



**2025**  
**REIMBURSEMENT GUIDE**

WatchPAT™ Home Sleep Apnea Test

# CODING AND PAYMENT

## 2025 Medicare Physician Fee Schedule (MPFS) Payments

CPT® / HCPCS CODE <sup>1</sup>	MODIFIER	DESCRIPTION	2025 NATIONAL AVERAGE PAYMENT* <sup>2</sup>
95800	Global	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (e.g., by airflow or peripheral arterial tone), and sleep time	\$124.53
95800	TC	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (e.g., by airflow or peripheral arterial tone), and sleep time	\$87.34
95800	26	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (e.g., by airflow or peripheral arterial tone), and sleep time	\$37.20
G0400		Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels	Carrier Determined

CPT®/HCPCS code requirements may vary by payer for unattended home sleep studies. Most private payers accept CPT® 95800 for the WatchPAT™ sleep test while others require reporting with HCPCS G0400. Check with your payer to ensure appropriate coding on your claim form. **All Medicare MACs accept CPT 95800 for reporting WatchPAT.**

## 2025 RELATIVE VALUE UNITS (RVUS)

CPT® / CODE <sup>1</sup>	MODIFIER	WORK RVUS	NON-FACILITY PRACTICE EXPENSE RVUS	MALPRACTICERVUS	TOTAL NON-FACILITY RVUS
95800	Global	0.85	2.95	0.05	3.85
95800	TC	0.00	2.68	0.02	2.70
95800	26	0.85	0.27	0.03	1.15

## MODIFIERS

CPT® Modifiers are often used with diagnostic studies that may have separate billing components; a professional and technical service. In some instances, the provider can bill both the professional and technical component as a global service. Contact your Medicare contractor or other payer to determine if you meet their requirements for billing globally.

MODIFIER	DESCRIPTION
26	<b>Professional Component:</b> The professional component (PC) represents the supervision and interpretation of a procedure provided by the physician or other healthcare professional. It is identified by appending modifier 26 to the procedure code
TC	<b>Technical Component:</b> The technical component (TC) represents the cost of the equipment, supplies and personnel to perform the procedure. It is identified by appending modifier TC to the procedure code.

<sup>1</sup> Current Procedural Terminology (CPT®) copyright (2024). American Medical Association (AMA). All rights reserved. No fee schedules, basic units, relative value or related listings are included in CPT®. The AMA assumes no liability for the data contained herein.

<sup>2</sup> CY 2025 Revisions to Payment Policies under the Medicare Physician Fee Schedule and Other Revisions to Part B (CMS-1807-F, November 1, 2024); Addendum B. All MPFS Fee Schedules calculated using CF of \$32.3465 effective January 1, 2025.

## MEDICARE PLACE OF SERVICE (POS)

Home sleep apnea testing (HSAT) provided by physicians may contain both a technical component (TC) and a professional component (PC). Often, the PC and TC of diagnostic services are furnished in different settings. Based on Medicare guidelines the POS shall be assigned according to the setting in which the beneficiary received face-to-face services, except when the PC or interpretation component is done from a distant site. Then the POS for the PC component shall be the setting in which the beneficiary received the TC service. Some Medicare Administrative Contractors (MACs) request that POS 11 (office) be used for the TC service while others request that POS 12 (home) be used. Check the LCD for your Medicare MAC to ensure the correct POS for your area.

### Commonly Used POS Codes

PLACE OF SERVICE	CATEGORY	POS CODE
Physician Office	Non- Facility	11
Home	Non- Facility	12
Outpatient Hospital	Facility	22

## EVALUATION AND MANAGEMENT (E&M) SERVICES

E&M services 99202-99205 and 99211-99215, may be billed for a separate and distinct reason on the same day as the WatchPAT™ service. Billing will vary based on whether the patient is new or established, problem presented, and time spent with patient. Check with each payer (Medicare or third party payer) to determine the appropriate billing for the E&M service.

## DIAGNOSIS CODES

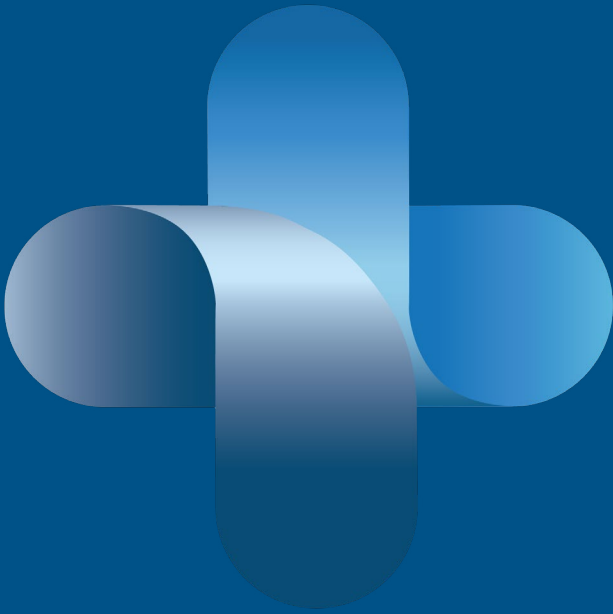
The following table includes a list of commonly used diagnosis codes.

### Commonly Used ICD-10-CM Diagnosis Codes

ICD-10	DESCRIPTION
G47.30	Sleep apnea, unspecified
G47.33	Obstructive sleep apnea (adult)(pediatric)

**FOR REIMBURSEMENT QUESTIONS CONTACT US AT:**  
<https://www.itamar-medical.com/watchpat-reimbursement/>

ZOLL Itamar provides this information only for your convenience. It is not intended as a recommendation of clinical practice or as legal advice. It is the responsibility of the provider to determine coverage and submit appropriate codes, modifiers, and charges for the services rendered. Contact your Medicare Administrative Contractor (MAC) or other commercial payer for interpretation of coverage, coding and payment policies.



**ZOLL** <sup>+</sup>itamar<sup>®</sup>

**ZOLL Itamar**  
3290 Cumberland Club Dr.  
Atlanta, GA 30339  
USA

Tel 1-888-748-2627  
FAX 1-888-748-2628

[www.itamar-medical.com](http://www.itamar-medical.com)