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Reimbursement Fast Facts

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

ApneaLink™ and ApneaLink Plus are home sleep test screening and diagnostic devices that can be used as part of a comprehensive protocol to screen and/or diagnose patients with obstructive sleep apnea (OSA), central apneas and mixed apneas, and 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 payor)*
ApneaLink with oximetry	Three-channel Type IV home sleep test (HST) (measures flow, pulse, oxygen saturation)	G0400 or 95801 *(coding and classification may vary by payor)*
ApneaLink Plus with oximetry	Four-channel Type III HST (measures flow, respiratory effort and, with the addition of oximetry, includes pulse and oxygen saturation)	G0399 or 95806 *(coding and classification may vary by payor)*

Billing Options

Payor 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'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[1] 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 payors as a three-channel HST device. Payors, including Medicare and commercial health plans, may cover CPT code 95801 and/or G0400. Please check with individual policies to verify.

HCPCS code G0400

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

2012 National Average Medicare Fee Schedule (subject to change)[2] = paid at discretion of local Medicare contractors

CPT code 95801

Description: Sleep study, unattended, minimum of heart rate, oxygen saturation and respiratory analysis (eg, by airflow or peripheral arterial tone)

2011 National Average Medicare Fee Schedule (subject to change)[2] = $86.46 (Technical Component, TC: $38.47; Professional Component: -26: $47.99)

What physicians need to know: ApneaLink with oximetry measures three channels: respiratory flow, pulse rate and oxygen saturation. Code 95801 is a new code effective in 2011. It is best to check with payors directly to verify if this code has been updated into their corresponding coverage policies and payment guidelines and to verify if the payor prefers G0400 or CPT code 95801 for Type IV devices.

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Type III Home Sleep Test
ApneaLink Plus with oximetry can be used with certain payors as a Type III, four-channel HST device. Please check with individual policies to verify.

HCPCS code G0399

Description: Home sleep test/Type III portable HST with Type III portable monitor, unattended; minimum of four channels: two respiratory movement/airflow, one ECG/heart rate and one oxygen saturation

2012 National Average Medicare Fee Schedule (subject to change)[2] = paid at discretion of local Medicare contractors

CPT code 95806

Description: Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, unattended by a technologist

2012 National Average Medicare Fee Schedule (subject to change)[2] = $183.80 (TC: $121.85; -26: $61.95)

What physicians need to know: ApneaLink Plus with oximetry measures four channels: respiratory flow, pulse rate, oxygen saturation and respiratory effort. It is best to check with payors directly to verify if the payor prefers G0399 or CPT code 95806 for Type III devices.

Q & A

Q: What other restrictions should physicians be aware of?

Medicare and some commercial payors require that home sleep tests be 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 payors cover home sleep testing?

Currently, Aetna, Anthem, Cigna, Humana and United cover home sleep testing in some form with varying restrictions. Payors 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 MAC LCD policies specifically state that 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.

Q: What is CPT code 95800?

CPT code 95800 was also created in 2011 and refers to a sleep study, unattended, simultaneous recording: heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone) and sleep time. ResMed does not have a device that meets this definition.

The information provided with this notice is general reimbursement information only as of January 1, 2012. 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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2 2012 Medicare fee schedule information accurate as of January 1, 2012.

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