

# Payment Policy: Sleep Studies Place of Service

Reference Number: LA.PP.035

Effective Date: 08/2020

Last Review Date: 4/2026

**Coding Implications  
Revision Log**

**[See Important Reminder at the end of this policy for important regulatory and legal information.](#)**

## Policy Overview

Sleep Studies/Polysomnogram (PSG) procedures refer to continuous and simultaneous monitoring and recording observational physiological parameters of sleep for a period of at least six hours. Attended sleep studies are typically performed in a sleep laboratory or facility and attended by a technologist or qualified healthcare professional. Unattended sleep studies may be performed in the home.

The purpose of this policy is to define the appropriate place of service for sleep studies.

### Application

1. Professional
2. Institutional Providers

## Reimbursement

Louisiana Healthcare Connections code editing software will evaluate claim lines to determine if the place of service submitted for a sleep study is consistent with the definition of the sleep study procedure code billed. If the place of service is incorrect, the sleep study will be denied. For example, an attended sleep study billed in a location with place of service “home” would not be appropriate. Attended sleep studies are to be performed in a facility setting; therefore, a POS of home (12) would not be appropriate.

## Coding and Modifier Information

This payment policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT® codes and descriptions are copyrighted 2026, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this payment policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT/HCPCS Code	Descriptor
95800	Sleep study, unattended, simultaneous recording
95801	Sleep study, unattended, simultaneous recording
95806	Sleep study, unattended, simultaneous recording of , heart rate, oxygen saturation, respiratory airflow, and respiratory effort

CPT/HCPCS Code	Descriptor
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist
95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist

Modifier	Descriptor
NA	Not Applicable

ICD-10 Codes	Descriptor
NA	Not Applicable

**Definitions**

Place of Service – Two-digit code used on healthcare professional claims to indicate the setting in which service was provided

Sleep Study – Continuous and simultaneous monitoring and recording observational physiological parameters of sleep for a period of at least 6 hours

**Related Policies**

Not Applicable

**References**

1. *Current Procedural Terminology (CPT®)*, 2026
2. *HCPCS Level II*, 2026
3. [https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place\\_of\\_Service\\_Code\\_Set](https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set)

Revision History	Review Date	Approval Date	Effective Date
Converted corporate to local policy.	8/15/20		
Annual Review. Removed CMS Place of Service Codes and Descriptions. Added codes 95800, 95801, 95806. Removed codes 95782, 95783.	8/30/22	4/3/23	
Annual Review. References updated and added link to CMS page with POS code set.	6023	9/13/23	10/13/23

Revision History	Review Date	Approval Date	Effective Date
Annual Review. Reference and copyright dates updated	05/02/24	5/28/24	6/17/24
Annual Review. No revisions.	04/25	4/29/25	4/29/25
Annual Review. reference updated. No material changes	04/26	4/26	

**Important Reminder**

This payment policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this payment policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this payment policy. This payment policy is consistent with standards of medical practice current at the time that this payment policy was approved.

The purpose of this payment policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable LHCC administrative policies and procedures.

This payment policy is effective as of the date determined by LHCC. The date of posting may not be the effective date of this payment policy. This payment policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this payment policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. LHCC retains the right to change, amend or withdraw this payment policy, and additional clinical policies may be developed and adopted as needed, at any time.

This payment policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This payment policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this payment policy are independent contractors who exercise independent judgment and over whom LHCC has no control or right of control. Providers are not agents or employees of LHCC.

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**PAYMENT POLICY**  
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members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

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