

Current Effective Date: 8/7/25

Status: Approved

Reviewed by Medical Policy Subcommittee: 5/1/25, 8/7/25

Dates: 4/11/25; 7/30/25

INSTRUCTIONS FOR USE DISCLAIMER:

SummaCare posts policies relating to coverage and medical necessity issues to assist members and providers in administering member benefits. These policies do not constitute a contract or agreement between SummaCare and any member or provider. The policies are guidelines only and are intended to assist members and providers with coverage issues. SummaCare is not a health care provider, does not provide or assist with health care services or treatment, and does not make guarantees as to the effectiveness of treatment administered by providers. The treatment of members is the sole responsibility of the treating provider, who is not an employee of SummaCare, but is an independent contractor in private practice. The policies posted to this site may be updated and are subject to change without prior notice to members or providers.

Medical policies in conjunction with other nationally recognized standards of care are used to make medical coverage decisions.

Site of Care Policy

Indication/Usage:

Site of care for medically necessary procedures supports timely access to care and member experience while improving cost-efficiencies. In addition to requiring prior authorization for medical necessity, SummaCare will review site of services for identified surgical procedures and home services. Encouraging procedures to be performed in medically appropriate sites of care to help improve care experiences, decreased wait times, improve health outcomes for our members, and decrease cost.

Medical Indications for Authorization Commercial and Medicare Members

1. Sleep Study Testing

For medical necessity criteria for sleep study testing please refer to InterQual for Commercial Members [InterQual®](#)

CMS for Medicare Members

National Coverage Determination (NCD) for Sleep Testing for Obstructive Sleep Apnea (OSA) (240.4.1) [NCD - Sleep Testing for Obstructive Sleep Apnea \(OSA\) \(240.4.1\)](#)

Local Coverage Determination (LCD): Polysomnography and Other Sleep Studies CGS administrators [LCD - Polysomnography and Other Sleep Studies \(L36902\)](#)

The following sleep study tests can be at home when facilitated by an in-network provider or when facilitated by an in-network provider at a facility-based sleep lab. Prior authorization for medical necessity will be required for the sleep studies listed below. All federal and state regulations, network requirements and SummaCare policies pertaining to authorizations, prior authorizations apply.

CPT 95810: Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist

CPT 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

The following sleep study tests are home based. Consecutive home sleep studies are considered a single test. Additional reimbursement will not be covered for consecutive home sleep study nights.

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

2. Except where noted, sleep studies and surgical procedures in this policy apply for all Commercial, Medicare and Self-Funded lines of business.

3. Prior authorization for medical necessity will be required when the surgical procedures listed below are performed with an in-network provider at an in-network hospital outpatient setting. Prior authorization will not be required when these procedures are performed by an in network provider at an in-network ambulatory surgery center. All federal and state regulations, network requirements and SummaCare policies pertaining to authorizations and prior authorization apply.

For medical necessity criteria please refer to InterQual ® or SummaCare internal medical policies.



ASC List 7.30.25.xlsx

Limitations

Claims submitted without a medically necessary diagnosis code, or performed in an inappropriate setting, or testing performed more frequently than indicated will be denied as not medically necessary. Inclusion or omission of a code from this policy does not guarantee reimbursement or coverage. Some codes may not require precertification for medical necessity, but they are subject to provider contracts, member benefits, and eligibility.

Coverage Decisions

Coverage decisions made per CMS, Hayes and industry standards research

Plans Covered By This Policy

Commercial and Medicare

Self-funded Commercial groups refer to plan document for coverage

Sources Reviewed

Article - Billing and Coding: Polysomnography and Sleep Testing (A57496)

NCD - Sleep Testing for Obstructive Sleep Apnea (OSA) (240.4.1)

LCD - Polysomnography and Other Sleep Studies (L36902)

CMS MCD Search

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