

# Sleep Studies (for Kansas Only)

**Policy Number:** CS098KS.02  
**Effective Date:** February 1, 2026

[➔ Instructions for Use](#)

<b>Table of Contents</b>	<b>Page</b>
<a href="#">Application</a> .....	1
<a href="#">Coverage Rationale</a> .....	1
<a href="#">Medical Records Documentation Used for Review</a> .....	1
<a href="#">Applicable Codes</a> .....	1
<a href="#">U.S. Food and Drug Administration</a> .....	2
<a href="#">References</a> .....	2
<a href="#">Policy History/Revision Information</a> .....	3
<a href="#">Instructions for Use</a> .....	3

Related Policies
<ul style="list-style-type: none"> <li>• <a href="#">Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements (for Kansas Only)</a></li> <li>• <a href="#">Obstructive and Central Sleep Apnea Treatment (for Kansas Only)</a></li> </ul>

## Application

This Medical Policy only applies to the state of Kansas.

## Coverage Rationale

For medical necessity clinical coverage criteria for sleep studies, refer to the [Kansas Medical Assistance Program, Professional Fee-for-Service Provider Manual](#).

## Medical Records Documentation Used for Review

Benefit coverage for health services is determined by the federal, state, or contractual requirements, and applicable laws that may require coverage for a specific service. Medical records documentation may be required to assess whether the member meets the clinical criteria for coverage but does not guarantee coverage of the services requested.

The patient's medical record must contain documentation that fully supports the medical necessity for the requested services. This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures. Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available upon request.

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT 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

CPT Code	Description
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)
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness
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; 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

CPT® is a registered trademark of the American Medical Association

HCPCS Code	Description
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
G0399	Home sleep test (HST) 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 test (HST) with type IV portable monitor, unattended; minimum of 3 channels

## U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Systems to record and analyze PSG information are cleared for marketing under the 510(k) premarketing notification process. Refer to the following website for more information (use product code OLV): <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmnmn.cfm>. (Accessed July 17, 2025)

HSAT devices are cleared for marketing under the 510(k) premarketing notification process. Refer to the following website for more information (use product code MNR): <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmnmn.cfm>. (Accessed July 17, 2025)

Actigraphy devices are cleared for marketing under the 510(k) premarketing notification process. Some actigraphy devices measure sleep-wake states, while others measure levels of physical activity. Search the following website by product name for more information: <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmnmn.cfm>. (Accessed July 17, 2025)

## References

Kansas Medical Assistance Program Professional Fee-for-Service Provider Manual. Available at: [Professional Provider Manual](#). Accessed October 10, 2025.

## Policy History/Revision Information

Date	Summary of Changes
02/01/2026	<p data-bbox="337 201 1040 233"><b>Medical Records Documentation Used for Reviews</b></p> <ul data-bbox="337 233 1495 569" style="list-style-type: none"><li data-bbox="337 233 716 264">● Added language to indicate:<ul data-bbox="386 264 1495 569" style="list-style-type: none"><li data-bbox="386 264 1438 327">○ Benefit coverage for health services is determined by the federal, state, or contractual requirements, and applicable laws that may require coverage for a specific service</li><li data-bbox="386 327 1495 390">○ Medical records documentation may be required to assess whether the member meets the clinical criteria for coverage but does not guarantee coverage of the service requested</li><li data-bbox="386 390 1463 453">○ The patient's medical record must contain documentation that fully supports the medical necessity for the requested services</li><li data-bbox="386 453 1398 516">○ This documentation includes but is not limited to relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures</li><li data-bbox="386 516 1430 569">○ Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available upon request</li></ul></li></ul> <p data-bbox="337 569 662 600"><b>Supporting Information</b></p> <ul data-bbox="337 600 1166 659" style="list-style-type: none"><li data-bbox="337 600 1166 632">● Updated <i>References</i> section to reflect the most current information</li><li data-bbox="337 632 922 659">● Archived previous policy version CS098KS.01</li></ul>

## Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state, or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state, or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state, or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state, or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its policies and guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare uses InterQual® for the primary medical/surgical criteria, and the American Society of Addiction Medicine (ASAM) criteria for substance use disorder (SUD) services, in administering health benefits. If InterQual® does not have applicable criteria, UnitedHealthcare may also use UnitedHealthcare Medical Policies that have been approved by the Kansas Department of Health and Environment. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.