healthfirst
Health Insurance for New Yorkers

Reimbursement Policy

Subject:	Home Sleep Test (HST)		
Policy Number:	PO-RE-142v1		
Effective Date:	12/01/2024	**Last Approval Date:**	04/21/2025

I. Policy Description

Home Sleep Tests (HSTs) are designed to help diagnose sleep disordered breathing conditions in a home-setting. The purpose of this policy is to provide billing guidelines and medical criteria for the reimbursement of HSTs.

The information below applies to the following lines of business:

- Medicaid Managed Care (MMC)
- Medicare Advantage
- Personal Wellness Plan (PWP)/Health & Recovery (HARP)
- Medicaid Advantage Plus/MAP (CompleteCare)
- Medicare PPO

Policy Scope

This policy applies to Healthfirst members who meet the specified criteria. It is intended for use by sleep medicine healthcare providers.

Reimbursement Guidelines

1. For **Medicaid and HARP Healthfirst beneficiaries**:

   A. HSTs should be reported with the following CPT code:

Code	Description
95800	Sleep Study, unattended, simultaneous recordings; heart rate, oxygen saturation, respiratory analysis (e.g., by airflow or peripheral arterial tone), and sleep time.

   B. HSTs can only be billed once per year. Repeating testing may be permissible under the following conditions:

i. The first study was technically inadequate due to equipment failure.
ii. The member did not know how to operate the HST equipment correctly or did not sleep for a sufficient amount of time to allow a clinical diagnosis.

C. Documentation that indicates necessity is required for repeat testing.

D. Prior Authorization is required for CPT code 95800

E. CPT 95800 should **not** be billed with CPT codes 93041-93227, 93228, 93229, 93268-93272, 95801, 95803, and 95806.

F. The following modifiers are appropriate to be billed with CPT 95800:

Modifier	Description
TC	Physician provides the test only
26	Physician only interprets the results

2. For **Healthfirst Medicare beneficiaries**, coverage for Home Sleep Test services follows CMS guidelines: Article - Billing and Coding: Polysomnography and Sleep Testing (A57496)

Provider Eligibility

- HSTs should be rendered by Sleep Medicine specialists who are fellowship-trained and board certified/eligible.
- Sleep medicine specialists should be able to:
  - Review and interpret HST data
  - Order a HST if medically appropriate
  - Provide the prescribed HST equipment
  - Advise members on how to complete the HST
- Eligible providers may include Family Medicine Physicians, Internal Medicine Physicians, Pediatricians, Psychiatrists, Neurologists, Pulmonologists, and Otolaryngologists

Patient Consent and Documentation

- Patient consent must be obtained by the treating healthcare provider. Written consent is not required however, providers should document informed consent in the patient's chart.
- Patient medical records should contain the following:
  - Documentation of informed consent by the patient
  - Supporting the medical necessity for sleep testing must be maintained in the clinical file of the ordering physician.
  - Patient history including a physical exam and healthcare provider assessment that prompted the need for an HST must be in the file prior to the HST.
  - HST outcome/results

Adjudication and Appeal Process

1. Reimbursement for HSTs will be determined based on the provider's scope of services and the reimbursement rates outlined in the provider's contract with Healthfirst.

2. Claims submitted by providers that do not adhere to this policy will be denied or rejected. It is the responsibility of the provider to ensure claims are coded accurately.

3. Claims submissions will be subject to timely filing requirements, as set forth in the provider contract with Healthfirst and in the Healthfirst Provider Manual. *Refer to: Healthfirst Provider Manual Subsection 17.6, "Claims Inquiries, Corrected Claims, Claim Reconsideration, and Appeal Process" in this section.*

For any questions or further clarification regarding this policy, providers are encouraged to reach out to their designated contact within our organization

II. Applicable Codes

Code	Description	Comment
95800	Sleep Study, unattended, simultaneous recordings; heart rate, oxygen saturation, respiratory analysis (e.g., by airflow or peripheral arterial tone), and sleep time.	

III. Definitions

Term	Meaning
HST	Home Sleep Test

IV. Related Policies

Policy Number	Policy Description
N/A	N/A

Procedure codes appearing in Reimbursement Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

V. Reference Materials

eMedNY New York State Medicaid Provider Procedure Code Manual
New York State Medicaid Update - August 2024 Volume 40 - Number 8
Article - Billing and Coding: Polysomnography and Sleep Testing (A57496)

VI. Revision History

Revision Date	Summary of Changes

Disclaimer

Healthfirst's claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst's coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS and ICD-10 coding principles, National Uniform Billing Editor's revenue coding guidelines, CPT Assistant guidelines, New York State-specific coding, billing, and payment policies, as well as national physician specialty academy guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.

This policy is intended to serve as a resource for providers to use in understanding reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for the services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.