

## Sleep Studies (for Kansas Only)

**Policy Number:** CS098KS.01

**Effective Date:** June 1, 2025

[Instructions for Use](#)

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### Related Policies

- [Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements \(for Kansas Only\)](#)
- [Obstructive and Central Sleep Apnea Treatment \(for Kansas Only\)](#)

## Application

This Medical Policy only applies to the state of Kansas.

## Coverage Rationale

For medical necessity clinical coverage criteria for sleep studies, refer to the [Kansas Medical Assistance Program Professional Fee-for-Service Provider Manual](#).

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. 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.

| CPT Code | Description  |
|----------|--|
| 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 bi-level ventilation, attended by a technologist |
| 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)   |
| 95803    | Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)  |
| 95805    | Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness                                |
| 95806    | Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (e.g., thoracoabdominal movement)   |
| 95807    | Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist   |

| 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  |
| 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 |

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| HCPCS Code | Description  |
|------------|--|
| G0398      | Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort and oxygen saturation |
| G0399      | Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation              |
| G0400      | Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels   |

## U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Systems to record and analyze PSG information are regulated by the FDA as Class II Devices under the 510(k) premarketing notification process. Refer to the following website for more information (use product code OLV): <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmnmn.cfm>. (Accessed April 21, 2023)

The FDA has approved several HSAT devices under the 510(k) premarketing notification process. Refer to the following website for more information (use product code MNR): <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmnmn.cfm>. (Accessed April 21, 2023)

Actigraphy devices are classified as sleep assessment devices (product code LEL). Refer to the following website for more information: <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmnmn.cfm>. (Accessed April 21, 2023)

## References

Kansas Medical Assistance Program Professional Fee-for-Service Provider Manual. Available at: [https://portal.kmap-state-ks.us/Documents/Provider/Provider%20Manuals/Professional\\_24237\\_24196.pdf](https://portal.kmap-state-ks.us/Documents/Provider/Provider%20Manuals/Professional_24237_24196.pdf). Accessed November 25, 2024.

## Policy History/Revision Information

| Date       | Summary of Changes   |
|------------|--|
| 06/01/2025 | <ul style="list-style-type: none"> <li>New Medical Policy</li> </ul> |

## Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state, or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state, or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state, or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state, or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its policies and guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare uses InterQual® for the primary medical/surgical criteria, and the American Society of Addiction Medicine (ASAM) criteria for substance use disorder (SUD) services, in administering health benefits. If InterQual® does not have applicable criteria, UnitedHealthcare may also use UnitedHealthcare Medical Policies that have been approved by the Kansas Department of Health and Environment. The UnitedHealthcare Medical Policies are intended to be used in

connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.