



Reimbursement fast facts: ApneaLink Air™

Understanding Medicare coding and coverage

The ResMed ApneaLink Air home sleep testing (HST) device is indicated for use by a healthcare professional where it may aid in the diagnosis of sleep-disordered breathing for adult patients.

Device	Description	Potential coding	Medicare Reimbursement
ResMed ApneaLink Air™	Four-channel, Type III home sleep test (HST) (records respiratory nasal airflow, snoring, blood oxygen saturation, pulse and respiratory effort)	G0399 or 95806 (<i>coding and classification may vary by payer</i>)	G0399: Contact contractor: https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Who-are-the-MACs 95806: Medicare Physician Fee Schedule Search Tool: https://www.cms.gov/medicare/physician-fee-schedule/search/overview

Coverage

- Physician services related to HST are covered for the purpose of testing a patient for the diagnosis of obstructive sleep apnea (OSA) if the HST is reasonable and necessary for the diagnosis of the patient's condition, meets all other Medicare requirements, and the physician who performs the service has sufficient training and experience to reliably perform the service (e.g. refer to physician requirements in the local coverage determination specific to your state or local jurisdiction).
- An HST is covered only when it is performed in conjunction with a comprehensive sleep evaluation and in patients with a high pretest probability of moderate to severe OSA.
- HST is not covered for persons with comorbidities (moderate to severe pulmonary disease, neuromuscular disease or congestive heart failure).
- HST is only covered for the diagnosis of OSA. It is not covered for any other sleep disorders (central sleep apnea, periodic limb movement disorder, insomnia, parasomnias, circadian rhythm disorders or narcolepsy) or for screening a symptomatic person.¹

Coding

There are a variety of ways ApneaLink Air may be reported. Some may require reporting of the G0399 code, while others may require reporting of the CPT® 95806 code. HST providers should check with the payer to identify which code to report.

HCPCS code G0399

Description: 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.

CPT® code 95806

Description: Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (e.g. thoracoabdominal movement).

Determination to report G0399 or 95806 is determined by the payer. Generally, for Medicare, the G0399 code is reported when services are performed in the home, and 95806 is reported when services are performed in a facility. An HST provider should contact each payer to identify which codes to report. Verification is always the responsibility of the provider.

Modifiers

HST professional and technical services are often reported separately depending on the service rendered by the provider. When both professional and technical services are rendered by the same provider, modifiers 26 and TC are not generally reported, and the global service (code without modifier) is reported instead.

Modifier	Description
26	Professional component. The professional component represents physician's interpretation or professional component reported for diagnostic, procedures and services (e.g. physician work, practice expense). It is reported by appending modifier 26 to the procedure code.
TC	Technical component. The technical component represents the costs of the equipment, personnel and supplies to perform the procedure. It is reported by appending modifier TC to the procedure code.

Refer to links in table above to determine Medicare payment for global, professional and technical components.

Screening

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's 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 99202-99215 (new and established patients)

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



Place of Service (POS) codes

The Medicare program uses a two-digit numeric POS coding structure. The POS identifies the location where the item was used or the service was performed. A POS is required for all services and must be reported when submitting claims.

Below are commonly used POS codes for HST services. Check with individual payers for reimbursement policies regarding these codes.

POS Code	Place of Service
11	Physician office
12	Home
22	Outpatient hospital

Q & A

Q: What restrictions should physicians be aware of?

Medicare and some commercial payers require that HSTs be interpreted by physicians who are board certified in sleep and/or members of a credentialed sleep center or lab that have active physician staff members meeting sleep certification and are licensed in the state where the test was administered. Check payer policies for applicable details.

Q: Can a patient be sent to a lab for titration following an HST?

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

Q: Can a DME supplier perform the HST?

Medicare rules state that "No aspect of a home sleep test, including but not limited to delivery and/or pickup of the device, may be performed by a DME supplier. This prohibition does not extend to the results of studies conducted by hospitals certified to do such tests or to tests conducted in facility-based sleep laboratories."³

Q: What is CPT® code 95800?

CPT® code 95800 refers to a sleep study, unattended, simultaneous recording: heart rate, oxygen saturation, respiratory analysis (e.g. by airflow or peripheral arterial tone) and sleep time. ResMed does not offer a device that meets this definition.

Diagnosis Codes

The following international classification of disease (ICD-10) codes are commonly used for HST services:

ICD-10	Description
G47.30	Sleep apnea, unspecified
G47.33	Obstructive sleep apnea (adult) (pediatric)

† This is not a comprehensive list. Providers should verify covered diagnosis codes with the payer prior to billing.

Q: What is Medicare's guidance regarding HSTs that score hypopneas using 3% oxygen desaturation criterion?

Medicare defines hypopnea as an abnormal respiratory event lasting at least 10 seconds with at least a 30% reduction in thoracoabdominal movement or airflow as compared to baseline, and with at least a 4% oxygen desaturation. Medicare claims for PAP devices and related accessories based on 3% oxygen desaturation are not covered. For patients who may currently be under commercial or non-Medicare insurance coverage, consider scoring patients using both the 3% and 4% oxygen desaturation metric and provide a separately-scored AHI/RDI based on each metric in the interpretation report. By providing an AHI/RDI scored with both hypopnea definitions, this will allow the patient to use the HST once they are Medicare eligible.⁴

Q: What modifier may be used to bill for an incomplete HST (e.g. patient discontinues, minimum recording time not met, etc.)?

Modifier 52 states that "Partially reduced or eliminated services..." may be used to bill for incomplete HSTs. Include the statement, "reduced services" in Item 19 in the CMS-1500 claim form (or electronic equivalent) along with a brief reason to explain why the test was incomplete. The provider should maintain this documentation in the patient's medical record. For more information, [click here](#).

¹ U.S. Centers for Medicare & Medicaid Services. Medicare Coverage Database. Accessed Feb 13, 2021 from <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>. ² CPT Copyright 2021 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. ³ U.S. Centers for Medicare & Medicaid Services. Local Coverage Article: Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea – Policy Article (A52467). Accessed Feb. 13, 2021 from <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52467&ver=35&LCDId=33718&SearchType=Advanced&CoverageSelection=Local&PolicyType=Both&s=All&CptHcpcsCode=e0601&kq=true&bc=FAAABAAIAAA&>. ⁴ CGS Administrators, LLC. Sleep Test Scoring and Medicare. Accessed Feb 13, 2021 from https://www.cgsmedicare.com/pdf/dear_physician_sleep_test_scoring.pdf

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