



# Medical Policies



Policy Number: Z-8

Policy Name: Diagnosis and Treatment of Obstructive Sleep Apnea for Adults

Policy Type: Medical

Policy Subtype: Miscellaneous

Effective Date: 09-15-2025

## Description

Obstructive sleep apnea (OSA) diagnosis is based upon the presence or absence of related symptoms, as well as the frequency of respiratory events during sleep (e.g., apneas, hypopneas, and respiratory effort related arousals [RERAs]) as measured by polysomnography (PSG) either in a clinic/facility or at home.

OSA is characterized by:

- Fifteen (15) or more predominantly obstructive respiratory events (apneas, hypopneas, or RERAs) per hour of sleep (for PSG) or recording time (for at home PSG), regardless of the presence of associated symptoms or comorbidities; **or**
- Five (5) or more predominantly obstructive respiratory events (obstructive and mixed apneas, hypopneas, or RERAs) per hour of sleep (for PSG) or recording time (for at home PSG) in an individual and at least **ONE** of the following:
  - Habitual snoring, or breathing interruptions; **or**
  - Hypertension, mood disorder, cognitive dysfunction, coronary artery disease, stroke, congestive heart failure, atrial fibrillation, or Type II Diabetes Mellitus (DM); **or**
  - Sleepiness, non-restorative sleep, fatigue, or insomnia symptoms; **or**
  - Morning headache; **or**
  - Waking up with breath holding, gasping, or choking.

OSA severity classification is based on two (2) measures:

- Apnea/hypopnea index (AHI) which includes the total number of apneas and hypopneas recorded during sleep, divided by the hours of sleep recorded; **or**
- Respiratory disturbance index (RDI) which includes the total number of apneas, hypopneas, and RERA during sleep, divided by the hours of sleep observed.

**NOTE:** Severity classification:

- Mild OSA: RDI or AHI five (5) to 14 respiratory events per hour of sleep.
- Moderate OSA: RDI or AHI 15 to 30 respiratory events per hour of sleep.
- Severe OSA: RDI or AHI greater than 30 respiratory events per hour of sleep.

## Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

## Diagnosis Codes

Covered Diagnosis Code for Procedure Codes 95807; 95808; 95810; 95811

E11.9	E13.9	E66.2	F51.01	F51.02	
F51.11	F51.12	F51.19	F51.3	F51.4	
G47.00	G47.10	G47.11	G47.12	G47.13	
G47.20	G47.29	G47.30	G47.31	G47.33	
G47.37	G47.39	G47.411	G47.419	G47.421	
G47.51	G47.52	G47.53	G47.54	G47.59	
I10	I1A.0	I25.10	I27.20	I27.21	

I27.24	I27.89	I48.0	I48.11	I48.19	
I48.91	I49.8	I50.20	I50.21	I50.22	
I50.31	I50.32	I50.33	I50.40	I50.41	
I50.9	I63.50	I63.511	I63.512	I63.513	I
I63.522	I63.523	I63.529	I63.531	I63.532	I
I63.541	I63.542	I63.543	I63.549	I63.59	
I63.9	I67.841	I67.848	M95.4	R00.0	
R06.83	Z68.30	Z68.31	Z68.32	Z68.33	:
Z68.36	Z68.37	Z68.38	Z68.39	Z68.41	:
Z68.44	Z68.45				

Covered Diagnosis Codes for Procedure Codes 95803; 95805

G47.411	G47.419	G47.421	G47.429
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Non-covered Diagnosis Codes for Procedure Codes 64999; 95803; 95807; G0400 are considered not medically necessary when reported with OSA

G47.33
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CURRENT CODING

CPT:

95800	SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/SLP TIME	Medicaid Expansion
95801	SLP STDY UNATND W/MIN HRT RATE/O2 SAT/RESP ANAL	Medicaid Expansion
95803	ACTIGRAPHY TESTING RECORDING ANALYSIS I&R	Medicaid Expansion
95805	MLT SLEEP LATENCY/MAINT OF WAKEFULNESS TSTG	Medicaid Expansion
95806	SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	Medicaid Expansion
95807	SLEEP STD REC VNTJ RESPIR ECG/HRT RATE&O2 ATTN	Medicaid Expansion
95808	POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND	Medicaid Expansion
95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Medicaid Expansion
95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Medicaid Expansion
95800	SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/SLP TIME	Commercial
95801	SLP STDY UNATND W/MIN HRT RATE/O2 SAT/RESP ANAL	Commercial
95803	ACTIGRAPHY TESTING RECORDING ANALYSIS I&R	Commercial
95805	MLT SLEEP LATENCY/MAINT OF WAKEFULNESS TSTG	Commercial
95806	SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	Commercial
95807	SLEEP STD REC VNTJ RESPIR ECG/HRT RATE&O2 ATTN	Commercial
95808	POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND	Commercial
95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	Commercial
95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	Commercial

CDT:

D9956	Administration of home sleep apnea test	Medicaid Expansion
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D9959	UNSPECIFIED SLEEP APNEA PROCEDURE	Medicaid Expansion
D9956	Administration of home sleep apnea test	Commercial
D9959	UNSPECIFIED SLEEP APNEA PROCEDURE	Commercial

HCPCS:

G0398	Home sleep test/type 2 porta	Medicaid Expansion
G0399	Home sleep test/type 3 porta	Medicaid Expansion
G0400	Home sleep test/type 4 porta	Medicaid Expansion
G0398	Home sleep test/type 2 porta	Commercial
G0399	Home sleep test/type 3 porta	Commercial
G0400	Home sleep test/type 4 porta	Commercial

References

Z-8

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## ND Committee Review

Internal Medical Policy Committee 1-22-2020

- **Updated** Language

Internal Medical Policy Committee 11-19-2020 Revision

- **Revised** criteria; and
- **Added** table (not as attachment)

Internal Medical Policy Committee 1-19-2021 Revision -

- **Added** statement: Pharyngoplasty is considered not medically necessary/unproven for the treatment of sleep apnea; and
- **Added** Procedure Code 42950.

Internal Medical Policy Committee 05-20-2021 Revision

- **Removal** of Medical Treatment for Behavior Modification & Snoring

Internal Medical Policy Committee 11-23-2021 Multiple revisions with Coding update - **Effective January 01, 2022**

- **Added** Procedure Codes: 64582; 64583; and 64584; and
- **Removed** Procedure Codes: 0466T; 0467T; and 0468T

Internal Medical Policy Committee 7-21-2022 - Revision - **Effective September 05, 2022**

- **Added** PSG/RLS Criteria and revised with clarifying language.

Internal Medical Policy Committee 11-29-2022 Revision- **Effective January 02, 2023**

- **Updated** Criteria; and
- **Updated** with clarifying language; and
- **Removed** Procedure Codes 64568; 64569; 64570; and
- **Added** covered Diagnosis Codes for Procedure Codes 95803, 95805, and
- **Added** Diagnosis Codes G47.411; G47.419; G47.421 and G47.429

Internal Medical Policy Committee 5-23-2023 Multiple revisions with Coding update - **Effective July 03, 2023**

- **Removed** Diagnosis Codes Q90.0; Q90.1; Q90.2; Q90.9; and
- **Removed** Procedure Codes 21122; 21123; 21195; 21196; 21199; 21299; 21685; 30130; 30140; 30520; 31237; 31600; 41120; 41130; 41512; 41530; 42140; 42145; 42299; 42821; 42826; 42831; 42835; 42836; 42999; 64582; 64583; 64584; C9727; and S2080; and
- **Removed** Additional Information - Epworth Sleepiness Scale (table)

Internal Medical Policy Committee 11-15-2023 Multiple revisions with Coding update - **Effective October 01, 2023**

- **Added** Diagnosis Code I1A.0 to Procedure Codes 95807; 95808; 95810; 95811.

Internal Medical Policy Committee 1-16-2024 Coding update - **Effective January 01, 2024**

- **Added** Procedure Code D9956

Internal Medical Policy Committee 1-14-2025

- Coding update - **Effective January 01, 2025**
  - **Added** Procedure Code D9959; and
  - **Added** Policy Application
- Revision - **Effective March 03, 2025**
  - **Removed and Added** bullets to In-Lab Sleep Study.

Internal Medical Policy Committee 3-11-2025 Revision - **Effective May 05, 2025**

- **Removed** Procedure Code D9959; and
- **Added** Procedure Codes E0601; E0618; E0619 & E0471; and
- **Removed** verbiage to bullet in the 'In-lab Sleep Study' section; and
- **Updated** Policy Application

## Disclaimer

*Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.*

