

Medical Policy



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Blue Cross and Blue Shield Association.

Title: Polysomnography and Sleep Studies

Professional

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Institutional

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DESCRIPTION

Simultaneous and continuous attended monitoring of relevant normal and abnormal physiologic activity during six or more hours of sleep with physician review, interpretation, and report. Polysomnography typically involves measurement of multiple channels of physiological parameters including, but not limited to, electroencephalography (EEG), electrooculography (EOG), electromyography (EMG), electrocardiography (EKG), or heart rate, respiration effort, airflow, and oxygen saturation.

POLICY

BCBSKS encourages sleep study facilities to become accredited through the American Academy of Sleep Medicine (AASM) and physicians to be board certified in sleep medicine. The following criteria and documentation for medical necessity applies to all providers, regardless of their accreditation or certification level.

Polysomnography is indicated:

- for diagnosis of sleep related breathing disorders,
- for continuous positive airway pressure (CPAP) titration in patient's sleep related breathing disorders,
- for documenting the presence of obstructive sleep apnea for patients prior to surgical interventions,
- for the assessment of treatment results in some cases,
- with a multiple sleep latency test in the evaluation of suspected narcolepsy,
- in evaluating sleep related behaviors that are injurious, and
- in certain atypical or unusual parasomnias

INDICATIONS for polysomnography for adults include **one or more** of the following:

1. Witnessed apnea during sleep; **OR**

2. Any combination of **two or more** of the following (a through d):
 - a. Excessive daytime sleepiness as evidenced by **one or more** of the following:
 - Inappropriate daytime napping (e.g., during driving, conversation, or eating);
 - Sleepiness that interferes with daily activities; (The following should be ruled out as a cause for these symptoms: poor sleep hygiene, medication, drugs, alcohol, hypothyroidism, other medical diagnoses, psychiatric, or psychological disorders, social or work schedule changes.)
 - An Epworth Sleepiness Scale score greater than 10; **or**
 - b. Persistent or frequent socially disruptive snoring; **or**
 - c. Obesity (BMI greater than 30 kg/m²) or hypertension; **or**
 - d. Choking or gasping episodes associated with awakening. **OR**
3. Symptoms suggesting narcolepsy, e.g., sleep paralysis, hypnagogic hallucinations, cataplexy; **OR**
4. Violent or injurious behavior during sleep; **OR**
5. Other situations (if nocturnal pulse oximetry suggests nocturnal oxygen desaturation) such as
 - Unexplained right heart failure;
 - Unexplained polycythemia;
 - Presence of or increase in cardiac arrhythmias during sleep;
 - Unexplained pulmonary hypertension. **OR**
6. Excessive daytime sleepiness together with witnessed periodic limb movements of sleep; **OR**
7. Unusual or atypical parasomnias based on patient's age, frequency, or duration of behavior; **OR**
8. Patients with moderate or severe congestive heart failure, stroke/TIA, coronary artery disease, or significant tachycardic or bradycardic arrhythmias who have nocturnal symptoms suggestive of a sleep related breathing disorder or otherwise suspected of having sleep apnea.

Repeat standard polysomnography for adults is considered **medically necessary** under the following circumstances:

1. Failure of resolution of symptoms or recurrence of symptoms during treatment; **OR**
2. Post-operatively following uvulopalatopharyngoplasty (UPPP) or other corrective surgeries for obstructive sleep apnea (due to the variable outcome of these surgical procedures); **OR**

3. Following treatment with an oral appliance for obstructive sleep apnea with an apnea hypopnea index (an AHI) or respiratory disturbance index (RDI) of >15 pre-treatment to ensure effective treatment; **OR**
4. To titrate CPAP following an initial polysomnography where obstructive sleep apnea was demonstrated and a split night study was not feasible; **OR**
5. To reevaluate the diagnosis of obstructive sleep apnea and need for continued CPAP in a patient previously diagnosed by polysomnography and currently using CPAP, if a significant weight loss has occurred since the initial study.

Not Medically Necessary:

Two Separate Night Studies

Two separate nights' polysomnography studies, one for the diagnosis of sleep disorders and the second to titrate CPAP, are generally considered not medically necessary unless circumstances do not allow for half night or "split night" polysomnography with titration of CPAP performed in the second part of the study, (e.g., significant obstructive sleep apnea, [that is with an AHI or RDI of 20 or more with oxygen desaturations], not identified in time to allow for at least 3 hours of CPAP titration including both REM and non-REM sleep). In these cases, a second full night's study may then be medically necessary for CPAP titration.

Repeat Standard Polysomnography

Repeat polysomnography is considered not medically necessary in the follow-up of patients with obstructive sleep apnea treated with CPAP when symptoms attributable to sleep apnea have resolved.

Polysomnography is not routinely indicated:

- to diagnose or treat restless legs syndrome,
- for the diagnosis of circadian rhythm sleep disorders,
- to establish a diagnosis of depression,
- for the following conditions existing alone in the absence of other features suggestive of obstructive sleep apnea:
 - Snoring
 - Obesity
 - Hypertension
 - Morning headaches
 - Decrease in intellectual functions
 - Memory loss
 - Frequent nighttime awakenings
 - Other sleep disturbances, such as insomnia (acute or chronic), night terrors, sleep walking, epilepsy where nocturnal seizures are not suspected
 - Common uncomplicated non-injurious parasomnias

DOCUMENTATION

Prior to performing a sleep study, the sleep laboratory's Medical Director or physician should ascertain that the following have been completed and establish the medical necessity of the test. It is expected that the sleep laboratory will either assess the information from the ordering physician or acquire the information and document it so that medical necessity is well established or indicate why an exception is valid. Either ordering physician or sleep lab physician must sign off that these steps have been documented and evaluated prior to sleep study. This information should be kept on file for medical necessity reviews and audit purposes.

1. History and physical/sleep related symptoms, significant medical conditions, medical findings, medications, allergies, and personal habits that could affect the sleep status (i.e., alcohol consumption, psychiatric condition) should be included. Such things as a two week sleep diary may have been completed. An assessment should be made and signed by the ordering physician, and must be reviewed by the sleep laboratory or obtained by the sleep laboratory physician, in order to establish the appropriate testing and medical necessity. The history should also document an effort to screen for the possibility of depression.
2. A sleep evaluation questionnaire (mini survey), such as the Berlin questionnaire, should have been completed and assessed by the ordering physician and/or the sleep laboratory (standard questionnaire if information is not included in #1 above).
3. A sleepiness scale, such as an Epworth scale, should have been completed. Once again, the sleep laboratory is to ascertain that the sleepiness scale fits with a clinical picture that would establish medical necessity.
4. There is an expectation that potential therapeutic options have been discussed thoroughly with the patient and potential compliance issues have been addressed. This should have been done by the ordering physician or by the sleep laboratory physician. It is also the expectation that the sleep laboratory will determine the individual education needs of the patient and will provide this education (i.e., CPAP therapy).

UTILIZATION

Technical and Complete Components

Diagnoses: 347, 780.51, 780.53, 780.54, 780.56, 780.57 are subject to postpay review and require documentation of the pretest evaluation, documented review of this information before the test is performed, and interpretation of test.

Professional Services require documentation of the interpretation.

All other diagnoses require the information noted above and must be submitted with the claim. AASM certified labs are exempt from prepayment review but are subject to post payment review.

95806 will be denied experimental.

CODING

REVENUE CODE

0920

CPT

- 95805 Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness
- 95807 Sleep study simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist
- 95808 Polysomnography; sleep staging with 1-3 additional parameters of sleep, attended by a technologist
- 95810 Sleep staging with 4 or more additional parameters of sleep, attended by a technologist
- 95811 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

DIAGNOSIS - These diagnoses are otherwise subject to medical policy as stated above.

COVERED DIAGNOSIS

- 327.20 Organic sleep apnea, unspecified
- 327.21 Primary central sleep apnea
- 327.23 Obstructive sleep apnea (adult) (pediatric)
- 327.24 Idiopathic sleep related nonobstructive alveolar hypoventilation
- 327.25 Congenital central alveolar hypoventilation
- 327.27 Central sleep apnea in conditions classified elsewhere
- 347 Cataplexy and narcolepsy
- 770.81 Primary apnea of newborn
- 780.51 Insomnia with sleep apnea
- 780.52 Other insomnia
- 780.53 Hypersomnia with sleep apnea
- 780.54 Other hypersomnia
- 780.55 Disruptions of 24-hour sleep-wake cycle
- 780.56 Dysfunctions associated with sleep states or arousal from sleep
- 780.57 Other and unspecified sleep apnea

REVISIONS

02-17-2006	In "Coding" title, added "NOTE: Use of any diagnosis code does not guarantee reimbursement. Medical necessity will be based on documentation in the clinical record." In "Coding" covered diagnosis section, added ICD-9 codes 327.20, 327.21, 327.23, 327.24, 327.25, 327.27, and 770.81.
Effective 12-13-2007	In the policy section the specific indications have been incorporated. This starts with " INDICATIONS for polysomnography for adults include..." and ends at the " <u>DOCUMENTATION</u> " paragraph.

REFERENCES

1. Chesson et al. Practice Parameters for the Indications for Polysomnography and Related Procedures. SLEEP 1997; 20:406-422.

Government Agency; Medical Society; and Other Authoritative Publications

1. Blue Cross and Blue Shield Association. Diagnosis and Medical Management of Obstructive Sleep Apnea Syndrome. March 2002. Medical Policy Reference Manual.

Web site for Additional Information

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