



**Kaiser Foundation Health Plan  
of Washington**

**Clinical Review Criteria  
Sleep Studies**

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**Criteria**

**For Medicare Members**

Source	Policy
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	<a href="#">Sleep Testing for Obstructive Sleep Apnea (OSA) (240.4.1)</a>
Local Coverage Determinations (LCD)	<p><b>Effective until September 1<sup>st</sup>, 2024</b> No review required.</p> <p><b>Effective September 1<sup>st</sup>, 2024</b> <a href="#">Polysomnography and Other Sleep Studies (L34040)</a></p>
Local Coverage Article (LCA)	<p><b>Effective until September 1<sup>st</sup>, 2024</b> No review required.</p> <p><b>Effective September 1<sup>st</sup>, 2024</b> <a href="#">Billing and Coding: Polysomnography and Other Sleep Studies (A57698)</a> (Actigraphy can be measured as part of a sleep test but will not be paid for separately) <a href="#">Billing and coding: Abbreviated Daytime Sleep Study (e.g. PAP-NAP)</a></p>

**For Non-Medicare Members**

**Effective until September 1<sup>st</sup>, 2024**

No medical necessity review required.

**Effective September 1<sup>st</sup>, 2024**

Service	Criteria
Home Sleep Studies	<p><b><u>Home Sleep Apnea Testing: No medical necessity review required</u></b></p> <p>Home Sleep Apnea Testing (HSAT), using a portable monitor, is medically necessary for evaluating adults with suspected Obstructive Sleep Apnea (OSA). Where HSAT is indicated, an auto titrating Positive Airway Pressure (APAP) device is an option to determine a fixed PAP pressure.</p>
Diagnostic Polysomnography Testing	<p><b><u>Diagnostic Attended Full-Channel Polysomnography (PSG), performed in a Healthcare Facility or Laboratory Setting</u></b></p> <p>Home Sleep Apnea Testing (HSAT) is preferred to in-lab PSG in most clinical situations.</p>

	<p><b>Attended full-channel polysomnography may be considered medically necessary for evaluating individuals with suspected OSA when:</b></p> <ul style="list-style-type: none"> <li>• Individual is a child or adolescent (i.e., less than 18 years of age); or</li> <li>• Results of previous HSAT are negative, indeterminate, or technically inadequate to make a diagnosis of OSA and Obstructive Sleep Apnea remains clinically suspected</li> </ul> <p><b>Attended full-channel polysomnography may be considered medically necessary for evaluating individuals with confirmed OSA when:</b></p> <ul style="list-style-type: none"> <li>• To rule out Central Sleep Apnea prior to implantation and/or calibration of an implantable hypoglossal nerve stimulator. Refer to the Medical Policy titled <a href="#">Sleep Apnea Treatments</a> for implantable hypoglossal nerve stimulator indications</li> </ul> <p><b>Attended full-channel polysomnography may be considered medically necessary when one of the following conditions is suspected:</b></p> <ul style="list-style-type: none"> <li>• Individual is suspected to have sleep seizures and seizure montage is being requested concurrently with polysomnography.</li> <li>• Periodic Limb Movement Disorder (PLMD) (not leg movements associated with another disorder such as sleep disordered breathing) / Restless Legs Syndrome (RLS)/Willis-Ekbom Disease that has not responded to empiric treatment</li> <li>• Rapid Eye Movement Sleep Behavior Disorder (RBD)</li> <li>• Central Sleep Apnea</li> </ul> <p>Non-invasive ventilation may be covered for patients with progressive neuromuscular disease-causing weakness in respiratory muscles with symptoms of orthopnea, or FVC equal or less than 50% predicted or end-tidal CO2 equal or greater than 45 torr, in the absence of PSG testing.</p> <p><b>In-lab polysomnography is considered not medically necessary for the following indications due to insufficient evidence of efficacy:</b></p> <ul style="list-style-type: none"> <li>• Circadian Rhythm Disorders</li> <li>• Depression</li> <li>• Insomnia</li> <li>• OSA in adult patients who have not tried home sleep apnea testing</li> </ul>
<p><b>Titration Polysomnography</b></p>	<p><b><u>Titration Attended Full-Channel Polysomnography (PSG), Performed in a Healthcare Facility or Laboratory Setting</u></b></p> <p><b>The following Attended full-channel polysomnography testing may be considered medically necessary when the criteria for diagnostic PSG enumerated above have been met:</b></p> <ul style="list-style-type: none"> <li>• A split-night sleep study, performed in a healthcare facility or laboratory setting, for diagnosis and PAP titration when the criteria for diagnostic PSG enumerated above have been met <b>OR</b></li> <li>• A full night study for PAP titration, when the patient failed APAP trial, or a split-night sleep study is inadequate or not feasible and the individual has a confirmed diagnosis of OSA</li> </ul> <p><b>Attended full-channel polysomnography testing may be considered medically necessary for PAP titration in the following clinical situations when a diagnosis of sleep apnea has been made:</b></p> <ul style="list-style-type: none"> <li>• Results of previous HSAT or in-lab PSG are positive for OSA or Central Sleep Apnea and patients symptoms persist despite adequate PAP trial (e.g., equipment failure, improper mask fit, pressure leaks, unsuccessful titration, inadequate pressure, and medical problems)</li> </ul>

	<p>including nasal congestion have been addressed and appropriately managed).</p> <ul style="list-style-type: none"> <li>• Individual is known to have Moderate to severe heart failure (New York Heart Association class III or IV [NYHA, 1994] or left ventricular ejection fraction <math>\leq 40</math> [Yancy et al., 2013; Yancy et al., 2017]) and titration study is needed for BiPAP settings</li> <li>• Presence of other conditions for which APAP trial would not be appropriate (e.g., overt sleep-related hypoxia requiring O2 titration)</li> </ul>
<b>Daytime sleep Studies</b>	<p><b><u>Daytime Sleep Studies</u></b>  <b>Note:</b> The following sleep studies may be performed during the night if necessary to match an individual's normal sleep pattern.</p> <p><b>Multiple Sleep Latency Testing (MSLT) is medically necessary when it is indicated by all of the following:</b></p> <ul style="list-style-type: none"> <li>• Suspected Narcolepsy or idiopathic Hypersomnia; and</li> <li>• Other causes of Excessive Sleepiness have been excluded by appropriate clinical assessment</li> </ul> <p><b>Maintenance of Wakefulness Testing (MWT) is medically necessary for evaluating the following:</b></p> <ul style="list-style-type: none"> <li>• An adult who is unable to stay awake, resulting in a safety issue; or</li> <li>• Assessing response to treatment in adults with sleep disorders</li> </ul>
<b>Abbreviated daytime sleep studies (e.g., PAP-Nap)</b>	Abbreviated daytime sleep studies (e.g., PAP-Nap) are not medically necessary due to insufficient evidence of efficacy.
<b>Actigraphy Testing for the Evaluation of Sleep Disorders</b>	There is insufficient evidence in the published medical literature to show that this service/therapy is as safe as standard services/therapies and/or provides better long-term outcomes than current standard services/therapies.

**If requesting this service (or these services), please send the following documentation to support medical necessity:**

- Last 6 months of clinical notes from requesting provider &/or specialist

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

## Background

Sleep disorders are conditions that affect an individual's normal sleep patterns and can have an impact on quality of life. One of the most common sleep disorders is Obstructive Sleep Apnea (OSA), a condition in which a person stops breathing during sleep due to a narrowed or closed airway. Symptoms of OSA include daytime sleepiness, loud snoring and breathing interruptions or awakenings due to gasping or choking. If left untreated, OSA can lead to serious health consequences such as hypertension, heart disease, stroke, insulin resistance and obesity. Other sleep disorders include Central Sleep Apnea, Periodic Limb Movement Disorder (PLMD), Narcolepsy, Restless Legs Syndrome, Parasomnias and Insomnia.

The evaluation of sleep disorders can be done at home or in a specialized sleep center that can study sleep patterns during the day or at night. Home Sleep Apnea Testing (HSAT) is used to diagnose OSA and records breathing rate, airflow, heart rate and blood oxygen levels during sleep. These studies are performed at home without a sleep technician present (unattended). Polysomnography (PSG) records breathing, heart rate, blood oxygen levels, body movements, brain activity and eye movements during sleep. PSG is performed in a laboratory setting with a sleep technician present (attended) (American Thoracic Society, 2015; updated 2019).

## References

Rosen IM, Kirsch DB, Carden KA, Malhotra RK, Ramar K, Aurora RN, Kristo DA, Martin JL, Olson EJ, Rosen CL, Rowley JA, Shelgikar AV; American Academy of Sleep Medicine Board of Directors. Clinical use of a home sleep apnea test: an updated American Academy of Sleep Medicine position statement. J Clin Sleep Med. 2018;14(12):2075–2077.

Smith MT, McCrae CS, Cheung J, Martin JL, Harrod CG, Heald JL, Carden KA. Use of actigraphy for the evaluation of sleep disorders and circadian rhythm sleep-wake disorders: an American Academy of Sleep Medicine clinical practice guideline. J Clin Sleep Med. 2018;14(7):1231–1237.

## Applicable Codes

### Polysomnography (in-lab sleep study)

**Effective September 1<sup>st</sup>, 2024**

**Medicare: Considered Medically Necessary when criteria in the applicable policy statements listed above are met**

**Non-Medicare: Considered Medically Necessary when criteria in the applicable policy statements listed above are met**

CPT® or HCPC Codes	Description
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

### Home Sleep Study (HST or HSAT):

**Effective September 1<sup>st</sup>, 2024**

**Medicare: Medical Necessity review not required**

**Non-Medicare: Medical Necessity review not required**

CPT® or HCPC Codes	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)
95806	Sleep study, unattended, simultaneous recording of heart rate, oxygen saturation, respiratory airflow, and respiratory effort (e.g., thoracoabdominal movement)
G0398	Home sleep study with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort and oxygen saturation
G0399	Home sleep study 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 study with type IV portable monitor, unattended; minimum of 3 channels

### Multiple sleep latency or maintenance of wakefulness testing (MSWT or MSLT)

**Effective September 1<sup>st</sup>, 2024**

**Medicare: Medical Necessity review not required**  
**Non-Medicare: Medical Necessity review not required**

CPT® or HCPC Codes	Description
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness

**Actigraphy testing:**

**Medicare: Considered not Medically Necessary**  
**Non-Medicare: Considered not Medically Necessary**

CPT® or HCPC Codes	Description
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)

**Abbreviated Daytime Sleep Study (e.g. PAP-NAP):**  
**Effective September 1<sup>st</sup>, 2024**

**Medicare: Considered not Medically Necessary**  
**Non-Medicare: Considered not Medically Necessary**

CPT® or HCPC Codes	Description
95807  <i>Typically billed with modifier 52</i>	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist

**\*Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

**\*\*To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).**

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Date Created	Date Reviewed	Date Last Revised
04/02/2024	04/02/2024 <sup>MPC</sup> ,	

<sup>MPC</sup> Medical Policy Committee

Revision History	Description
04/02/2024	MPC approved to adopt criteria for Sleep Studies. Requires 60-day notice, effective date 09/01/2024.
04/02/2024	Merged Actigraphy criteria with Sleep Studies criteria.

