

## Reimbursement Policy Statement Illinois Medicaid

<b>Effective Date</b>	<b>Next Annual Review</b>	<b>Policy Number</b>	
12/01/2020	12/01/2026	ABHIL-RP-0032	
<b>Policy Name</b>		<b>Department</b>	
Polysomnography		Claims Operations Medical Payment	
<b>Policy Type</b>			
<b>Medical</b>	<b>Administrative</b>	<b>Pharmacy</b>	<b>Reimbursement</b>

Aetna Better Health® of Illinois (ABH IL) implements comprehensive and robust policies and procedures to ensure alignment with Illinois Department of Health Care and Family Services (HFS) and to warrant that regulatory standards are met.

ABH IL reimbursement policies are intended to provide a general reference for claims filing, coding, documentation guidelines and administrative functions. Providers are ultimately responsible for submission of accurate reporting of services provided.

Reimbursement of reported services is subject to member benefit, eligibility on date of service, medical necessity, related plan policies and procedures, correct coding and clinical editing logic, provider contracts and all applicable plan documentation and guidelines set forth by Illinois Department of Health Care and Family Services (HFS). Coding methodology, regulatory requirements, industry standard claims logic, guidance from specialty organizations and other factors are considered in the development of plan policies. ABH IL retains the right to change, amend or withdraw this policy as needed, at any time.

### CONTENTS OF POLICY:

Reimbursement Policy Statement	1
Table of Contents	1
A. Policy	2
B. Overview	2
C. Definitions	2
D. Reimbursement Guidelines	3
E. Codes/Conditions of Coverage	4
F. Frequently Asked Questions	4
G. Review/Revision History	4
H. Resources	4

### A. Policy

This policy is provided as a guide to medical coding and editing guidelines for the appropriate reporting of polysomnography. This policy aligns with guidance from AMA CPT Coding Guidelines.

### B. Overview

This policy outlines the coding and editing guidelines for reporting polysomnography procedures and applies to all professional and facility claim types. Polysomnography is a comprehensive diagnostic sleep study used to evaluate sleep disorders by continuously recording multiple physiologic parameters during sleep. These parameters typically include brain activity, eye movements, muscle activity, heart rhythm, respiratory effort, airflow, and oxygen saturation. Polysomnography is considered the standard diagnostic test for conditions such as obstructive sleep apnea and other sleep-related breathing disorders.

When reporting polysomnography, some CPT codes require you to consider the age of the patient as stated in the code description. If a CPT code that references the patient's age is reported, the procedure will be denied if the age range is inconsistent with the patient's actual age on the date of service.

Polysomnography reported as conducted in a patient's home using the place of service code 12 is not considered appropriate and will be denied.

### C. Definitions

Term	Definition
Aetna Better Health of Illinois (ABHIL)	A subsidiary of CVS Health Corporation, Medicaid subsidiary that provides plan management and other administrative services for the Illinois Medicaid program.
American Medical Association (AMA)	A professional group that publishes research to advance public health and advocates for the interests of registered physician-members.
Centers for Medicare & Medicaid Services (CMS)	The federal agency that administers the Medicare program as well as works with the individual states to administer state Medicaid and Children's Health Insurance Programs.
Current Procedural Terminology (CPT)	A medical code set maintained by the American Medical Association through the CPT Editorial Panel. The CPT code set (copyright protected by the AMA) describes medical, surgical, and diagnostic services and is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial, and analytical purposes.



Aetna Better Health® of Illinois

Illinois Department of Health Care and Family Services (HFS)	The Department of Healthcare and Family Services administers health insurance programs for children, pregnant women, and adults who are residents of Illinois.
Medicaid	The state administered program that provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities, according to federal requirements. The program is funded jointly by states and the federal government.
Medicare	Medicare is a health insurance program for: people aged sixty-five (65) or older, people under age sixty-five (65) with certain disabilities, and people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).
Place of Service Code (POS)	A Place of Service (POS) code is a two-digit code used on professional healthcare claims to identify the setting or location where healthcare services were provided. Place of Service codes are maintained by the Centers for Medicare & Medicaid Services (CMS)

**D. Reimbursement Guidelines**

ABH IL will only reimburse for polysomnography procedures when appropriately reported.

Appropriate reporting includes

- Reporting an age-based procedure code that is consistent with the patients' actual age on the date of service
- Reporting polysomnography as conducted in an appropriate place of service- not in the patients' home

Claims that are submitted will be denied when

- An age-based procedure code is reported that is inconsistent with the patients' actual age on the date of service
- Polysomnography is reported as conducted in the patients' home using the place of service code 12

The medical record documentation is expected to support the specific CPT code(s) and ICD-10-CM codes reported.



Aetna Better Health® of Illinois

**E. Codes/Condition of Coverage**

**Applicable CPT Codes**

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
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

**F. Frequently Asked Questions**

N/A

**G. Review/Revision Date**

Action	Date	Comments
Revision	04/01/2026	Update to new template- no content changes
Effective Date	12/01/2020	

**H. Resources**

1. American Medical Association. *CPT Professional Edition 2026, AMA; 2025.*