

Payment Policy: Sleep Studies Place of Service

Reference Number: CC.PP.035

Product Types: ALL

Effective Date: 05/01/2017

Last Review Date: 11/30/2021

[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 a place of service of "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:

| Place of Service Code | Place of Service Name | Place of Service Description |
|-----------------------|-----------------------|--|
| 01 | Pharmacy | A facility or location where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients. |
| 03 | School | A facility whose primary purpose is education. |
| 04 | Homeless Shelter | A facility or location whose primary purpose is to provide temporary housing to homeless individuals (for example, emergency shelters, individual or family shelters). |

PAYMENT POLICY
Sleep Studies – Place of Service

| Place of Service Code | Place of Service Name | Place of Service Description |
|------------------------------|---|--|
| 05 | Indian Health Service Free-standing Facility | A facility or location, owned and operated by the Indian Health Service which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization. |
| 06 | Indian Health Service Provider-based Facility | A facility or location, owned and operated by the Indian Health Service which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients. |
| 07 | Tribal 638 Free-standing Facility | A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members who do not require hospitalization. |
| 08 | Tribal 638 Provider-based Facility | A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members admitted as inpatients or outpatients. |
| 09 | Prison/ Correctional Facility | A prison, jail, reformatory, work farm, detention center, or any other similar facility maintained by either Federal, State, or local authorities for the purpose of confinement or rehabilitation of adult or juvenile criminal offenders. |
| 11 | Office | Location other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF) where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis. |
| 12 | Home | Location other than a hospital or other facility where the patient receives care in a private residence. |

PAYMENT POLICY
Sleep Studies – Place of Service

| Place of Service Code | Place of Service Name | Place of Service Description |
|------------------------------|------------------------------|--|
| 13 | Assisted Living Facility | Congregate residential facility with self-contained living units providing assessment of each resident’s needs and on-site support 24 hours a day, 7 days a week with the capacity to deliver or arrange for services including some health care and other services. |
| 14 | Group Home | A residence with shared living areas where clients receive supervision and other services such as social and/or behavioral services, custodial service, and minimal services (for example, medication administration). |
| 15 | Mobile Unit | A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services. |
| 16 | Temporary Lodging | A short-term accommodation such as a hotel, campground, hostel, cruise ship or resort where the patient receives care and is not identified by any other POS code. |
| 17 | Walk-in Retail Health Clinic | A walk-in health clinic other than an office, urgent care facility, pharmacy, or independent clinic and not described by any other Place of Service code that is located within a retail operation and provides, on an ambulatory basis, preventive and primary care services. (This code is available for use immediately with a final effective date of May 1, 2010) |
| 20 | Urgent Care Facility | Location distinct from a hospital emergency room, an office, or a clinic whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention. |
| 21 | Inpatient Hospital | A facility other than psychiatric which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions. |
| 22 | Outpatient Hospital | A portion of a hospital which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization. |

PAYMENT POLICY
Sleep Studies – Place of Service

| Place of Service Code | Place of Service Name | Place of Service Description |
|------------------------------|------------------------------|---|
| 23 | Emergency Room – Hospital | A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided. |
| 24 | Ambulatory Surgical Center | A freestanding facility other than a physician’s office where surgical and diagnostic services are provided on an ambulatory basis. |
| 25 | Birthing Center | A facility other than a hospital’s maternity facilities or a physician’s office which provides a setting for labor, delivery, and immediate post-partum care as well as immediate care of newborn infants. |
| 26 | Military Treatment Facility | A medical facility operated by one or more of the Uniformed Services. Military Treatment Facility (MTF) also refers to certain former U.S. Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF). |
| 31 | Skilled Nursing Facility | A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services, but does not provide the level of care or treatment available in a hospital. |
| 32 | Nursing Facility | A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons or, on a regular basis, health-related care services above the level of custodial care to other than mentally retarded individuals. |
| 33 | Custodial Care Facility | A facility which provides room, board, and other personal assistance services, generally on a long-term basis and does not include a medical component. |
| 34 | Hospice | A facility other than a patient’s home in which palliative and supportive care for terminally ill patients and their families are provided. |
| 41 | Ambulance – Land | A land vehicle specifically designed, equipped, and staffed for lifesaving and transporting the sick or injured. |
| 42 | Ambulance – Air or Water | An air or water vehicle specifically designed, equipped, and staffed for lifesaving and transporting the sick or injured. |

PAYMENT POLICY
Sleep Studies – Place of Service

| Place of Service Code | Place of Service Name | Place of Service Description |
|------------------------------|--|--|
| 49 | Independent Clinic | A location not part of a hospital and not described by any other Place of Service code that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only (effective 10/01/03). |
| 50 | Federally Qualified Health Center | A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician. |
| 51 | Inpatient Psychiatric Facility | A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician. |
| 52 | Psychiatric Facility-Partial Hospitalization | A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full-time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility. |
| 53 | Community Mental Health Center | A facility that provides the following services: outpatient services including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area, who have been discharged from inpatient treatment at a mental health facility; 24-hour-a-day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission; and consultation and education services. |
| 54 | Intermediate Care Facility/Mentally Retarded | A facility which primarily provides health-related care and services above the level of custodial care to mentally retarded individuals, but does not provide the level of care or treatment available in a hospital or SNF. |

PAYMENT POLICY
Sleep Studies – Place of Service

| Place of Service Code | Place of Service Name | Place of Service Description |
|------------------------------|--|--|
| 55 | Residential Substance Abuse Treatment Facility | A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board. |
| 56 | Psychiatric Residential Treatment Center | A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment. |
| 57 | Non-residential Substance Abuse Treatment Facility | A location which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, and psychological testing. |
| 60 | Mass Immunization Center | A location where providers administer pneumococcal pneumonia and influenza virus vaccinations and submit these services as electronic media claims, paper claims, or using the roster billing method. This generally takes place in a mass immunization setting such as a public health center, pharmacy, or mall, but may include a physician office setting. |
| 61 | Comprehensive Inpatient Rehabilitation Facility | A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetics services. |
| 62 | Comprehensive Outpatient Rehabilitation Facility | A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services. |
| 65 | End-Stage Renal Disease Treatment Facility | A facility other than a hospital, which provides dialysis treatment, maintenance, and/or training to patients or caregivers on an ambulatory or home-care basis. |

PAYMENT POLICY
Sleep Studies – Place of Service

| Place of Service Code | Place of Service Name | Place of Service Description |
|------------------------------|------------------------------|---|
| 71 | Public Health Clinic | A facility maintained by either State or local health department that provides ambulatory primary medical care under the general direction of a physician. |
| 72 | Rural Health Clinic | A certified facility which is located in a rural medically underserved area that provides ambulatory primary medical care under the general direction of a physician. |
| 81 | Independent Laboratory | A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician’s office. |
| 99 | Other Place of Service | Other place of service not identified above |

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 2021, 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.

| CPT/HCPCS Code | Descriptor |
|-----------------------|--|
| 95800 | Sleep study, unattended, simultaneous recording |
| 95801 | Sleep study, unattended, simultaneous recording |
| 95806 | Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort |
| 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 |
| G0398 | Home sleep study test (hst) with type ii portable monitor, unattended |

PAYMENT POLICY
Sleep Studies – Place of Service

| CPT/HCPCS Code | Descriptor |
|----------------|--|
| G0399 | Home sleep study test (hst) with type iii portable monitor, unattended |
| G0400 | Home sleep study test (hst) with type iv portable monitor, unattended |

| Modifier | Descriptor |
|----------|----------------|
| NA | Not Applicable |

| ICD-10 Codes | Descriptor |
|--------------|----------------|
| NA | Not Applicable |

Definitions

Place of Service – A two-digit code used on health care professional claims to indicate the setting in which service was provided

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

Related Policies

Not Applicable

Related Documents or Resources

Not Applicable

References

1. *Current Procedural Terminology (CPT®)*, 2021
2. *HCPCS Level II*, 2021

| 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 |
| 11/01/2020 | Annual Review completed |
| 11/30/2021 | Annual review completed; no major updates required |

Important Reminder

PAYMENT POLICY

Sleep Studies – Place of Service

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

PAYMENT POLICY
Sleep Studies – Place of Service

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.

©2021 Centene Corporation. All rights reserved. All materials are exclusively owned by Centene Corporation and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Centene Corporation. You may not alter or remove any trademark, copyright or other notice contained herein. Centene® and Centene Corporation® are registered trademarks exclusively owned by Centene Corporation.