

The background of the slide is a photograph of a light-colored stuffed rabbit and a silver alarm clock resting on a bed with a pink and white striped blanket. The image is dimmed to allow the text to stand out.

SLEEP STUDIES

Orders, medical necessity, documentation requirements, and authorizations
2025



Ordering a Sleep Study:

- Select type of study requested
 - In Lab diagnostic study (PSG)
 - In lab CPAP titration study or Split Night
 - Multiple Sleep Latency Study (MSLT)
 - Unattended/ Home sleep testing
- Diagnosis – must meet medical necessity requirements for the test being ordered
- Pre-authorization using diagnosis indicated on order and specific to the lab to complete the study
- History and Physical or office note, preferably stating sleep symptoms and medical diagnosis
- Physician Signature and date



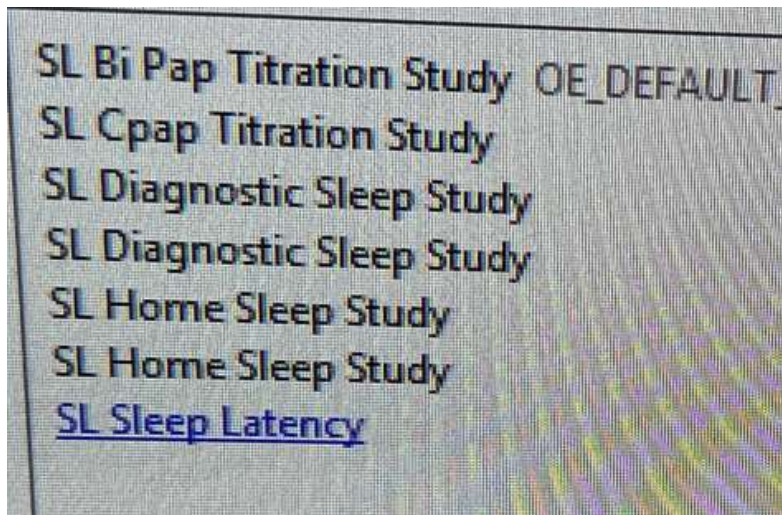
Sleep Center order form example–

SLEEP STUDY ORDER FORM	
PATIENT: (print) _____	
BIRTHDATE: _____	PRIMARY PHONE: _____ 2ND PHONE: _____
REFERRING PROVIDER: (print) _____	
<input type="checkbox"/> IN LAB DIAGNOSTIC SLEEP STUDY (PSG) 95810 <input type="checkbox"/> Obstructive sleep apnea (G47.33) <input type="checkbox"/> Primary central sleep apnea (G47.31) <input type="checkbox"/> Hypersomnia (G47.10) <input type="checkbox"/> Narcolepsy without cataplexy (G47.419) <input type="checkbox"/> Narcolepsy with cataplexy (G47.411) <input type="checkbox"/> Periodic limb movement disorder (G47.61) <input type="checkbox"/> Other: _____	<input type="checkbox"/> IN LAB TITRATION STUDY (specify) 95811 <input type="checkbox"/> CPAP <input type="checkbox"/> BIPAP <input type="checkbox"/> ASV <input type="checkbox"/> SPLIT @ _____ <input type="checkbox"/> Obstructive sleep apnea (G47.33) <input type="checkbox"/> Primary central sleep apnea (G47.31) <input type="checkbox"/> Other (complex) sleep apnea (G47.39) <input type="checkbox"/> Other: _____
** Selected diagnosis must meet medical necessity for selected test and match diagnosis in physician note	
<input type="checkbox"/> UNATTENDED - HOME SLEEP TEST 95806 <input type="checkbox"/> Obstructive sleep apnea (G47.33) <input type="checkbox"/> Hypersomnia (G47.10)	
<input type="checkbox"/> MULTIPLE SLEEP LATENCY STUDY (MSLT) IF INDICATED (95805) <input type="checkbox"/> Narcolepsy with cataplexy (G47.411) <input type="checkbox"/> Narcolepsy without cataplexy (G47.419) <input type="checkbox"/> Hypersomnia w/ long sleep time (G47.11) <input type="checkbox"/> Hypersomnia w/o long sleep time (G47.12) <input type="checkbox"/> Other: _____	
DESIGNATE SLEEP SPECIALIST TO INTERPRET <small>(please print below)</small> _____	<input type="checkbox"/> SLEEP SPECIALIST BY ROTATION <input type="checkbox"/> SCHEDULE SLEEP CLINIC VISIT for equipment order and followup

- Using the order form provided by your preferred Sleep Center simplifies the process



Ordering a Sleep Study in Cerner



- SMMC and CHH orders will be easily identified in the order dictionary
- Physicians will be able to set up a specific list of orders in the system and customize their view



In Lab diagnostic PSG

95810

Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist

Medical Necessity

- F51.3 Sleepwalking [somnambulism]
- F51.4 Sleep terrors [night terrors]
- F51.5 Nightmare disorder
- G47.10 Hypersomnia, unspecified
- G47.11 Idiopathic hypersomnia with long sleep time
- G47.12 Idiopathic hypersomnia without long sleep time
- G47.30 Sleep apnea, unspecified
- G47.31 Primary central sleep apnea
- 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

95810

- 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 disorders
- G47.8 Other sleep disorders
- R06.83 Snoring
- R09.02 Hypoxemia



In Lab CPAP titration/ ASV/ BIPAP or Split Night study

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

Medical Necessity 95811

CODE DESCRIPTION

- G47.31 Primary central sleep apnea
- 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
- R06.83 Snoring



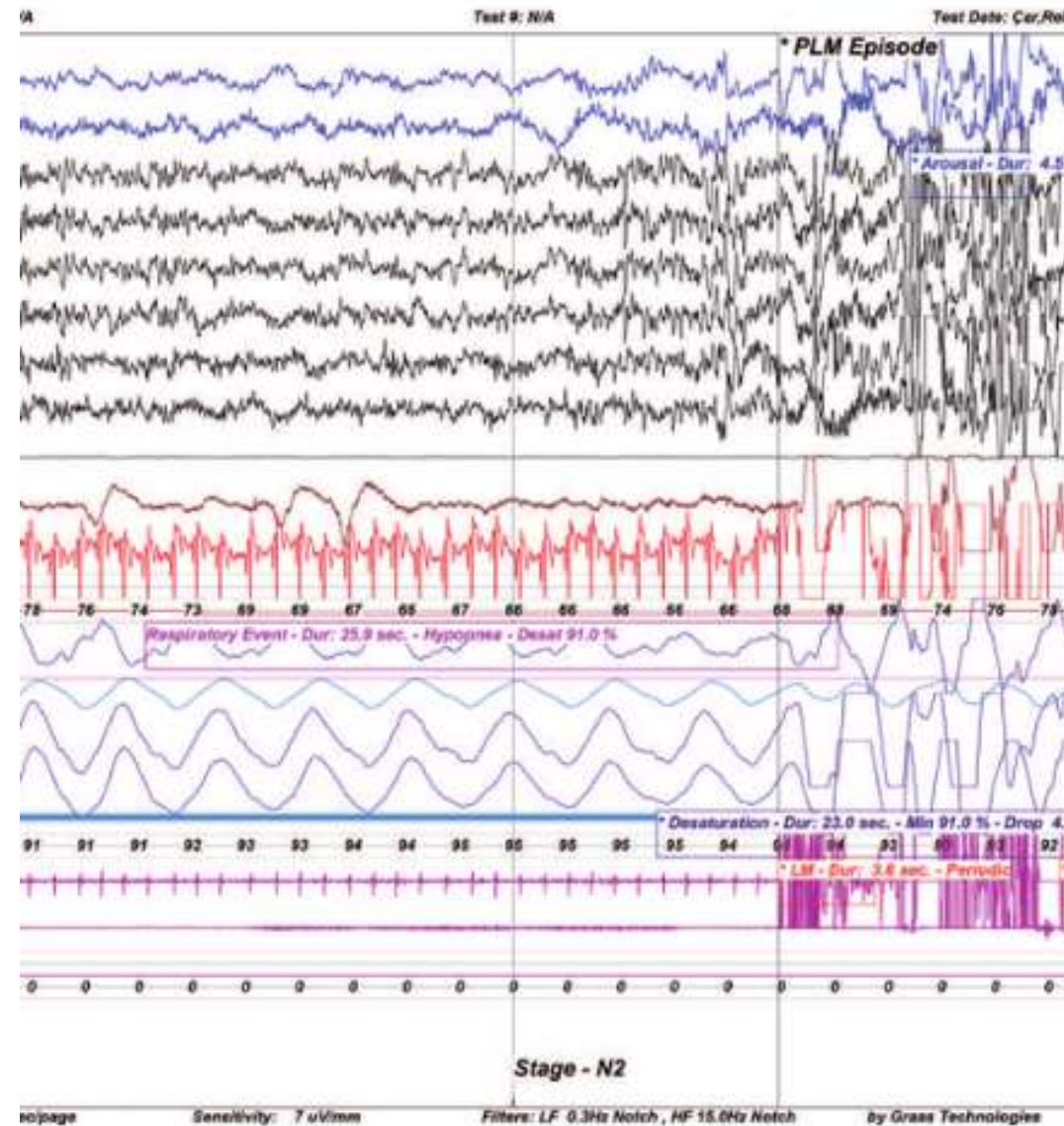
What is a Split Night Study?

- A split-night sleep study combines an overnight polysomnogram with a CPAP titration. The sleep technologist monitors the patient's sleep in real-time and initiates a trial of CPAP therapy when certain sleep-breathing episodes occur. It requires 2 steps:
 1. Diagnostic portion (at least 2 hours)
 1. Positive Airway Pressure Application, monitor effectiveness and adjust



When to order a Split Night CPAP study:

- When a patient has moderate to severe obstructive sleep apnea (OSA). Typically ordered when
 - Apnea-hypopnea index (AHI) is 20-40 during a minimum of two hours of diagnostic polysomnography (PSG).
 - The patient has several risk factors for Sleep Apnea



MSLT – Multiple Sleep Latency 95805

95805

Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness

Medical Necessity 95805

CODE DESCRIPTION

- G47.411 Narcolepsy with cataplexy
- G47.12 Idiopathic hypersomnia without long sleep time
- 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
- G47.52 REM sleep behavior disorder
- G47.53 Recurrent isolated sleep paralysis



Unattended/ Home Sleep testing

(code may vary by parameters monitored)

95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)
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)



Home Sleep testing available at MHN Sleep Labs

- **CHH and Rivers Health:** Watermark 620 - available with or without belt for respiratory effort
 - 95800
 - 95806
- **SMMC** – Natus Embletta – with belt for respiratory effort
 - 95806



Medical Necessity – (95800, 95801, 95806)

CODE DESCRIPTION

- G47.10 Hypersomnia, unspecified
- G47.33 Obstructive sleep apnea (adult) (pediatric)



Documentation Requirements per CMS

1. All documentation must be maintained in the patient's medical record and made available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service[s]). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
3. The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.
4. An order from the treating physician/nonphysician practitioner as required by CFR, Title 42, Volume 2, Chapter IV, Part 410.21 (a) Ordering diagnostic tests.
5. When billing for a sleep disorder test, the ordering physician's NPI must be indicated on the claim form and the order kept on record.
6. Documentation must support that the accreditation, credentialing, and training requirements as stated in the LCD were met for the clinic, technologist, and physician.

AASM (American Academy of Sleep Medicine) 2025 Standards for Sleep Labs

- STANDARD
- N-18 Medical Records
- Entities must maintain appropriate medical records for every patient evaluated and/or tested. Medical records of patients seen by the medical staff members must document all interactions with the patient, referring provider or provider's representative, and insurance company. Medical records must include the referral letter/prescription for testing.
- Prior to testing, all patient medical records must include: patient questionnaires or other screening assessments, **history and physical**, as well as medication records. Potential serious medical conditions that might lead to medical emergencies while at the testing location should be noted and carefully reviewed.



AASM (American Academy of Sleep Medicine) 2025 Standards for Sleep Labs

- STANDARD
- N-19 Record Review of Direct Referrals
- For patients directly referred, a medical staff member or appropriately trained technical or administrative support staff member must review the information provided for each patient and determine if the requested action is indicated according to the service location's patient acceptance policy. Evidence of communication with the referring clinician should be recorded in the patient record for every PSG or HSAT. This should include a history and physical received from the referring clinician and a sleep study report sent back to the referring clinician.



Pre-Authorization

- WV SB 267
 - Requests for authorizations submitted electronically
 - HMO shall respond within 2 days
 - Denial if incomplete
- Documentation of Medical Necessity is required. This includes evidence of appropriate diagnosis and sleep disordered symptoms.
- Evidence of Pre-Authorization (if required) must be provided to the Sleep Center before the requested testing can be completed.



References / Resources

- <https://aasm.org/clinical-resources/coding-reimbursement/sleep-medicine-codes/>
- https://aasm.org/wp-content/uploads/2024/05/Standards-for-Accreditation-1.1.2025-New-Model_Final.pdf
- <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=57496&ver=14&>
 - Updated 5/16/2024

