AmeriHealth Caritas Ohio

Sleep Studies

Reimbursement Policy ID: RPC.0116.7700

Recent review date: 08/2026

Reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. The health plan may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT®); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy addresses reimbursement requirements for sleep studies also known as polysomnography.

Exceptions

N/A

Reimbursement Guidelines

Polysomnography is a test used to diagnose sleep disorders. It records brain waves, the blood oxygen level, heart rate and breathing during sleep. It also measures eye and leg movements.

The following procedures will not be reimbursed when billed more than twice in a three-year period.

CPT code	Description
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
95782	Polysomnography; younger than 6 years of age

Polysomnography (95782, 95783, 95808, 95810 or 95811) is not reimbursable when more than one unit is billed per day. It is also not reimbursable if one unit is billed on two consecutive days. A requisite diagnosis, such as hypersomnia, narcolepsy, chronic respiratory failure, or sleep disturbances, is required for reimbursement. An evaluation and management (E/M) code must be billed the same date of the service or within the previous 12 months for reimbursement.

Unattended sleep studies (home sleep studies), CPT codes 95800, 95801, 95806, G0398, G0399, or G0400 will not be reimbursed without a diagnosis of obstructive sleep apnea or hypersomnia.

Definitions

Polysomnography
A sleep study, also known as a polysomnography, is a diagnostic test that monitors various physiological parameters during sleep to identify and diagnose sleep disorders.

Edit Sources

I. Current Procedural Terminology (CPT) and associated publications and services.
II. International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM).
III. Healthcare Common Procedure Coding System (HCPCS).
IV. Centers for Medicare and Medicaid Services (CMS).
V. The National Correct Coding Initiative (NCCI).
VI. https://oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-0000123.asp
VII. Applicable Medicaid Fee Schedule(s).

Attachments

N/A

Associated Policies

RPC.0063.7700 Place of Service

Policy History

09/2026	• Removed the next review date • Replaced the plan name with “the health plan”
08/2026	Reimbursement Policy Committee Approval
07/2026	Annual review • No major changes
10/2025	Reimbursement Policy Committee Approval
09/2025	Annual Review • No major changes
06/2025	Minor updates to formatting and syntax

04/2025	Revised preamble
01/2025	Reimbursement Policy Committee Approval