

## Reimbursement Policy

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### Sleep Studies

**Policy Number:** 4.5

**Version Number:** 6

**Version Effective Date:** 11/01/2021

#### Product Applicability

All Plan+ Products

##### Well Sense Health Plan

Well Sense Health Plan

##### Boston Medical Center HealthNet Plan

MassHealth MCO

MassHealth ACO

Qualified Health Plans/ConnectorCare/Employer Choice Direct

Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

### Policy Summary

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The Plan reimburses covered services based on the provider's contractual rates with the Plan and the terms of reimbursement identified within this policy.

### Prior-Authorization

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Please refer to the Plan's Prior Authorization Requirements Matrix at [www.bmchp.org](http://www.bmchp.org).

## Provider Reimbursement

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The Plan reimburses diagnostic sleep studies (including polysomnography) performed in the home and outpatient settings by participating providers utilizing equipment approved by the FDA for the study setting. A member's home is the preferred testing location, provided the member meets patient selection criteria published by nationally recognized specialty organizations, such as the American Academy of Sleep Medicine. Identification of the criteria utilized to determine the appropriateness of the setting and the evaluation of the member against the criteria must be documented in the member's medical record. The documentation is subject to audit by the Plan upon request.

The Plan does not provide reimbursement for actigraphy testing for certain products and manages the utilization of the procedure via OCA policy 3.712 Actigraphy Testing.

## Service Limitations

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The Plan does not pay for sleep studies performed using equipment not FDA approved.

## Applicable Coding and Billing Guidelines

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Applicable coding is listed below, subject to codes being active on the date of service. Because the American Medical Association (AMA), Centers for Medicare & Medicaid Services (CMS), and the U.S. Department of Health and Human Services may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes may not be all inclusive. These codes are not intended to be used for coverage determinations.

Revenue Code	Description
0920	Other Diagnostic Services - General

CPT/HCPCS 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 (eg, by airflow or peripheral arterial tone), and sleep time
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, 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

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<b>CPT/HCPCS Code</b>	<b>Description</b>
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, 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
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

### Policy History

<b>Original Approval Date</b>	<b>Original Effective Date</b>	<b>Policy Owner</b>	<b>Approved by</b>
08/01/2014	10/01/2014	Payment Policy	Payment Policy Committee

### Policy Revisions History

<b>Review Date</b>	<b>Summary of Revisions</b>	<b>Revision Effective Date</b>	<b>Approved by</b>
11/14/2014	Added coding instructions for facility and home sleep studies.	01/01/2015	Payment Policy Committee
7/19/2016	Annual review, new template, added revenue code.	10/01/2016	Payment Policy Committee
5/06/2019	Removed references to prior authorization requirements and G codes	08/01/2019	Payment Policy Committee
12/15/2020	Annual Review. Added code G0399	01/01/2021	Payment Policy Committee
10/19/2021	Annual Review	11/01/2021	Payment Policy Committee

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## **Other Applicable Policies**

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### ***Reimbursement Policies***

- General Billing and Coding Guidelines, 4.31
- General Clinical Editing and Payment Accuracy Review Guidelines, 4.108
- Non-Reimbursed Codes, 4.48
- Outpatient Hospital, 4.17
- Physician and Non Physician Practitioner Services, 4.608
- Modifiers, 4.23

### ***Medical Policies***

- Actigraphy Testing, 3.712

## **References**

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- Contract between The Office of Health and Human Services (EOHHS), and Boston Medical Center HealthNet Plan MassHealth
- Evidence of Coverage, Commonwealth Care, Form No. BMCHP-CC-8
- Evidence of Coverage, CommChoice, Form No. BMCHP CChoice-1
- Form of Contract between the Commonwealth Health Insurance Connector Authority and Boston Medical Center HealthNet Plan
- BMC HealthNet Plan Qualified Health Plans, including ConnectorCare Evidence of Coverage
- 130 CMR 431.000: Independent Diagnostic Testing Facility Services
- MassHealth Independent Diagnostic Testing Facility Manual, Subchapter 6
- 101 CMR 317.00: Medicine

### **Disclaimer Information**

This Policy provides information about the Plan's reimbursement/claims adjudication processing guidelines. The use of this Policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement. Member cost-sharing (deductibles, coinsurance and copayments) may apply – depending on the member's benefit plan. Unless otherwise specified in writing, reimbursement will be made at the lesser of billed charges or the contractual rate of payment. Plan policies may be amended from time to time, at Plan's discretion. Plan policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization guidelines (including NCQA). The Plan reserves the right to conduct Provider audits to ensure compliance with this Policy. If an audit determines that the Provider did not comply with this Policy, the Plan will expect the Provider to refund all payments related to non-compliance. For more information about the Plan's audit policies, refer to the Provider Manual.

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