Split Night Sleep Study

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plans supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

Affected CPT codes: 95810, 95811

CPT codes 95810 and 95811 are considered mutually exclusive when billed together on the same night, per both the American Medical Association (AMA) and the National Correct Coding Initiative (NCCI) Procedure-to-Procedure Edits. The diagnostic and titration portions of a sleep study should not be billed separately.

For a diagnostic sleep study only, CPT code 95810 should be billed. For a split night study or positive airway pressure (PAP) titration study, CPT code 95811 is the correct code to use.

According to CMS, providers may perform diagnostic and titration services in either two separate visits or a single split-night visit. If services are performed across two visits, the proper coding procedure is to bill only CPT code 95811.

Procedure Codes (CPT & HCPCS):

- 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.

Reimbursement Guidelines

Molina Healthcare follows AMA and NCCI guidance, which prohibits separate reimbursement for CPT codes 95810 and 95811 when performed on the same night. Claims submitted with both codes for the same date of service will be denied for one of the procedures as mutually exclusive.

When billing for sleep study services:

- Bill 95810 for diagnostic-only studies.
- Bill 95811 for split-night studies or PAP titration studies.
- If diagnostic and titration services are performed across two visits, bill 95811 only.

Correct coding is required to ensure compliance with AMA, NCCI, and CMS guidelines and to avoid claim denials or adjustments.

Supplemental Information

Definitions

Term	Definitions
MAC	A Medicare Administrative Contractor (MAC) is a private health insurance company that processes Medicare Part A and Part B medical claims, as well as durable medical equipment (DME) claims, for Medicare Fee-for-Service (FFS) beneficiaries. They act as the main operational link between the Medicare program and healthcare providers. MACs are multi-state, regional contractors responsible for administering both Medicare Part A and Part B claims for a defined geographic area.
CMS	The Centers for Medicare & Medicaid Services. The Centers for Medicare & Medicaid Services (CMS) is a federal entity under the United States Department of Health and Human Services (HHS). It oversees the Medicare program and collaborates with state governments to manage Medicaid, the Children's Health Insurance Program (CHIP), as well as health insurance portability regulations.
CPAP	CPAP (Continuous Positive Airway Pressure) is a treatment that uses mild air pressure from a machine to keep the airways open, most often used for people with sleep apnea.
EEG	Electroencephalogram (EEG) is a test that measures and records the brain’s electrical activity using small sensors attached to the scalp.
OSA	Obstructive sleep apnea is a sleep disorder where the airway becomes partly or completely blocked during sleep, causing pauses in breathing and disrupted rest.
PSG	Polysomnography is an overnight sleep study done in a sleep center or lab - often in a hospital or specialized clinic - that records brain activity, breathing, heart rate, oxygen levels, and body movements to diagnose sleep disorders.

State Exceptions

State	Exception
Texas	Polysomnography (procedure codes 95782, 95783, 95808, 95810, and 95811) is limited to one per day and two per rolling year by any provider.
Utah	Utah Medicaid will reimburse for 1-PSG 95810 and 1-PSG 95811 per calendar year without prior authorization. Requests that exceed the limit of (1) code per year require prior authorization and must meet UDOH criteria.

Documentation History

Type	Date	Action
Initial Creation Date	01/01/2021	Created Policy
Revised Date	08/16/2023	Verified links, updated page numbers for links- CS
Revised Date	12/13/2024	Updated Template
Revised Date	08/11/2025	Added Reimbursement Guidelines; re-did reference section; updated state exceptions; updated reference links; updated template
Revised Date	08/19/2025	Updated Initial Creation Date
Revised Date	09/10/2025	Revised Initial Creation Date

References

This policy was developed using:

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

Reference	Link
CMS	LCD - Outpatient Sleep Studies (L35050) LCD - Polysomnography and Other Sleep Studies (L36861) Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services, Issued April 11, 2025, pages 71 - 73
Department of Health and Human Services – Office of the Inspector General	Questionable Billing for Polysomnography Services (OEI-05-12-00340; 10/13), October 2013, pages 2 and 3
American Academy of Sleep Medicine	Sleep Study Billing and Diagnostic Codes & Guidelines
Texas	Texas Medicaid Provider Procedures Manual, Volume 2, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook, Section 9.2.72.3, August 2025, page 223
Utah	Polysomnogram (PSG) (Custom) - UDOH, 2011, page 1

*__CODING DISCLAIMER.__ Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.