



By EVERNORTH®



WellCare Health Plans Sleep Therapy Code List

Category/ Grouping	CPT® Code	CPT® Code Description	Medicaid Requires Prior Authorization	Medicare Requires Prior Authorization
DME	94660	Continuous Positive Airway Pressure Ventilation (CPAP), Initiation And Management	No	Out of Scope
Sleep	95782	Polysomnography; Younger Than 6 Years, Sleep Staging With 4 Or More Additional Parameters Of Sleep, Attended By A Technologist	Yes	Out of Scope
Sleep	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	Yes	Out of Scope
Sleep	95800	Sleep Study, Unattended, Simultaneous Recording; Heart Rate, Oxygen Saturation, Respiratory Analysis (E.G., By Airflow Or Peripheral Arterial Tone), And Sleep Time	Yes	Out of Scope
Sleep	95801	Sleep Study, Unattended, Simultaneous Recording; Minimum Of Heart Rate, Oxygen Saturation, Respiratory Analysis (E.G., By Airflow Or Peripheral Arterial Tone), And Sleep Time	Yes	Out of Scope
Sleep	95805	Multiple Sleep Latency Test Or Maintenance Of Wakefulness Test	Yes	Out of Scope
Sleep	95806	Sleep Study, Unattended, Simultaneous Recording Of, Heart Rate, Oxygen Saturation, Respiratory Airflow, And Respiratory Effort (E.G. Thoracoabdominal Movement)	Yes	Out of Scope
Sleep	95807	Sleep Study, Simultaneous Recording Of Ventilation, Respiratory Effort, ECG Or Heart Rate, And Oxygen Saturation, Attended By A Technologist	Yes	Out of Scope
Sleep	95808	Polysomnography, Sleep Staging With 1-3 Additional Parameters Of Sleep, Attended By A Technologist	Yes	Out of Scope
Sleep	95810	Polysomnography, Sleep Staging With 4 Or More Additional Parameters Of Sleep, Attended By A Technologist	Yes	Out of Scope

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Sleep	95811	Polysomnography, Sleep Staging With 4 Or More Additional Parameters Of Sleep For PAP Titration, With Initiation Of Continuous Positive Airway Pressure Therapy Or Bilevel Ventilation, Attended By A Technologist	Yes	Out of Scope
DME	A4604	Tubing With Integrated Heating Element For Use With Positive Airway Pressure Device	No	Out of Scope
DME	A7027	Combination Oral/Nasal Mask, Used With Continuous Positive Airway Pressure Device, Each	No	Out of Scope
DME	A7028	Oral Cushion For Combination Oral/Nasal Mask, Replacement Only, Each	No	Out of Scope
DME	A7029	Nasal Pillows For Combination Oral/Nasal Mask, Replacement Only, Pair	No	Out of Scope
DME	A7030	Full Face Mask Used With Positive Airway Pressure Device, Each	No	Out of Scope
DME	A7031	Face Mask Interface, Replacement For Full Face Mask, Each	No	Out of Scope
DME	A7032	Cushion For Use On Nasal Mask Interface, Replacement Only, Each	No	Out of Scope
DME	A7033	Pillow For Use On Nasal Cannula Type Interface, Replacement Only, Pair	No	Out of Scope
DME	A7034	Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Pressure	No	Out of Scope
DME	A7035	Headgear Used With Positive Airway Pressure Device	No	Out of Scope
DME	A7036	Chinstrap Used With Positive Airway Pressure Device	No	Out of Scope
DME	A7037	Tubing Used With Positive Airway Pressure Device	No	Out of Scope
DME	A7038	Filter, Disposable, Used With Positive Airway Pressure Device	No	Out of Scope
DME	A7039	Filter, Non Disposable, Used With Positive Airway Pressure Device	No	Out of Scope
DME	A7044	Oral Interface Used With Positive Airway Pressure Device, Each	No	Out of Scope
DME	A7045	Exhalation Port With Or Without Swivel Used With Accessories For Positive	No	Out of Scope
DME	A7046	Water Chamber For Humidifier, Used With Positive Airway Pressure Device,	No	Out of Scope
Sleep	A9270	Non-covered item or service (Used for oral appliances that do not incorporate all of the criteria as set forth in the Policy Article; tongue-retaining or tongue-positioning devices; and devices that are used only to treat snoring without a diagnosis of obstructive sleep apnea)	Out of Scope	Out of Scope
DME	E0470	Respiratory Assist Device, Bi-Level Pressure Capability, Without Backup Rate	No	Out of Scope
DME	E0471	Respiratory Assist Device, Bi-Level Pressure Capability, With Back-Up Rate	No	Out of Scope

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Sleep	E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment	Out of Scope	Out of Scope
Sleep	E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment	Out of Scope	Out of Scope
DME	E0561	Humidifier, Non-Heated, Used With Positive Airway Pressure Device	No	Out of Scope
DME	E0562	Humidifier, Heated, Used With Positive Airway Pressure Device	No	Out of Scope
DME	E0601	Continuous Airway Pressure (CPAP) Device	No	Out of Scope
Sleep	E1399	Durable medical equipment, miscellaneous		Out of Scope
Sleep	G0398	Home Sleep Study Test (HST) With Type II Portable Monitor, Unattended; Minimum Of 7 Channels Including: EEG, EOG, EMG, Respiratory Movement, Airflow, ECG/Heart Rate And Oxygen Saturation	Yes	Out of Scope
Sleep	G0399	Home Sleep Study Test (HST) With Type III Portable Monitor, Unattended; Minimum Of 4 Channels: 2 Respiratory Movement/Airflow, 1 Ecg/Heart Rate And 1 Oxygen Saturation	Yes	Out of Scope
Sleep	G0400	Home Sleep Study Test (HST) With Type IV Portable Monitor, Unattended; Minimum Of 3 Channels	Yes	Out of Scope
Sleep	K1027	Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment	Yes	Out of Scope

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