

Professional Pricing Policy	
Subject: Sleep Studies and Related Bundled Services & Supplies	
Policy Number: HLDP-0001	Policy Section: Diagnostic
Last Approval Date: September 1, 2020	Effective Date: October 17, 2020

Disclaimer

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for allowed amounts for HealthLink members. 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. 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. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to participating providers and facilities.

If appropriate coding/billing guidelines are not followed, HealthLink and/or its Payors may:

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

These policies may be superseded by provider or State contract language, or State, Federal requirements or mandates.

We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or adjust pricing accordingly to the effective date. HealthLink reserves the right to review and revise its policies periodically when necessary. When there is an update, we will publish the most current policy to the website. Note: medical claim pricing and processing services provided by HealthLink are available to a payor; however not all payors purchase such services for the benefit plans they sponsor.

Policy

HealthLink considers services and supplies to be included in the polysomnography and other sleep studies/tests for providers who render these services. The CPT codebook indicates that polysomnography includes “sleep staging” which is an additional component not included in other sleep study services. HealthLink 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:

- 3 leads electroencephalogram (EEG)
- electroculogram (EOG)
- submental electromyogram (EMG) Additional parameters of sleep include:
- electrocardiogram (ECG)
- oxyhemoglobin saturation, SpO₂
- nasal and/or oral airflow
- respiratory effort
- bilateral anterior tibialis EMG

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 patient and the CPAP machine is titrated to determine the most appropriate setting for relief of symptoms.

For unattended and/or home sleep studies HealthLink 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 allowed regardless of

the number of nights patient 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 edit.

The following table identifies by HCPCS and CPT codes of all the procedures and supplies considered inclusive to the performance of polysomnography and other sleep studies/tests. The inclusion or exclusion of a specific code does not indicate eligibility for coverage under all circumstances. Please note modifiers will not override the denial for the bundled services and/or supplies listed below.

Related Coding

Code	Description	Comment
A4556	Electrodes (e.g., apnea monitor), per pair	services and supplies considered inclusive to the performance of polysomnography and other sleep studies/tests
A4557	Lead wires (e.g., apnea monitor), per pair	services and supplies considered inclusive to the performance of polysomnography and other sleep studies/tests
A4558	Conductive gel or paste, for use with electrical device (e.g., TENS, NMES), per ounce	services and supplies considered inclusive to the performance of polysomnography and other sleep studies/tests
94660	Continuous positive airway pressure ventilation (CPAP), initiation and management	services and supplies considered inclusive to the performance of polysomnography and other sleep studies/tests
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination	services and supplies considered inclusive to the performance of polysomnography and other sleep studies/tests
94761	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (e.g., during exercise)	services and supplies considered inclusive to the performance of polysomnography and other sleep studies/tests
94762	Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)	services and supplies considered inclusive to the performance of polysomnography and other sleep studies/tests
98960	Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient	services and supplies considered inclusive to the performance of polysomnography and other sleep studies/tests

Exemptions

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Definitions

Continuous Positive Airway Pressure	Device used to treat sleep-related breathing disorders with the use of non- invasive delivery of positive pressure to the airway.
Polysomnography	Sleep test involving the continuous, simultaneous, recording of physiological parameters for a period of at least 6 hours that is performed in a sleep laboratory and attended by a technologist or qualified health care professional.
Sleep staging	Delineation of the distinct sleep levels through the simultaneous evaluation of 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)	Continuous simultaneous monitoring of physiological parameters during sleep.
Unattended	Technologist or qualified health care professional is not physically present with the patient during the recording session.
General Professional Pricing Policy Definitions	

Related Policies and Materials

Bundled Services and Supplies
Frequency Editing

References and Research Materials

<p>This policy has been developed through consideration of the following</p> <ul style="list-style-type: none"> American Academy of Sleep Medicine 2016 American Medical Association (AMA) Current Procedural Terminology (CPT)

Use of Pricing Policy

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member's benefits on the date of service. Pricing Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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