

Reimbursement Fast Facts

This tool will assist you in understanding Medicare coding and coverage for ApneaLink™ devices



ApneaLink™/ApneaLink Plus are home sleep test screening and diagnostic devices. ApneaLink/ApneaLink Plus can be used as part of a comprehensive protocol to screen and/or diagnose patients with obstructive sleep apnea (OSA), central apneas, mixed apneas as well as identify patients with Cheyne-Stokes respiration (CSR).

Device	Description	Potential Coding
ApneaLink	Simple, easy-to-use, one-channel screener (measures flow)	Covered under office visit (coding may vary by payer)
ApneaLink with oximetry	Three-channel Type IV home sleep test (measures flow, pulse, oxygen saturation)	G0400 or 95806-52 (coding and classification may vary by payer)
ApneaLink Plus with oximetry	Four-channel Type III home sleep test (measures flow, respiratory effort, and with the addition of oximetry includes pulse and oxygen saturation)	G0399 or 95806 (coding and classification may vary by payer)

Billing Options

Payer coverage of home sleep tests may vary. Therefore there are a variety of ways ApneaLink, ApneaLink with oximetry, and ApneaLink Plus with oximetry can be billed.

Screening

What physicians need to know: ApneaLink can be used as a screening device to identify patients with OSA for referrals to in-lab diagnostic testing. There is not a separate and distinct code for screening. Physicians have the discretion to bill an Evaluation and Management code for services provided in a variety of settings, including the physician office. If physicians spend additional time with a patient reviewing screening options or results from a screening test, it is up to the physician's discretion to determine if a higher level Evaluation and Management code is applicable.

CPT codes 99211-99215 (established patients)

Description: Evaluation and management services provided in the physician's office for established patients. Varies based on the type of problems presented and the time spent with the patient.

Type IV Home Sleep Test

ApneaLink with oximetry can be used with certain payers as a three-channel home sleep test device. Payers, including Medicare and commercial health plans, may cover CPT code 95806 and/or the G codes listed below. Please check with individual policies to verify.

HCPCS code G0400

Description: Home sleep test/Type IV portable home sleep test (HST) with Type IV portable monitor, unattended; minimum of 3 channels

2009 National Average Medicare Fee Schedule = paid at discretion of local Medicare contractors

What physicians need to know: ApneaLink with oximetry measures three channels: respiratory flow, pulse rate and oxygen saturation. Further clarification regarding Type IV devices was issued in the DME MAC LCD, posted on September 18, 2008, which states that Type IV devices must monitor and record a minimum of three channels that allow direct calculation of an apnea-hypopnea index (AHI) or respiratory disturbance index (RDI).



CPT code 95806-52

Description: Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, unattended by a technologist
2009 National Average Medicare Fee Schedule = \$209.19 (Technical Component, TC: \$128.40; Professional Component, -26: \$80.79). Note: -52 reduced services is paid at a reduced rate up to contractor discretion
What physicians need to know: ApneaLink has been approved by the AMA for CPT code 95806 with a 52 modifier, reduced services. The modifier is used to indicate the service did not fulfill the full parameters of the code (since the code requires a measurement of four channels and ApneaLink only measures one to three channels).

Type III Home Sleep Test

ApneaLink Plus with oximetry can be used with certain payers as a Type III, four-channel home sleep test device. Please check with individual policies to verify.

HCPCS code G0399

Description: Home sleep test/Type III portable home sleep

test (HST) with Type III portable monitor, unattended; minimum of four channels: two respiratory movement/airflow, one ECG/heart rate and one oxygen saturation
2009 National Average Medicare Fee Schedule = paid at discretion of local Medicare contractors
What physicians need to know: ApneaLink Plus with oximetry measures four channels: respiratory flow, pulse rate, oxygen saturation, and respiratory effort.

CPT code 95806

Description: Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, unattended by a technologist
2009 National Average Medicare Fee Schedule = \$209.19 (TC: \$128.40; -26: \$80.79)
What physicians need to know: ApneaLink Plus with oximetry measures four channels: respiratory flow, pulse rate, oxygen saturation and respiratory effort. Some payers may not recognize the new G codes, therefore 95806 may be the most appropriate code to bill - check local policies.

Q & A

Q: What is the Medicare payment for home sleep tests?

Payment for home sleep tests has not been established by Medicare at the national level, therefore payment will be determined by local Medicare contractors.

Q: What other restrictions should physicians be aware of?

Medicare and some commercial payers require home sleep tests are interpreted by physicians who are board-certified in sleep and/or members of an accredited sleep center. Check local policies for further details.

Q: Which commercial payers cover home sleep testing?

Currently, Aetna, Anthem, Cigna, Humana, and United cover home sleep testing in some form with varying restrictions. Payers change policies frequently and may vary coverage by region.

Q: Can a patient be sent to a lab for titration following a home sleep test?

There are no current Medicare restrictions on referring patients based on medical necessity as established by a physician to undergo titration in a facility-based setting.

Q: Can a DME conduct a home sleep test?

The Medicare DME MACs LCD policies specifically clarify a DME supplier cannot be involved in any aspect of a home sleep test, including but not limited to delivery and/or pickup of the device.

The information provided with this notice is general reimbursement information only as of June 23, 2009. It is not legal advice, nor is it advice about how to code, complete or submit any particular claim for payment. Although we supply this information to the best of our current knowledge, it is always the provider's responsibility to determine and submit appropriate codes, charges, modifiers and bills for the services that were rendered. This information is provided as of the date listed above, and all coding and reimbursement information is subject to change without notice.

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