

Part B Insider (Multispecialty) Coding Alert

Reader Question: Incorporate G Code Into Home Sleep Study Claim

Question: I am coding for a physician who is interpreting sleep studies. The physician is employed by a hospital that owns the practice. For home sleep study interpretation, is it appropriate to code 95801-26 and the G0399 code?

Answer: You may use any one code from the codes 95806 (Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort [e.g., thoracoabdominal movement]), 95800 (Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis [e.g., by airflow or peripheral arterial tone], and sleep time) and 95801 (Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis [e.g., by airflow or peripheral arterial tone]) for a sleep study. Code choice depends upon the different component the provider is studying like heart rate, respiratory study, etc.

Append modifier 26 (Professional component) for the physician's work of interpreting the test.

Also report either 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) or G0399 (... minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation) for the work of instructing the patient in the use of the equipment. Base the code choice on the number of channels used and component studied.