

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

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[↪ Terms and Conditions](#)

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Related Medicare Advantage Coverage Summary

- [Sleep Apnea: Diagnosis and Treatment](#)

Policy Summary

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Overview

Obstructive sleep apnea (OSA) is the collapse of the oropharyngeal walls and the obstruction of airflow occurring during sleep. 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. 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).

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.

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 member’s treating physician to diagnose OSA, that the use of such sleep testing technologies demonstrates improved health outcomes in Medicare members 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 PSG is covered when used to aid the diagnosis of OSA in members who have clinical signs and symptoms indicative of OSA if performed attended in a sleep lab facility.
- Type II or Type III sleep testing devices are covered when used to aid the diagnosis of OSA in members 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 IV sleep testing devices measuring three or more channels, one of which is airflow, are covered when used to aid the diagnosis of OSA in members 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.
- 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 members 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.
- Polysomnography is covered only if the member has the symptoms or complaints of narcolepsy, sleep apnea, impotence, or parasomnia; which must be documented in the medical record.

Nationally Non-Covered Indications

Other diagnostic sleep tests for the diagnosis of OSA, other than those noted above for prescribing CPAP, are not sufficient for the coverage of CPAP and are not covered.

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
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 bi-level 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

HCPSC Code	Description
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

Diagnosis Code	Description
Covered diagnosis codes for procedure code 95805 - Facility only	
E66.2	Morbid (severe) obesity with alveolar hypoventilation
F11.182	Opioid abuse with opioid-induced sleep disorder
F11.282	Opioid dependence with opioid-induced sleep disorder
F11.982	Opioid use, unspecified with opioid-induced sleep disorder
F13.182	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced sleep disorder
F13.282	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced sleep disorder
F13.982	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced sleep disorder
F14.182	Cocaine abuse with cocaine-induced sleep disorder
F14.282	Cocaine dependence with cocaine-induced sleep disorder
F14.982	Cocaine use, unspecified with cocaine-induced sleep disorder
F15.182	Other stimulant abuse with stimulant-induced sleep disorder
F15.282	Other stimulant dependence with stimulant-induced sleep disorder
F15.982	Other stimulant use, unspecified with stimulant-induced sleep disorder
F19.182	Other psychoactive substance abuse with psychoactive substance-induced sleep disorder
F19.282	Other psychoactive substance dependence with psychoactive substance-induced sleep disorder
F19.982	Other psychoactive substance use, unspecified with psychoactive substance-induced sleep disorder
F51.13	Hypersomnia due to other mental disorder
F51.8	Other sleep disorders not due to a substance or known physiological condition
G47.10	Hypersomnia, unspecified
G47.11	Idiopathic hypersomnia with long sleep time
G47.12	Idiopathic hypersomnia without long sleep time
G47.13	Recurrent hypersomnia
G47.14	Hypersomnia due to medical condition
G47.19	Other hypersomnia
G47.21	Circadian rhythm sleep disorder, delayed sleep phase type
G47.22	Circadian rhythm sleep disorder, advanced sleep phase type
G47.23	Circadian rhythm sleep disorder, irregular sleep wake type
G47.24	Circadian rhythm sleep disorder, free running type
G47.25	Circadian rhythm sleep disorder, jet lag type
G47.26	Circadian rhythm sleep disorder, shift work type
G47.27	Circadian rhythm sleep disorder in conditions classified elsewhere
G47.29	Other circadian rhythm sleep disorder
G47.30	Sleep apnea, unspecified
G47.31	Primary central sleep apnea
G47.39	Other sleep apnea
G47.411	Narcolepsy with cataplexy

Diagnosis Code	Description
Covered diagnosis codes for procedure code 95805 - Facility only	
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
Covered diagnosis codes for procedure codes 95800, 95801, 95806, 95807, 95808, 95810, 95811, G0398, G0399, and G0400 - Facility only	
E66.2	Morbid (severe) obesity with alveolar hypoventilation
F10.182	Alcohol abuse with alcohol-induced sleep disorder
F10.282	Alcohol dependence with alcohol-induced sleep disorder
F10.982	Alcohol use, unspecified with alcohol-induced sleep disorder
F11.182	Opioid abuse with opioid-induced sleep disorder
F11.282	Opioid dependence with opioid-induced sleep disorder
F11.982	Opioid use, unspecified with opioid-induced sleep disorder
F13.182	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced sleep disorder
F13.282	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced sleep disorder
F13.982	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced sleep disorder
F14.182	Cocaine abuse with cocaine-induced sleep disorder
F14.282	Cocaine dependence with cocaine-induced sleep disorder
F14.982	Cocaine use, unspecified with cocaine-induced sleep disorder
F15.182	Other stimulant abuse with stimulant-induced sleep disorder
F15.282	Other stimulant dependence with stimulant-induced sleep disorder
F15.982	Other stimulant use, unspecified with stimulant-induced sleep disorder
F19.182	Other psychoactive substance abuse with psychoactive substance-induced sleep disorder
F19.21	Other psychoactive substance dependence, in remission
F19.282	Other psychoactive substance dependence with psychoactive substance-induced sleep disorder
F19.982	Other psychoactive substance use, unspecified with psychoactive substance-induced sleep disorder
F51.01	Primary insomnia
F51.02	Adjustment insomnia
F51.03	Paradoxical insomnia
F51.09	Other insomnia not due to a substance or known physiological condition
F51.11	Primary hypersomnia
F51.12	Insufficient sleep syndrome
F51.19	Other hypersomnia not due to a substance or known physiological condition
F51.3	Sleepwalking [somnambulism]
F51.4	Sleep terrors [night terrors]
F51.5	Nightmare disorder
F51.8	Other sleep disorders not due to a substance or known physiological condition
G47.10	Hypersomnia, unspecified
G47.11	Idiopathic hypersomnia with long sleep time

Diagnosis Code	Description
Covered diagnosis codes for procedure codes 95800, 95801, 95806, 95807, 95808, 95810, 95811, G0398, G0399, and G0400 - Facility only	
G47.12	Idiopathic hypersomnia without long sleep time
G47.13	Recurrent hypersomnia
G47.14	Hypersomnia due to medical condition
G47.19	Other hypersomnia
G47.20	Circadian rhythm sleep disorder, unspecified type
G47.30	Sleep apnea, unspecified
G47.31	Primary central sleep apnea
G47.32	High altitude periodic breathing
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
G47.69	Other sleep related movement disorders
G47.8	Other sleep disorders
G47.9	Sleep disorder, unspecified
R06.83	Snoring
R09.02	Hypoxemia

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

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L36593 Polysomnography	A56995 Billing and Coding: Polysomnography	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
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
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	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	WPS	IA, IN, KS, MI, MO, NE	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

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 \(OSA\)](#)

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
02/23/2024	<p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information Archived previous policy version MPG287.09

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 above 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](#).