

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-066
Subject: Sleep Study Supplies and Services
Effective Date: October 4, 2021 **End Date:**
Issue Date: September 23, 2024 **Revised Date:** September 2024
Date Reviewed: September 2024
Source: Reimbursement Policy

Applicable Commercial Market	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
Applicable Medicare Advantage Market	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
Applicable Claim Type	UB	<input checked="" type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

PURPOSE:

This policy is to direct which procedures the Plan considers inclusive to polysomnography and/or sleep studies and consequently will not be separately reimbursed.

COMMERCIAL REIMBURSEMENT GUIDELINES:

The Plan does not separately reimburse for supplies or services that are deemed integral to polysomnography and other diagnostic sleep studies/tests.

These polysomnography and sleep study codes include: 94772, 95782, 95783, 95800, 95801, 95805, 95806, 95807, 95808, 95810, 95811, G0398, G0399, and G0400.

The bundled services and supplies include, but are not limited to:

- Electrodes or oximeters (*A4556, *94760, *94761, 94762)
- Tubing and filters for Continuous Positive Airway Pressure (CPAP) machine or Bilevel Positive Airway Pressure (BiPAP) machine (A4604, A7002, A7010, A7013, A7014, A7037, A7038, A7039)
- Oral/nasal mask, cushions, face mask, head gear, chin strap, etc. (A4627, A7015, A7027, A7028, A7029, A7030, A7031, A7032, A7033, A7034, A7035, A7036, A7044, A7045)
- Humidifier (E0561, E0562)
- Initiation and management of CPAP or BiPAP and/or education and training for self-management (94660)

- Other miscellaneous supplies (*A4557, *A4558, A7003, A7004, A7005, A7046, A7047, A9270, E0470, E0471, E0482, E0485, E0570, E0600, E0601, E1399, S8186)

If a bundled supply code is reported with one of the polysomnography or sleep study procedure codes, no separate payment will be made for the supply code.

Note: For more information, please reference RP-041: Services Not Separately Reimbursed.

MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

The Plan does not allow separate reimbursement for codes identified by CMS on the Medicare Physician Fee Schedule with a status B. Codes deemed to be status B are considered bundled with other services and will not be separately reimbursed.

RELATED POLICIES:

Refer to the following Commercial Medical Policies for additional information:

- E-20: Devices Used for the Treatment of Obstructive Sleep Apnea in Adults
- M-62: Polysomnography (PSG) for Non-Respiratory Sleep Disorders
- Z-64: Diagnosis and Treatment of Obstructive Sleep Apnea in Children
- Z-8: Diagnosis and Treatment of Obstructive Sleep Apnea for Adults

Refer to the following Reimbursement Policies for additional information:

- RP-035: Correct Coding Guidelines
- RP-041: Services Not Separately Reimbursed

POLICY UPDATE HISTORY INFORMATION:

10 / 2021	Implementation
7 / 2022	Removed codes K0193, K0194, K0268
6 / 2023	Administrative policy review with no changes in policy direction
9 / 2024	Checked off boxes in header to show applicability to Medicare Advantage

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-066
Subject: Sleep Study Supplies and Services
Effective Date: August 4, 2021 **End Date:**
Issue Date: June 12, 2023 **Revised Date:** June 2023
Date Reviewed: May 2023
Source: Reimbursement Policy

Applicable Commercial Market	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
Applicable Medicare Advantage Market	PA	<input type="checkbox"/>	WV	<input type="checkbox"/>	DE	<input type="checkbox"/>	NY	<input type="checkbox"/>
Applicable Claim Type	UB	<input checked="" type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

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- Humidifier (E0561, E0562)
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- Other miscellaneous supplies (*A4557, *A4558, A7003, A7004, A7005, A7046, A7047, A9270, E0470, E0471, E0482, E0485, E0570, E0600, E0601, E1399, S8186)

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POLICY UPDATE HISTORY INFORMATION:

10 / 2021	Implementation
7 / 2022	Removed codes K0193, K0194, K0268
6 / 2023	Administrative policy review with no changes in policy direction

Highmark Reimbursement Policy Bulletin

HISTORY VERSION



Bulletin Number: RP- 066
Subject: Sleep Study Supplies and Services
Effective Date: August 4, 2021 **End Date:**
Issue Date: July 25, 2022 **Revised Date:** July 2022
Date Reviewed: July 2022
Source: Reimbursement Policy

Applicable Commercial Market	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
Applicable Medicare Advantage Market	PA	<input type="checkbox"/>	WV	<input type="checkbox"/>			NY	<input type="checkbox"/>
Applicable Claim Type	UB	<input checked="" type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

PURPOSE:

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- Z-8: Diagnosis and Treatment of Obstructive Sleep Apnea for Adults

Refer to the following Reimbursement Policies for additional information:

- RP-41: Services Not Separately Reimbursed

POLICY UPDATE HISTORY INFORMATION:

10 / 2021	Implementation
7 / 2022	Remove HCPCS Code K0193, K0194, K0268

Highmark Reimbursement Policy Bulletin



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Issue Date: October 4, 2021 **Revised Date:**
Date Reviewed:
Source: Reimbursement Policy

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- Commercial Policy Z-64: Diagnosis and Treatment of Obstructive Sleep Apnea in Children
- Commercial Policy Z-8: Diagnosis and Treatment of Obstructive Sleep Apnea for Adults

Refer to the following Reimbursement Policies for additional information:

- RP-41: Services Not Separately Reimbursed

POLICY UPDATE HISTORY INFORMATION:

10 / 2021	Implementation
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