

SPLIT NIGHT SLEEP STUDY

Scope

This policy applies to:

- | | | |
|---|---|-----------------------------------|
| <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington | <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington Options, Inc. | |
| <input checked="" type="checkbox"/> Commercial | <input checked="" type="checkbox"/> Medicare | <input type="checkbox"/> Medicaid |

Policy

Original Effective Date: 04/01/2022

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will not separately reimburse for CPT codes 95810 and 95811 when billed within 30 days of each other.

Billing/Coding Guidelines

All claims must be billed according to Centers for Medicare & Medicaid Services guidelines.

There is no separate CPT code for a split-night sleep study. Code 95810 should be billed for diagnostic-only sleep study. Code 95811 should be billed for both a split-night sleep study and a PAP titration study. The diagnostic portion and titration portion of a sleep study may not be billed separately.

Applicable CPT Codes

CPT	Description
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

Policy Definitions

Polysomnography - A type of sleep study conducted to diagnose sleep related medical conditions and to evaluate a patient's response to therapies such as continuous positive airway pressure (CPAP) if needed

CPAP - Continuous Positive Airway Pressure

PAP – Positive Airway Pressure

Prerequisite(s)

Not applicable

References

[Coding FAQs](#); American Academy of Sleep Medicine

[Questionable Billing for Polysomnography Services](#); Department of Health and Human Services; Office of Inspector General

Frequently Asked Questions

Not applicable

Revision History

01/12/2022 – New Policy

Note: This information is intended to serve only as a general reference resource regarding reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, we may use reasonable discretion in interpreting and applying this policy to services being delivered in a particular case. Further, the policy does not cover all issues related to reimbursement for services rendered to our enrollees as legislative mandates, the provider contracts, the enrollee's benefit coverage documents, and the Provider Manual all may supplement or in some cases supersede this policy. This policy may be modified from time to time by publishing a new version of the policy on Kaiser Permanente provider website; however, the information presented in this policy is believed to be accurate and current as of the date of publication.