

# Article - Billing and Coding: Polysomnography and Sleep Testing (A57496)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
<a href="#">First Coast Service Options, Inc.</a>	A and B MAC	09101 - MAC A	J - N	Florida
<a href="#">First Coast Service Options, Inc.</a>	A and B MAC	09102 - MAC B	J - N	Florida
<a href="#">First Coast Service Options, Inc.</a>	A and B MAC	09201 - MAC A	J - N	Puerto Rico Virgin Islands
<a href="#">First Coast Service Options, Inc.</a>	A and B MAC	09202 - MAC B	J - N	Puerto Rico
<a href="#">First Coast Service Options, Inc.</a>	A and B MAC	09302 - MAC B	J - N	Virgin Islands

## Article Information

### General Information

<b>Article ID</b>	A57496
<b>Article Title</b>	Billing and Coding: Polysomnography and Sleep Testing
<b>Article Type</b>	Billing and Coding
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## **CMS National Coverage Policy**

### **Internet-Only Manuals (IOMs)**

- CMS IOM Publication 100-03, *Medicare National Coverage Determinations (NCD) Manual*,
  - Chapter 1, Part 4, Section 240.4 Continuous Positive Airway Pressure (CPAP) Therapy For Obstructive Sleep Apnea (OSA) and Section 240.4.1 Sleep Testing for Obstructive Sleep Apnea (OSA)

### **Social Security Act (Title XVIII) Standard References:**

- Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider of services or other person under this part unless there has been furnished such information as may be necessary in order to determine the amounts due such provider or other person under this part for the period with respect to which the amounts are being paid or for any prior period.

## **Article Guidance**

### **Article Text**

This Billing and Coding Article provides billing and coding guidance for Local Coverage Determination (LCD) L33405, Polysomnography and Sleep Testing. Please refer to the LCD for reasonable and necessary requirements.

### **Coding Guidance**

Non-attended sleep studies should be billed with the CPT/HCPCS code that most accurately describes the service.

CPT code 95811 alone should be billed for split night studies as CPT code 95811 in this instance is inclusive of CPT code 95810. (Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist)

For a study to be reported as polysomnography (PSG), sleep must be recorded and staged and directly attended by a qualified technologist. Report with modifier 52 if less than 6 hours of recording or in other cases of reduced services.

CPT codes 95782, 95783, 95808, 95810, and 95811 include sleep staging. Medicare would not expect to see separate billings for an EEG, EOG, and/or EMG in addition to these codes.

CPT code 95808 includes reimbursement for one to three additional parameters. CPT codes 95782, 95783, 95810 and 95811 include four or more additional parameters. Therefore, Medicare would not expect to see separate billings for additional parameters in addition to codes 95782, 95783, 95808, 95810, or 95811. Additional parameters of sleep include:

- ECG

- Airflow
- Ventilation and respiratory effort
- Gas exchange by oximetry, transcutaneous monitoring or end tidal gas analysis
- Extremity muscle activity and motor activity movement
- Extended EEG monitoring
- Penile tumescence
- Gastroesophageal reflux
- Continuous blood pressure monitoring
- Snoring
- Body positions

**Notice:** It is not appropriate to bill Medicare for services that are not covered (as described by the entire LCD) as if they are covered. When billing for non-covered services, use the appropriate modifier.

### Documentation Requirements

1. All documentation must be maintained in the patient's medical record and made available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service[s]). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
3. The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.
4. An order from the treating physician/nonphysician practitioner as required by CFR, Title 42, Volume 2, Chapter IV, Part 410.21 (a) Ordering diagnostic tests.
5. When billing for a sleep disorder test, the ordering physician's NPI must be indicated on the claim form and the order kept on record.
6. Documentation must support that the accreditation, credentialing, and training requirements as stated in the LCD were met for the clinic, technologist, and physician.

## Coding Information

### CPT/HCPCS Codes

#### Group 1 Paragraph:

**Note:** Providers are reminded to refer to the long descriptors of the CPT codes in their CPT book.

#### Group 1 Codes: (5 Codes)

CODE	DESCRIPTION
95782	Polysom <6 yrs 4/> paramtrs
95783	Polysom <6 yrs cpap/bilvl
95807	Sleep study attended
95808	Polysom any age 1-3> param

CODE	DESCRIPTION
95810	Polysom 6/> yrs 4/> param

**Group 2 Paragraph:**

N/A

**Group 2 Codes:** (1 Code)

CODE	DESCRIPTION
95811	Polysom 6/>yrs cpap 4/> parm

**Group 3 Paragraph:**

N/A

**Group 3 Codes:** (1 Code)

CODE	DESCRIPTION
95805	Multiple sleep latency test

**Group 4 Paragraph:**

Unattended sleep studies: 95800, 95801, 95806, G0398, G0399, and G0400.

**Group 4 Codes:** (6 Codes)

CODE	DESCRIPTION
95800	Slp stdy unattended
95801	Slp stdy unatnd w/anal
95806	Sleep study unatt&resp efft
G0398	Home sleep test/type 2 porta
G0399	Home sleep test/type 3 porta
G0400	Home sleep test/type 4 porta

**CPT/HCPCS Modifiers**

N/A

**ICD-10-CM Codes that Support Medical Necessity**

**Group 1 Paragraph:**

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

The following ICD-10-CM codes support medical necessity and provide coverage for CPT codes: **95782, 95783, 95807, 95808, and 95810.**

**Group 1 Codes: (27 Codes)**

CODE	DESCRIPTION
F51.3	Sleepwalking [somnambulism]
F51.4	Sleep terrors [night terrors]
F51.5	Nightmare disorder
G47.10	Hypersomnia, unspecified
G47.11	Idiopathic hypersomnia with long sleep time
G47.12	Idiopathic hypersomnia without long sleep time
G47.30	Sleep apnea, unspecified
G47.31	Primary central sleep apnea
G47.33	Obstructive sleep apnea (adult) (pediatric)
G47.34	Idiopathic sleep related nonobstructive alveolar hypoventilation
G47.35	Congenital central alveolar hypoventilation syndrome
G47.36	Sleep related hypoventilation in conditions classified elsewhere
G47.37	Central sleep apnea in conditions classified elsewhere
G47.39	Other sleep apnea
G47.411	Narcolepsy with cataplexy
G47.419	Narcolepsy without cataplexy
G47.421	Narcolepsy in conditions classified elsewhere with cataplexy
G47.429	Narcolepsy in conditions classified elsewhere without cataplexy
G47.50	Parasomnia, unspecified
G47.51	Confusional arousals
G47.52	REM sleep behavior disorder
G47.53	Recurrent isolated sleep paralysis
G47.54	Parasomnia in conditions classified elsewhere
G47.59	Other parasomnia
G47.61	Periodic limb movement disorder
G47.8	Other sleep disorders
R09.02	Hypoxemia

**Group 2 Paragraph:**

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

The following ICD-10-CM codes support medical necessity and provide coverage for CPT code: **95811**.

**Group 2 Codes:** (7 Codes)

CODE	DESCRIPTION
G47.31	Primary central sleep apnea
G47.33	Obstructive sleep apnea (adult) (pediatric)
G47.34	Idiopathic sleep related nonobstructive alveolar hypoventilation
G47.35	Congenital central alveolar hypoventilation syndrome
G47.36	Sleep related hypoventilation in conditions classified elsewhere
G47.37	Central sleep apnea in conditions classified elsewhere
G47.39	Other sleep apnea

**Group 3 Paragraph:**

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

The following ICD-10-CM codes support medical necessity and provide coverage for CPT code: **95805**.

**Group 3 Codes:** (6 Codes)

CODE	DESCRIPTION
G47.411	Narcolepsy with cataplexy
G47.419	Narcolepsy without cataplexy
G47.421	Narcolepsy in conditions classified elsewhere with cataplexy
G47.429	Narcolepsy in conditions classified elsewhere without cataplexy
G47.52	REM sleep behavior disorder
G47.53	Recurrent isolated sleep paralysis

**Group 4 Paragraph:**

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

The following ICD-10-CM codes support medical necessity and provide coverage for CPT/HCPCS codes: **95800, 95801, 95806, G0398, G0399 and G0400**.

**Group 4 Codes:** (2 Codes)

CODE	DESCRIPTION
G47.10	Hypersomnia, unspecified
G47.33	Obstructive sleep apnea (adult) (pediatric)

## ICD-10-CM Codes that DO NOT Support Medical Necessity

### Group 1 Paragraph:

All those not listed under the "ICD-10 Codes that Support Medical Necessity" section of this article.

### Group 1 Codes: (1 Code)

CODE	DESCRIPTION
XX000	Not Applicable

## ICD-10-PCS Codes

N/A

## Additional ICD-10 Information

N/A

## Bill Type Codes

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

CODE	DESCRIPTION
999x	Not Applicable

## Revenue Codes

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

CODE	DESCRIPTION
99999	Not Applicable

## Other Coding Information

N/A

# Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
07/07/2021	R2	Article revised and published on 09/09/2021 effective for dates of service on and after 07/07/2021 in response to an inquiry to revise the 'Group 4 Paragraph' sections of the 'CPT/HCPCS Codes' section and the 'ICD-10-CM Codes that Support Medical Necessity' section regarding the statements for unattended sleep studies:95800, 95801, 95806 (facility) and G0398, G0399, G0400 (home). The terms 'facility' and 'home' have been removed. The following statement was also added under the 'Coding Guidance' section: Non-attended sleep studies should be billed with the CPT/HCPCS code that most accurately describes the service. Minor formatting changes were made throughout the coding section.
07/01/2020	R1	<p>Revision Number: 1 Publication: June 2020 Connection LCR A/B2020-049</p> <p>Explanation of revision: Based on a CMS directive, the "CPT/HCPCS Codes/Group 5 Paragraph:/Group 5 Codes:/CPT code 95803" sections of the Billing and Coding article have been removed. The effective date of this revision is based on date of service.</p>

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## Associated Documents

### Related Local Coverage Documents

#### Articles

[A55831 - \(MCD Archive Site\)](#)

#### LCDs

[DL33405 - \(MCD Archive Site\)](#)

[L33405 - Polysomnography and Sleep Testing](#)

### Related National Coverage Documents

N/A

### Statutory Requirements URLs

N/A

### Rules and Regulations URLs

N/A

### CMS Manual Explanations URLs

N/A

### Other URLs



N/A

#### Public Versions

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## Keywords

N/A