Policy Key: Diagnostic Sleep Studies

TriWest Clinical Operations – TRICARE West

SCOPE

This Policy Key provides criteria to use during medical necessity review for Diagnostic Sleep Studies.

For active duty service members and TRICARE Prime Remote beneficiaries, reviewers must first apply guidance outlined in TRICARE Operations Manual Chapter 17, Section 3, Supplemental Health Care Program. If a service is excluded under ADSM/TPR provisions, no further policy review is required under this or any other Policy Key. [3]

NOT COVERED [1]

- Electrosleep therapy
- Study, grant, or research programs
- Sleep testing that is not indicated for patients whose complaint is of short duration or for patients who do not experience functional disability during the day
- Diagnostic testing that is duplicative of previous testing done by the attending physician, to the extent the results are still pertinent
- Testing for narcolepsy with documented episodes of cataplexy, as diagnostic testing would not be necessary
- Somnoplasty system for Obstructive Sleep Apnea Syndrome (OSAS) is unproven
- Type IV monitors
- Payment may not be made for Diagnostic Sleep Testing for the conditions below, as they can be diagnosed though other, more appropriate means
    - Drug dependency
    - Hypersomnia
    - Insomnia
    - Night terrors or dream anxiety attacks
    - Nocturnal myoclonus (muscle jerks)
    - Restless leg syndrome
    - Shift work and schedule disturbances
    - Migraine headaches

COVERAGE CRITERIA

General Information

- Diagnostic testing is only covered if the patient has the symptoms or complaints of one of the following conditions:
    - Narcolepsy
    - Impotence
    - Obstructive Sleep Apnea Syndrome
    - Parasomnias or abnormal sleep behavior, such as bruxism, sleepwalking, enuresis, and seizure disorder evaluations when the distinction between seizure activity and other forms of sleep disturbances is uncertain

Home Sleep Testing (HST)

- **HST CPT Codes:** 95800, 95801, 95806 *(valid through December 31, 2026)*
- Portable testing monitors must be FDA-approved devices:
    - Type II and Type III FDA-approved monitors (see definitions below).
        - G0398 — Home Sleep Study Test using a Type II Portable Monitor
        - G0399 — Home Sleep Test using a Type III Portable Monitor
    - Type IV monitors are **excluded**.

- **Initial Level of Review** may approve a HST as an alternative to in-facility polysomnogram (PSG) for the diagnosis of OSAS in an adult when **ALL** of the following criteria are met:
    - When ordered by an authorized provide; and
    - When patient meets **ALL** of the following criteria:
        - High pretest probability of OSAS as evidenced by clinical features, signs and symptoms (e.g., age, male gender, Body Mass Index (BMI) of 25 kg/m2 or greater, loud snoring, awakening with gasping or choking, excessive daytime sleepiness, observed cessation of breathing during sleep); and
        - The ordering authorized provider determines a home portable sleep study is an appropriate alternative to in-laboratory PSG; and
        - No significant co-morbid conditions exist that could impact the accuracy of the study (e.g., moderate to severe pulmonary disease, neuromuscular disease, congestive heart failure); and **either**:
            - No sleep disorders other than OSAS are suspected (e.g., central sleep apnea, periodic limb movement disorder, insomnia, parasomnias, circadian rhythm disorders, narcolepsy); or
            - Diagnosis of OSAS has been established, therapy has been initiated, and response to treatment is to be evaluated.

Maintenance of Wakefulness Test (MWT) for Obstructive Sleep Apnea (OSA) [2]

Where there is a military need to determine the effectiveness of treatment regarding sleepiness for an eligible Service member with a diagnosis of OSA.

- **Initial Level of Review** may approve a MWT when **ALL** of the following criteria are met:
  - The MWT referral documents the eligible Service member OSA diagnosis and receipt of at least 30 calendar days of described treatment, for example, CPAP.
  - The referral documents that the nearest Market/MTF with a Sleep Disorder Center and Sleep Lab cannot accommodate the request for MWT within access standards.
  - For members treated with Positive Airway Pressure (PAP), the referral includes Service specific PAP treatment compliance requirements such as number of hours used on percentage of nights since initiation of treatment.
  - The MWT is performed by a network/civilian sleep facility that is American Academy of Sleep Medicine (AASM) certified.
  - Prior to conducting the MWT, the sleep lab documents PAP usage and compare to Service specific compliance requirements.
  - If compliance requirements are met, the sleep lab proceeds with the MWT.
  - If compliance requirements are not met, the contractor shall ensure the sleep lab does not proceed with the MWT and report the results to the referring provider.
  - For members treated with surgical therapy, the contractor shall only approve an MWT if the Service member had a post-operative polysomnography confirming an Apnea Hypopnea Index (AHI) less than five per hour documented on the referral.

DEFINITIONS

Polysomnography (PSG) — the gold standard for diagnosing sleep-wake disorders. PSG typically involves an overnight stay in a sleep laboratory. Monitoring during testing includes electroencephalography (EEG), electrooculography (EOG), chin electromyography (EMG), airflow, blood oxygen saturation, respiratory effort, and electrocardiography (ECG). Body position and leg EMG may also be monitored.

Home Sleep Study — unattended/portable sleep study. An HST is a PSG test typically furnished in the home. This test usually involves measurement of airflow, breathing patterns, blood oxygen levels, and possibly limb movements and snoring intensity

Type II monitor — has a minimum of seven channels (e.g., EEG and EOG for sleep staging, ECG, chin EMG, airflow, breathing/respiratory effort, and oxygen saturation.

Type III monitor — has a minimum of four monitored channels including ventilation or airflow (at least two channels of respiratory movement or respiratory movement and airflow), heart rate or ECG, and oxygen saturation.

CODES

CPT 95805-95811, 95822, 95827

CPT 95800, 95801, 95806 - *valid through December 31, 2026, and may be deleted after January 1, 2027.*

HCPCS G0398 (Type II Portable Monitor), G0399 (Type III Portable Monitor)– *codes satisfy the TPM requirement of an FDA-approved type II or III home sleep study monitor*

REFERENCES

[1] TRICARE Policy Manual 6010.63-M, April 2021, Chapter 7, Section 19.1, Diagnostic Sleep Studies, https://manuals.dha.mil/View-Publication/TPT5/FileName/C7S19_1?referenceDate=2026-09-15

[2] TRICARE Operations Manual 6010.62-M, April 2021, Chapter 17, Section 3, Contractor Responsibilities, https://manuals.dha.mil/View-Publication/TO15/FileName/C17S3?referenceDate=2026-09-10

[3] TRICARE Operations Manual 6010.62M, Chapter 17, Section 3, Supplemental Health Care Program (SHCP) Contractor Responsibilities, https://manuals.dha.mil/View-Publication/TO15/FileName/C17S3?referenceDate=2026-09-10