HIGHMARK.

Reimbursement Policy

Title: Sleep Apnea, Sleep Studies and Related Supplies

Policy Number: RP-066

Version Number: 2026.11.16

Medicare Advantage:	PA, WV, DE, NY	Version Effective:	November 16, 2026
Commercial:	PA, WV, DE, NY	Originally Effective:	October 4, 2021
Claim Type:	CMS 1500 and UB04	History Versions:	Click Here → History

Disclosure: *The purpose of this Reimbursement Policy is to document our payment guidelines for those services covered by a member's medical benefit plan and ensure you are reimbursed based on the codes that correctly describe the health care services provided. Reimbursement Policies do not provide guidance on whether a service is a covered benefit under the members' contract. Benefit determinations are based in all cases on the applicable benefit plan contract language and applicable medical policies. Should there be any conflicts between Reimbursement Policy and the member's benefit plan, the member's benefit plan will prevail. Additionally, health care providers (facilities, physicians, and other professionals) are expected to exercise independent medical judgment in providing care to members. Reimbursement Policy is not intended to impact care decisions or medical practice. This Reimbursement Policy is intended to serve as a guide as to how the plan pays for covered services, however, other factors may influence payment and, in some cases, may supersede this policy. The provider should consult their network provider agreement for further details of their contractual obligations. The policy is applicable to designated markets either entirely, or partially, as indicated within the policy. Policy designation of claim type is based on how the provider is contracted with the Plan.*

Description:

This policy provides direction on what the Plan considers inclusive to polysomnography or other sleep studies and/or tests.

Reimbursement Guidelines:

Commercial

The Plan does not separately reimburse for supplies or services that are deemed integral to polysomnography and other diagnostic sleep studies/tests. Applicable codes: 94772, 95782, 95783, 95800, 95801, 95805-95808, 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 CPAP and BiPap machines (A4604, A7002, A7010, A7013, A7014, A7037-A7039)
- Oral/nasal mask, cushions, face mask, head gear, chin strap, etc. (A4627, A7015, A7027-A7036, A7044, A7045)
- Humidifier (E0561, E0562)
- Initiation and management of CPAP or BiPAP and/or education and training for self-management (94660)
- Supplies (A4557, A4558, A7003-A7005, A7046, A7047, A9270, E0470, E0471, E0482, E0485, E0570, E0600, E0601, E1399, S8186)

Medicare Advantage

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.

Coding: N/A

Definitions: N/A

References: N/A

Related Plan Policies:

Refer to the following 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
- S-280: Surgical Treatment of Obstructive Sleep Apnea
- Z-64: Diagnosis and Treatment of Obstructive Sleep Apnea in Pediatrics
- Z-8: Diagnosis and Treatment of Obstructive Sleep Apnea in Adults

Refer to the following Reimbursement Policies for additional information:

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

Policy Update History:

9 / 2024	Added direction applicable to Medicare Advantage
11 / 2026	Moved policy to new template and changed policy name

Highmark Reimbursement Policy Bulletin

HIGHMARK.

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**	☒	**WV**	☒	**DE**	☒	**NY**	☒
Applicable Medicare Advantage Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY**	☒
Applicable Claim Type	**UB**	☒	**1500**	☒				

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.

HISTORY

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

HISTORY