

There are two acceptable methods of testing for sleep-disordered breathing. The traditional method is attended polysomnography (PSG), which is performed during an overnight stay in a hospital sleep lab on an outpatient basis. This is a comprehensive procedure that evaluates the entire spectrum of possible sleep disorders. It is best utilized when a patient presents with multiple symptoms indicating possibly more than one sleep problem is going on if the patient has some sleep disorder other than sleep disordered breathing (obstructive sleep apnea syndrome or OSAS). The other form of testing is a simple, unattended home sleep study that focuses purely on OSAS. This in-home variety of testing is appropriate when there is higher suspicion the patient has sleep apnea and lower suspicion that there are other sleep co-morbidities going on.

Naturally, there is quite a bit of difference in the cost of providing these two tests (see below). What is important to establish when shopping for the most reasonable cost is whether or not the results of that testing will be accepted as justification for subsequent treatment (CPAP therapy). For instance, if the insurer should consider the in-home study to be a non-covered benefit and you decide to pay for it “out of pocket,” will the insurer cover the cost of eventual treatment should the study show you need it? Will they accept the results of the in-home test as medical evidence that your treatment is necessary and will cover the associated expense?

The following outline is written in “insurer language.” The key elements to bring up when one is speaking with an insurer about benefits and coverage are in italics. Once the insurer representative quotes a benefit level, it is then relatively simple to calculate what the out-of-pocket expense will be for either approach to getting a sleep study done. Example: the insurer says they will cover both the attended sleep test (CPT 95810) and the home sleep test (CPT G0399) at 80%. We can then anticipate the attended study in the hospital to result in an out-of-pocket expense of \$220 (your 20% portion of the \$1100). The unattended study would then be anticipated to cost only \$60 out-of-pocket (20% of \$300).

Note: an assurance from a commercial insurer representative over the phone that you are covered for a particular test or treatment is no guarantee the company will eventually pay the claim. This applies to all medical claims, not just sleep study claims. You are encouraged to ask for a “benefits fax line” where you can send in your request for benefits determination and receive a written response. That way both parties have a verifiable basis for what information was or was not discussed should the insurer decide to review the claim. Some insurers also require a “pre-determination” in order to qualify your need for the sleep study.

In-home sleep study

ICD-9	<i>327.23</i>	<i>Obstructive Sleep Apnea</i>
CPT	<i>G0399</i>	<i>Home Sleep study</i>
Service location		<i>Outpatient, in-home</i>
Anticipated Charge		<i>\$300</i>
Provider Status		<i>In network/participating provider</i>

Overnight PSG in a hospital sleep lab

ICD-9	<i>327.23</i>	<i>Obstructive Sleep Apnea</i>
CPT	<i>95810</i>	<i>Polysomnography (PSG)</i>
Service location		<i>Outpatient, hospital</i>
Anticipated Charge		<i>\$1100 (average according to latest market survey)</i>
Provider Status		<i>In network/participating provider</i>