
02/01/18	updated Open Access Product referral information under Prerequisites
12/03/18	annual review; administrative edits
12/02/19	annual review; added "prior authorization is required" to all codes that do
04/01/20	updated prior authorization no longer required as of 04/01/20 to some supplies
12/01/20	annual review; administrative edits
12/01/21	annual review; administrative edits, updated related policies, removed non-invasive airway assistive devices and related sleep study supplies from policy
12/01/22	annual review; no changes
12/01/23	annual review; no changes
11/29/24	annual review; updated (NIA) National Imaging Associates to Evolent Health; updated Related Policies; administrative edit

¹This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.