MetroPlus Health

Policy and Procedure

Title: Polysomnography and Sleep Studies	Division: Medical Management Department: Utilization Management
Approval Date: 10/26/2018	LOB: Medicaid, Medicare, HIV SNP, CHP, MetroPlus Gold, GoldCare I&II, Market Plus, Essential, HARP, UltraCare
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1. POLICY DESCRIPTION:

Polysomnography and Sleep Studies

2. RESPONSIBLE PARTIES:

Medical Management Administration, Utilization Management, Integrated Care Management, Pharmacy, Claim Department, Providers Contracting.

3. DEFINITIONS:

Polysomnography is defined to include, but is not limited to, the following:

1. A 1-4 lead electroencephalogram (EEG) to measure global neural encephalographic activity using electrodes placed on the scalp.
2. Electrooculogram (EOG) to measure eye movements using electrodes placed near the outer canthus of each eye.
3. A submental electromyogram (EMG) to measure submental electromyographic activity using electrodes placed over the mentalis, submentalis muscle, and/or masseter regions.
4. Rhythm electrocardiogram (ECG) with two or three chest leads.
5. Nasal and/or oral airflow via mercury switches or by direct observation.
6. Ventilation and respiratory effort by chest-wall and abdominal movement measured using strain gauges, piezoelectric belts, inductive plethysmography, impedance or inductance pneumography, endoesophageal pressure, or intercostal EMG.
7. Gas exchange (oxygen saturation (SpO2) by oximetry, transcutaneous monitoring, or end-tidal gas analysis.
8. Extremity muscle activity, motor activity-movement using EMG.
9. Body positions via mercury switches or by direct observation.
10. Recordings of vibration (frequency and/or volume) may be recorded.
11. Transcutaneous CO2, esophageal pH, penile tumescence or bipolar EEG.

Sleep testing may be classified as:

Type I ..... ***An attended sleep study performed in a hospital or freestanding sleep lab*** with continuous and simultaneous monitoring of electroencephalogram (EEG), electrooculogram (EOG), electrocardiogram (EKG), electromyogram (EMG), oxygen saturation, respiratory effort, and airflow. Type I studies are also known as polysomnography (PSG).

Type II ***..... A sleep study (usually unattended) performed with portable equipment*** with continuous and simultaneous monitoring of EEG, EOG, EKG, EMG, oxygen saturation, respiratory effort, and airflow. Type II studies are similar to type I (PSG) studies except that the former is usually performed in the home.

Type III ***..... An unattended sleep study performed with portable equipment*** with monitoring of a minimum of four channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation. The studies are performed in the home and differ from types I and II in that they do not provide data on sleep staging.

Type IV ***..... An unattended sleep study performed with portable equipment*** with monitoring of three or fewer physiological parameters only one of which is airflow. The studies are performed in the home and differ from types I and II in that they do not provide data on sleep staging.

Note: Home sleep studies performed with Type II and Type III devices (as defined above) and devices which utilize the combination of peripheral arterial tone (PAT), actigraphy, ECG/heart rate and oxygen saturation are considered medically necessary when the criteria below are met. Type IV devices not meeting this description are considered to be not medically necessary in all clinical scenarios.

4. POLICY:

1 (one) sleep study test will be covered per year when the below criteria have been met. Follow- up studies may be covered when the below follow-up criteria have been met.

Criteria for Coverage of Diagnostic Tests: All reasonable and necessary diagnostic tests given for the medical conditions listed below are covered when the following criteria are met:

- The clinic is either affiliated with a hospital or is under the direction and control of physicians.

- Patients are referred to the sleep disorder clinic by their clinical provider, and the clinic maintains a record of the clinical provider’s orders; and

- The need for diagnostic testing is confirmed by medical evidence, e.g., physician examinations and laboratory tests.

Diagnostic testing that is duplicative of previous testing done by the attending physician to the extent the results are still pertinent is not covered because it is not reasonable and necessary.

This policy is applicable to performance of lab-based sleep studies (polysomnography) and home-based sleep studies for the following disorders.

- Obstructive sleep apnea (OSA)
- Central sleep apnea (CSA)
- Narcolepsy
- Parasomnias and related sleep movement disorders including:
  - Confusion arousals
  - Somnambulism (sleepwalking)
  - Sleep terrors
  - Rapid eye movement (REM) sleep behavior disorder
  - Sleep-related epilepsy
  - Sleep bruxism
  - Sleep enuresis (bed wetting)
  - Periodic limb movement disorder (PLMD)
- Nocturnal oxygen desaturation

Covered testing includes the following:

- **Type I polysomnography (PSG):** Covered when used to aid the diagnosis of OSA in those who have clinical signs and symptoms indicative of OSA. A Type I polysomnography sleep study is required to determine the medical necessity of initiating CPAP.

- **Type II or a type III sleep testing device:** Covered when used to aid the diagnosis of OSA in those who have clinical signs and symptoms indicative of OSA if performed unattended in or out of a sleep lab facility or attended in a sleep lab facility.

- **Type IV sleep testing device measuring three or fewer channels:** Covered when one of which is airflow, when used to aid the diagnosis of OSA in those who have signs and symptoms indicative of OSA if performed unattended in or out of a sleep lab facility or attended in a sleep lab facility.

- **Sleep testing device measuring three or more channels that include actigraphy, oximetry, and peripheral arterial tone:** Covered when used to aid the diagnosis of OSA in those who have signs and symptoms indicative of OSA if performed unattended in or out of a sleep lab facility or attended in a sleep lab facility.

For Criteria refer to the below tables:

Table 1: Indications for Home (Unattended) Sleep Studies

Table 2: Indications for In-Lab (Attended) Sleep Studies in Adult Patients (Age 19 Years or Older)

Table 3: Indications for In-Lab (Attended) Sleep Studies in Non-Adult Patients (Age 18 Years or Younger)

Table 4: Contraindications to Home Sleep Study

Table 1: Indications for Home (Unattended) Sleep Studies	
At home sleep study criteria for Suspected OSA	**Established OSA – follow-up home sleep studies**
Home sleep studies are indicated if the patient meets any of the following criteria (1–3) AND has no contraindication to a home sleep study as outlined in table 4:	A patient with established diagnosis of OSA could be eligible for a follow-up home sleep study **if either of the following applies AND** there is no contraindication to a home sleep study as outlined in table 4:
1. Observed apneas during sleep; OR 2. A combination of at least two (2) of the following (a–e): a. Excessive daytime sleepiness evidenced by an Epworth sleepiness scale score greater than 10, inappropriate daytime napping (e.g., during driving, conversation, or eating), or sleepiness that interferes with daily activities and is not explained by other conditions; b. Habitual snoring, or gasping/choking episodes associated with awakenings; c. Treatment-resistant hypertension (persistent hypertension in a patient taking three or more antihypertensive medications); d. Obesity, defined as a body mass index greater than 30 kg/m2 or increased neck circumference defined as greater than 17 inches in men or greater than 16 inches in women;	1. To assess efficacy of surgery (including adenotonsillectomy or upper airway) or oral appliances/devices; OR 1. To re-evaluate the diagnosis of OSA and need for continued CPAP if there is a significant weight loss (defined as 10% of body weight) since the most recent sleep study.

e. Craniofacial or upper airway soft tissue abnormalities, including adenotonsillar hypertrophy, or neuromuscular disease; OR 3. History of stroke **(greater than 30 days previously**) transient ischemic attack, coronary artery disease, or sustained supraventricular tachycardic or bradycardic arrhythmias in patients who meet one of the criteria in 2a–e above.	

Table 2: Indications for In-Lab (Attended) Sleep Studies in Adult Patients (Age 19 Years or Older)

Suspected OSA (in patients with unspecified sleep apnea and nocturnal desaturation, OSA should be suspected:	**Suspected sleep disorder other than OSA – in lab testing**	**Established sleep disorder (OSA or other) – follow-up laboratory studies:**
An in-lab sleep (attended) study is indicated if the patient meets any of the following criteria (1–3) AND has a contraindication to a home sleep study (as listed in table 4):	An in-lab supervised sleep study is appropriate when there is suspicion of any of the following (1–7):	A patient with established diagnosis of OSA or other sleeping disorders could be eligible for a follow up in-lab sleep study **if either of the following (1 or 2) applies AND** the patient has a contraindication to a home sleep study (as listed in table 4):
1. Observed apneas during sleep; OR 2. A combination of at least two (2) of the following (a–e): a. Excessive daytime sleepiness evidenced by an Epworth sleepiness scale score greater than 10, inappropriate daytime napping (e.g., during driving, conversation, or eating), or sleepiness that interferes with daily activities and is not explained by other conditions; b. Habitual snoring, or gasping/choking episodes associated with awakenings;	1. Central sleep apnea 2. Narcolepsy 3. Nocturnal seizures 4. Parasomnia 5. Idiopathic hypersomnia 6. Periodic limb movement disorder (PLMD) – In order to support the suspicion of PLMD in this context, one of the following (a-f) must be documented: a. Pregnancy, b. Renal failure,	1. To assess efficacy of surgery (including adenotonsillectomy or upper airway) or oral appliances/devices; OR 2. To re-evaluate the diagnosis of OSA and need for continued CPAP if there is significant weight loss (defined as 10% of body weight) since the most recent sleep study **A patient with established diagnosis of OSA or other sleeping disorders could have a follow-up in-lab study if any of the following (1-3) applies:**

c. Treatment-resistant hypertension (persistent hypertension in a patient taking three or more antihypertensive medications); d. Obesity, defined as a body mass index greater than 30 kg/m2 or increased neck circumference defined as greater than 17 inches in men or greater than 16 inches in women; e. Craniofacial or upper airway soft tissue abnormalities, including adenotonsillar hypertrophy, or neuromuscular disease; OR 3. History of stroke, transient ischemic attack, coronary artery disease, or sustained tachycardic or bradycardic arrhythmias in patients who meet one of the criteria in 2a–e above.	c. Iron deficiency anemia, d. Peripheral neuropathy, e. use of antidepressant or antipsychotic medications, or f. continued hypersomnia and clinical symptoms of PLMD after sleep disordered breathing is ruled out by home sleep testing. 7. Nocturnal desaturation (due to severe COPD or certain restrictive thoracic disorders) or unexplained right heart failure, polycythemia, cardiac arrhythmias during sleep or pulmonary hypertension.	1. To titrate CPAP/BPAP in a patient who has a contraindication to the use of APAP (e.g., CHF, COPD) or for whom an attempt at APAP titration has been unsuccessful, OR 2. To titrate CPAP/BPAP in a patient with a contraindication to the use of APAP (e.g., CHF, COPD) whose attempted splitnight study did not adequately establish appropriate CPAP/BPAP treatment parameters; OR **3.** To re-titrate CPAP/BPAP in a patient who has a contraindication to APAP (e.g., CHF, COPD) and has recurrence of symptoms or worsening of symptoms during treatment with CPAP/BPAP.

Indications for In-Lab (Attended) Sleep Studies in Non-Adult Patients Age 18 Years or Younger	
Table 3: Suspected sleep disorder (OSA or other)	**Established sleep disorder (OSA or other) – follow up studies**
An in-lab sleep (attended) study is indicated if the patient meets any of the following criteria 1–11 below:	A follow-up in-lab sleep study is appropriate in any of the following (1–5) situations:
1. Habitual snoring in association ***with one or more of criteria a–e below***: a. Restless or disturbed sleep. b. Behavioral disturbance or learning disorders including deterioration in academic performance, attention deficit disorder, hyperactivity c. Frequent awakenings. d. Enuresis (bedwetting). e. Growth retardation or failure to thrive; **OR** 2. Excessive daytime somnolence or altered mental status not explained by other conditions; **OR** 3. Polycythemia not explained by other conditions; **OR** 4. Cor pulmonale not explained by other conditions; **OR** 5. Witnessed apnea with duration greater than two (2) respiratory cycles; **OR**	1. A patient with established OSA continues to exhibit persistent snoring or other symptoms of sleep disordered breathing despite treatment with positive airway pressure therapy; OR 2. The patient has undergone adenotonsillectomy more than eight (8) weeks previously for management of established OSA; OR 3. To re-evaluate the diagnosis of OSA and need for continued PAP if there is significant weight loss (defined as 10% of

6. Labored breathing during sleep; **OR** 7. Hypertrophy of the tonsils or adenoids in patients at significant surgical risk such that the exclusion of OSA would allow avoidance of surgery; **OR** 8. Suspected congenital central alveolar hypoventilation syndrome or sleep-related hypoventilation due to neuromuscular disease or chest wall deformities; **OR** 9. Clinical evidence of a sleep-related breathing disorder in infants who have experienced an apparent life-threatening event; **OR** 10. For exclusion of OSA in a patient who has undergone adenotonsillectomy for suspected OSA more than eight (8) weeks previously; **OR** 11. The initial study was inadequate, equivocal or non-diagnostic and the child's parents or caregiver report that the breathing patterns observed at home were different from those during testing.	body weight) since the most recent sleep study; OR 4. To titrate CPAP or BPAP in a patient whose diagnostic study confirms that the patient is a candidate for positive airway pressure therapy and split-night study has not been performed or was inadequate; OR 5. The initial sleep study has led to a diagnosis other than OSA and the repeat study is requested because of a change in clinical status or to assess efficacy after a change in therapy.

Table 4: Contraindications to Home Sleep Study
1. Patient is 18 years old or younger
2. Moderate or severe chronic obstructive pulmonary disease (COPD) – Forced expiratory volume in 1 second/Forced vital capacity (FEV1/FVC) less than or equal to 0.7 and FEV1 less than 80% of predicted.
3. Moderate or severe congestive heart failure (CHF) – New York Heart Association (NYHA) class III or IV
4. CHF with a history of ventricular fibrillation or sustained ventricular tachycardia in a patient who does not have an implanted defibrillator
5. Cognitive impairment (inability to follow simple instructions) resulting in inability to apply the home sleep testing equipment when another individual is not available to assist with this task
6. Physical impairment resulting in inability to apply the home sleep testing equipment when another individual is not available to assist with this task
7. The patient has a suspected or established diagnosis of one of the following conditions: a. Central Sleep Apnea, b. Periodic Limb Movement Disorder (PLMD), c. Narcolepsy, d. Idiopathic Hypersomnia,

e. Parasomnia (except bruxism and somniloqui [sleep talking]), f. Nocturnal Seizures – In order to support the suspicion of PLMD in this context, one of the following (i-vi) must be documented: i. Pregnancy, ii. Renal failure, iii. Iron deficiency anemia, iv. Peripheral neuropathy, v. Use of antidepressant or antipsychotic medications, or vi. Continued hypersomnia and clinical symptoms of PLMD after sleep disordered breathing is ruled out by home sleep testing.
8. Previous technically suboptimal home sleep study (2 nights of study attempted when the reason for the suboptimal study is likely to recur on a second attempt or when the study remains suboptimal after 2 nights have been attempted)
9. Previous 2-night home sleep study which did not diagnose OSA in a patient with ongoing clinical suspicion of OSA.
10. Patient is oxygen dependent for any reason
11. History of cerebrovascular accident (CVA) within the preceding 30 days
12. Chronic opiate narcotic use, when discontinuation is not an option. Diagnostic sleep testing for patients using opiate narcotics for acute self-limited conditions should ideally be deferred until the medications have been stopped.
13. Body Mass Index (BMI) >33 and elevated serum bicarbonate level (>28 mmol/L)
14. Established diagnosis of obesity hypoventilation syndrome defined as a body mass index (BMI) >30 kg/m2 and hypoventilation which cannot be solely attributed to other conditions such as pulmonary disease, skeletal restriction, neuromuscular weakness, hypothyroidism, pleural pathology or medications. Documentation of hypoventilation requires either an increase in arterial PCO2 (or surrogate measure) to >55 mmHg for at least 10 minutes or a >10 mmHg increase in arterial PCO2 (or surrogate measure) during sleep (compared to an awake supine value) to a value exceeding 50 mmHg for at least 10 minutes.

5. LIMITATIONS/ EXCLUSIONS:

Polysomnography, cardiorespiratory sleep studies, and Multiple sleep latency testing (MSLT) are not covered in the following situations:

1. For the diagnosis of patients with chronic insomnia;
2. To preoperatively evaluate a patient for laser-assisted uvulopalatopharyngoplasty without clinical evidence that obstructive sleep apnea is suspected;
3. To diagnose chronic lung disease (nocturnal hypoxemia in patients with chronic, obstructive, restrictive or reactive lung disease is usually adequately evaluated by oximetry; however, if the patient's sign/symptoms suggest a

diagnosis of obstructive sleep apnea, polysomnography may be considered medically necessary);

4. In cases where seizure disorders have not been ruled out;
5. In cases of typical, uncomplicated and non-injurious parasomnias when the diagnosis is clearly delineated;
6. For patients with epilepsy who have no specific complaints consistent with a sleep disorder;
7. For patients with symptoms suggestive of periodic limb movement disorder or restless leg syndrome unless symptoms are suspected of being related to a covered indication;
8. For the diagnosis of insomnia related to depression;
9. For the diagnosis of circadian rhythm sleep disorders (i.e., rapid time-zone change [jet lag], shiftwork sleep disorder, delayed sleep phase syndrome, advanced sleep phase syndrome, and non-24-hour sleep/wake disorder).

6. APPLICABLE PROCEDURE CODES:

CPT	Description
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (e.g., thoracoabdominal movement)
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (e.g., by airflow or peripheral arterial tone), and sleep time
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (e.g., by airflow or peripheral arterial tone)
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist
95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist

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
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
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
G0398	Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort and oxygen saturation
G0399	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation
G0400	Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (e.g., by airflow or peripheral arterial tone)

7. APPLICABLE DIAGNOSIS CODES:

CODE	Description
G40.501	Epileptic seizures related to external causes, not intractable, with status epilepticus
G40.509	Epileptic seizures related to external causes, not intractable, without status epilepticus
G40.801	Other epilepsy, not intractable, with status epilepticus
G40.802	Other epilepsy, not intractable, without status epilepticus
G40.803	Other epilepsy, intractable, with status epilepticus
G40.804	Other epilepsy, intractable, without status epilepticus
G47.00-G47.09	Insomnia

G47.10-G47.19	Hypersomnia
G47.20-G47.29	Circadian rhythm sleep disorders
F51.3-	Sleepwalking [somnambulism]
F51.4	Sleep terrors (Night terrors)
G47.30	Sleep apnea
G47.36	Sleep related hypoventilation in conditions classified elsewhere
G47.37	Central sleep apnea in conditions classified elsewhere
G47.39	Other sleep apnea
G47.411-G47.429	Narcolepsy
G47.50	Parasomnia, unspecified
G47.51	Confusional arousals
G47.52	REM sleep behavior disorder
G47.53	Recurrent isolated sleep paralysis
G47.54	Parasomnia in conditions classified elsewhere
G47.59	Parasomnia
G47.61	Periodic limb movement disorder
G47.62	Sleep related leg cramps
G47.63	Sleep related bruxism
G47.69	Other sleep related movement disorders
G47.8	Other sleep disorders
G47.9	Sleep disorder, unspecified
R06.00-R06.09	Dyspnea
R06.83	Snoring
R06.89	Other abnormalities of Breathing
R56.9	Unspecified convulsions
R09.02-	Respiratory arrest

8. REFERENCES:

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2. Home Sleep Studies for Diagnosis of Obstructive Sleep Apnea Syndrome in Adults. Retrieved via: https://evidence.hayesinc.com/report/dir.home0004

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4. LCD for Polysomnography and Sleep Studies (L26428). Retrieved via: https://aasm.org/resources/pdf/ngspoly.pdf
§1862(a)(1)(A) of the Act. (CMS Publication 100-2, Medicare Benefit Policy Manual, Chapter 15, Section 70).

5. NEW YORK STATE MEDICAID PROGRAM DURABLE MEDICAL EQUIPMENT,PROSTHETICS, ORTHOTICS, AND SUPPLIES PROCEDURE CODES AND COVERAGE GUIDELINES https://www.emedny.org/ProviderManuals/DME/PDFS/DME_Procedure_Codes.pdf

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MetroPlus Health

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Glendon Henry — Digitally signed by Glendon Henry Date: 2022.12.01 08:18:36 -05'00'		Sanjiv Shah MD — Digitally signed by Sanjiv Shah MD Date: 2022.12.01 15:33:17 -05'00'	
Glendon Henry, MD Sr. Medical Director		**Sanjiv Shah, MD Chief Medical Officer**	

Medical Guideline Disclaimer:

 The treating physician or primary care provider must submit MetroPlus Health Plan clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, MetroPlus Health Plan will not be able to properly review the request for prior authorization. The clinical review criteria expressed in this policy reflects how MetroPlus Health Plan determines whether certain services or supplies are medically necessary. MetroPlus Health Plan established the clinical review criteria based upon a review of currently available clinical information(including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). MetroPlus Health Plan expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and or paid for by MetroPlus Health Plan, as some programs exclude coverage for services or supplies that MetroPlus Health Plan considers medically necessary. If there is a discrepancy between this guidelines and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members.

All coding and website links are accurate at time of publication.

MetroPlus Health Plan has adopted the herein policy in providing management, administrative and other services to our members, related to health benefit plans offered by our organization.