



MASSACHUSETTS

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Medical Policy

Sleep Disorder Management CPT, HCPCS and Diagnoses Codes

Policy Number: 970

BCBSA Reference Number: N/A

NCD/LCD: N/A

Related Policies

- **Medicare Advantage: Advanced Imaging/Radiology and Sleep Disorder Management Clinical and Utilization Guidance Redirect, #923**
- Sleep Disorder Management, #969
- Advanced Imaging/Radiology, #968
- Advanced Imaging/Radiology CPT and HCPCS Codes, #900
- Advanced Imaging of the Heart, #972
- Advanced Imaging of the Heart CPT, HCPCS and Diagnoses Codes, #971

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Commercial Products

The following CPT and HCPCS codes are in-scope under the AIM Sleep Disorder Management Program for Commercial Managed Care (HMO and POS) and Commercial PPO and EPO. For medical necessity criteria, see [AIM Clinical Appropriateness Guidelines for Sleep Disorder Management](#).

Medicare Advantage Products

The following CPT and HCPCS codes are in-scope under the AIM Sleep Management Program for Medicare HMO and PPO. For medical necessity criteria, see [AIM Clinical Appropriateness Guidelines for Sleep Disorder Management](#).

Table 1. Bi-Level Positive Airway Pressure (BPAP) Devices CPT and HCPCS Codes

The following codes may not be all-inclusive.

HCPCS Codes	Code Description
E0470	Respiratory assist device, bi-level pressure capability, without back-up rate feature, used with non-invasive interface (nasal or facial mask)
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with non-invasive interface (nasal or facial mask)
E0561	Humidifier, non-heated, used with positive airway pressure device
E0562	Humidifier, heated, used with positive airway pressure device
E1399	Durable medical equipment, miscellaneous
A4604	Tubing with heating element
A7027	Combination Oral/Nasal Mask used with positive airway pressure device, each
A7028	Oral Cushion, Replacement for Combination Oral/Nasal Mask, each
A7029	Nasal Pillows, Replacement for Combination Oral/Nasal Mask, pair
A7030	Full Face Mask used with positive airway pressure device, each
A7031	Face Mask Cushion, Replacement for Full Face Mask
A7032	Replacement Cushion for Nasal Application Device
A7033	Replacement Pillows for Nasal Application Device, pair
A7034	Nasal Interface (mask or cannula type), used with positive airway pressure device, with/without head strap
A7035	Headgear
A7036	Chinstrap
A7037	Tubing
A7038	Filter, disposable
A7039	Filter, non-disposable
A7044	Oral Interface for Positive Airway Pressure Therapy
A7045	Replacement Exhalation Port for PAP Therapy
A7046	Water chamber for humidifier, replacement, each

Table 2. Management of Obstructive Sleep Apnea (OSA) Oral Appliances CPT and HCPCS Codes

The following codes may not be all-inclusive.

HCPCS Codes	Code Description
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment

ICD-10 Diagnoses Codes

ICD-10	Code Description
G47.33	Obstructive sleep apnea (adult) (pediatric)

The following HCPCS code is considered investigational for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity and Medicare HMO Blue and Medicare PPO Blue:

HCPCS Codes

HCPCS Codes	Code Description
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment

Table 3. Management of Obstructive Sleep Apnea (OSA) using Auto-Titrating Positive Airway Pressure (APAP) and Continuous Positive Airway Pressure (CPAP) Devices CPT and HCPCS Codes

The following codes may not be all-inclusive.

HCPCS Codes	Code Description
E0561	Humidifier, non-heated, used with positive airway pressure device
E0562	Humidifier, heated, used with positive airway pressure device
E0601	Single level continuous positive airway pressure device or auto-titrating continuous positive airway pressure
E1399	Durable medical equipment, miscellaneous
A4604	Tubing with heating element
A7027	Combination Oral/Nasal Mask used with positive airway pressure device, each
A7028	Oral Cushion, Replacement for Combination Oral/Nasal Mask, each
A7029	Nasal Pillows, Replacement for Combination Oral/Nasal Mask, pair
A7030	Full Face Mask used with positive airway pressure device, each
A7031	Face Mask Cushion, Replacement for Full Face Mask
A7032	Replacement Cushion for Nasal Application Device
A7033	Replacement Pillows for Nasal Application Device, pair
A7034	Nasal Interface (mask or cannula type), used with positive airway pressure device, with/without head strap
A7035	Headgear
A7036	Chinstrap
A7037	Tubing
A7038	Filter, disposable
A7039	Filter, non-disposable
A7044	Oral Interface for Positive Airway Pressure Therapy
A7045	Replacement Exhalation Port for PAP Therapy
A7046	Water chamber for humidifier, replacement, each

Table 4. Multiple Sleep Latency Testing (MSLT) and Maintenance of Wakefulness Testing (MWT) CPT and HCPCS Codes

The following codes may not be all inclusive.

CPT codes	Code Description
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness

Table 5. Polysomnography and Home Sleep Testing CPT and HCPCS Codes

The following codes may not be all inclusive.

CPT codes	Code Description
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist
95800	Sleep study, unattended simultaneous recording heart rate, oxygen saturation, respiratory analysis (e.g., by airflow or peripheral arterial tone), and sleep time
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation and respiratory analysis (e.g., by airflow or peripheral arterial tone)
95806	Sleep study, unattended, simultaneous recording of heart rate, oxygen saturation, respiratory airflow, and respiratory effort (e. g., thoracoabdominal movement)
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist
95808	Polysomnography; sleep staging with 1–3 additional parameters of sleep, attended by a technologist

95810	Polysomnography; sleep staging with 4 or more additional parameters of sleep, attended by a technologist
95811	Polysomnography; sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist
HCPCS Codes	Code Description
G0398	Home sleep study 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 study 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 study with type IV portable monitor, unattended; minimum of 3 channels

Table 6. Management of Obstructive Sleep Apnea using Implanted Hypoglossal Nerve Stimulators CPT and HCPCS Codes

The following codes may not be all inclusive.

CPT codes	Code Description
64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array
64583	Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator
64584	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array

Policy History

9/2022	Hypoglossal nerve stimulator codes 64582; 64583; 64584 were added. Effective 9/11/2022.
9/2019	New document #970 issued. Effective 9/1/2019.

Disclaimer:

Coverage is subject to applicable benefit contract. Specific benefits may vary by product and/or employer group. Please reference appropriate member materials (e.g., Benefit Handbook, Certificate of Coverage) for member-specific benefit information.

Member's medical records must document that services are medically necessary for the care provided. BCBS MA maintains the right to audit the services provided to our members, regardless of the participation status of the provider. All documentation must be available upon request. Failure to produce the requested information may result in denial or retraction of payment.