

Eli's Rehab Report

Reader Question: Sleep Studies by Symptoms

Question: If a sleep study fails to confirm a suspected diagnosis, which diagnosis code should be used for billing the professional component?

Idaho Subscriber

Answer: Use the symptoms that prompted the sleep study. For instance, the patient probably complained of 780.51 (insomnia with sleep apnea), 780.53 (hypersomnia with sleep apnea), 780.57 (other and unspecified sleep apnea) or another similar condition, to cause the physiatrist to request the sleep study.

The initial study to determine the cause of the disorder is polysomnography, which is coded 95808-95811. If the study is for asleep or awake patients, code 95805 (multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness).

If the sleep study is unattended by a technologist, it would be coded 95806 (sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, unattended by a technologist). A standard sleep study is coded 95807 (sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist).

According to CPT, sleep studies also need to include recording of six or more hours of sleep with physician review, interpretation and report. In the rare event that less than six hours of recording is made or in other cases of reduced services, report the testing with modifier -52 (reduced services).