

Payment Policy: Sleep Studies Place of Service

Reference Number: CC.PP.035

Product Types: ALL

Effective Date: 05/01/2017

Last Review Date: 11/01/2019

[Coding Implications](#)
[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Policy Overview

Sleep Studies/Polysomnogram (PSG) procedures refer to continuous and simultaneous monitoring and recording observational physiological parameters of sleep for a period of at least six hours. Attended sleep studies are typically performed in a sleep laboratory or facility and attended by a technologist or qualified healthcare professional. Unattended sleep studies may be performed in the home.

The purpose of this policy is to define the appropriate place of service for sleep studies.

Application

1. Professional
2. Institutional Providers

Reimbursement

The health plan's code editing software will evaluate claim lines to determine if the **place of service** submitted for a sleep study is consistent with the definition of the sleep study procedure code billed. If the place of service is incorrect, the sleep study will be denied. For example, an attended sleep study billed in a location with place of service "home" would not be appropriate. Attended sleep studies are to be performed in a facility setting; therefore, a POS of home (12) would not be appropriate.

CMS Place of Service Codes and Descriptions:

The current complete listing of CMS Place of Service Codes, along with descriptions, can be located here:

https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set

Coding and Modifier Information

This payment policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT® codes and descriptions are copyrighted 2020, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this payment policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

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CPT/HCPCS Code	Descriptor
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 bilevel ventilation, attended by a technologist
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

Definitions

Place of Service – Two-digit code used on healthcare professional claims to indicate the setting in which service was provided

Sleep Study – Continuous and simultaneous monitoring and recording observational physiological parameters of sleep for a period of at least 6 hours

Related Policies

Not Applicable

References

1. *Current Procedural Terminology (CPT®), 2020*
2. *Centers for Medicare and Medicaid Services (CMS) Place of Service Code Set, Place of Service Codes for Professional Claims. Available at https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set*

Revision History	
11/2016	Initial Policy Draft Created
01/23/2017	Revisions to Policy After Payment Integrity Review
04/27/2017	Effective date of 5/1/2017 added per B Slimmer
04/01/2019	Conducted review and updated policy
11/01/2019	Annual Review completed

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Important Reminder

For the purposes of this payment policy, “Health Plan” means a health plan that has adopted this payment policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any other of such health plan’s affiliates, as applicable.

The purpose of this payment policy is to provide a guide to payment, which is a component of the guidelines used to assist in making coverage and payment determinations and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage and payment determinations and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable plan-level administrative policies and procedures.

This payment policy is effective as of the date determined by Health Plan. The date of posting may not be the effective date of this payment policy. This payment policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this payment policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Health Plan retains the right to change, amend or withdraw this payment policy, and additional payment policies may be developed and adopted as needed, at any time.

This payment policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This payment policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this policy are independent contractors who exercise independent judgment and over whom Health Plan has no control or right of control. Providers are not agents or employees of Health Plan.

This payment policy is the property of Centene Corporation. Unauthorized copying, use, and distribution of this payment policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this payment policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this payment policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and

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LCDs should be reviewed prior to applying the criteria set forth in this payment policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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