

**Cigna Commercial & Medicare Advantage
Prior Authorization Procedure List: Sleep**

| Product | Category | CPT® Code | CPT® Code Description | Medicare Prior Authorization Required? | Medicare Case Build Platform | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---------------------------|---------------|-----------|---|--|------------------------------|--|--------------------------------|--|
| Sleep | Sleep Testing | 95782 | Polysomnography, sleep monitoring of patient younger than 6 years old in a sleep lab | Of Of Scope | Of Of Scope | Yes | eP360 | |
| Sleep | Sleep Testing | 95783 | Polysomnography, sleep monitoring of patient younger than 6 years old in a sleep lab with breathing assistance | Of Of Scope | Of Of Scope | Yes | eP360 | |
| Sleep | Sleep Testing | 95800 | Sleep Study, a device used while a person is sleeping to monitor heart rate and breathing | Of Of Scope | Of Of Scope | Out Of Scope | eP360 | No PA required Effective 01/01/22. |
| Sleep | Sleep Testing | 95801 | Sleep Study, a device used while a person is sleeping to monitor heart rate and breathing | Of Of Scope | Of Of Scope | Out Of Scope | eP360 | No PA required Effective 01/01/22. |
| Sleep | Sleep Testing | 95805 | Multiple Sleep Latency Test (MSLT), facility based test to see the amount of sleepiness or to test the ability to stay awake | Of Of Scope | Of Of Scope | Yes | eP360 | |
| Sleep | Sleep Testing | 95806 | Sleep Study, a device used while someone is sleeping to monitor heart rate and breathing | Of Of Scope | Of Of Scope | Out Of Scope | eP360 | No PA required Effective 01/01/22. |
| Sleep | Sleep Testing | 95807 | Sleep Study, facility based test to diagnose or plan treatment for a sleep related problem | Of Of Scope | Of Of Scope | Yes | eP360 | |
| Sleep | Sleep Testing | 95808 | Polysomnography, sleep monitoring of patient at any age in a sleep lab | Of Of Scope | Of Of Scope | Yes | eP360 | |
| Sleep | Sleep Testing | 95810 | Polysomnography, sleep monitoring of patient 6 years or older in a sleep lab | Of Of Scope | Of Of Scope | Yes | eP360 | |
| Sleep | Sleep Testing | 95811 | Polysomnography, sleep monitoring of patient 6 years or older in a sleep lab with breathing equipment | Of Of Scope | Of Of Scope | Yes | eP360 | |
| Durable Medical Equipment | CPAP/BIPAP | E0470 | Bi-Level Positive Airway Pressure Device, a home based healthcare device that provides treatment for breathing disorders | Of Of Scope | Of Of Scope | No | eP360 | Will not require a precertification but will require registration with eviCore |
| Durable Medical Equipment | CPAP/BIPAP | E0471 | Bi-Level Positive Airway Pressure Device, a home based healthcare device that provides treatment for breathing disorders | Of Of Scope | Of Of Scope | No | eP360 | Will not require a precertification but will require registration with eviCore |
| Durable Medical Equipment | CPAP/BIPAP | E0601 | Positive Airway Pressure Device, a home based healthcare device that determines and provides treatment for a breathing disorder diagnosed by a Home Sleep Test (HST) or a facility based sleep test | Of Of Scope | Of Of Scope | No | eP360 | Will not require a precertification but will require registration with eviCore |
| Sleep | Sleep Testing | G0398 | Home Sleep Study Test (HST), home based device with 7 channels used to monitor your sleep and breathing during sleep | Of Of Scope | Of Of Scope | Out Of Scope | eP360 | No PA required Effective 01/01/22. |
| Sleep | Sleep Testing | G0399 | Home Sleep Study Test (HST), home based device with 7 channels used to monitor your sleep and breathing during sleep | Of Of Scope | Of Of Scope | Out Of Scope | eP360 | No PA required Effective 01/01/22. |
| Sleep | Sleep Testing | G0400 | Home Sleep Study Test (HST), home based device with 7 channels used to monitor your sleep and breathing during sleep | Of Of Scope | Of Of Scope | Out Of Scope | eP360 | No PA required Effective 01/01/22. |

| Product | Category | CPT® Code | CPT® Code Description | Medicare Prior Authorization Required? | Medicare Case Build Platform | Commercial Prior Authorization Required? | Commercial Case Build Platform | External Notation |
|---------|---------------|-----------|---|--|------------------------------|--|--------------------------------|-------------------|
| Sleep | Sleep Testing | K1028 | Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle for the reduction of snoring and obstructive sleep apnea, controlled by phone application | Of Of Scope | Of Of Scope | Yes | eP360 | |
| Sleep | Sleep Testing | K1029 | Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply | Of Of Scope | Of Of Scope | Yes | eP360 | |

CPT copyright 2024 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.