Obstructive Sleep Apnea (OSA) is the collapse of the oropharyngeal walls and the obstruction of airflow occurring during sleep. This leads to partial reductions (hypopneas) and complete pauses (apneas) in breathing during sleep. Most pauses last between 10 and 30 seconds, but some may persist for one minute or longer. This can lead to abrupt reductions in blood oxygen saturation.

OSA is an important disorder because patients are at risk for poor neurocognitive performance and adverse medical outcomes, due to repeated arousals and/or hypoxemia during sleep over months to years. The severity and duration of OSA necessary for development of these sequelae vary among individuals. In addition, severe untreated OSA has been associated with increased all-cause and cardiovascular mortality. Diagnostic tests for OSA have historically been classified into four types.

- **Type I** Polysomnography is the most comprehensive and is used to aid the diagnosis of OSA in members who have clinical signs and symptoms indicative of OSA if performed attended in a sleep lab facility. Type I is considered the reference standard for diagnosing OSA. Attended facility based polysomnogram is a comprehensive diagnostic sleep test including at least electroencephalography (EEG), electro-oculography (EOG), electromyography (EMG), heart rate or electrocardiography (ECG), airflow, breathing/respiratory effort, and arterial oxygen saturation (SaO2) furnished in a sleep laboratory facility in which a technologist supervises the recording during sleep time and has the ability to intervene if needed. Overnight PSG is the conventional diagnostic test for OSA. The American Thoracic Society and the American Academy of Sleep Medicine have recommended supervised PSG in the sleep laboratory over 2 nights for the diagnosis of OSA and the initiation of continuous positive airway pressure (CPAP).

- **Type II** sleep testing device is used to aid the diagnosis of OSA in members 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 II devices are portable devices that may measure the same channels as type I testing, except that a heart-
rate monitor can replace the ECG. This device has a minimum of 7 channels (e.g., EEG, EOG, EMG, ECG-heart rate, airflow, respiratory effort, and oxygen saturation - this type of device monitors sleep staging). A sleep technician is not necessarily in constant attendance in Type II studies but may be needed for preparation.

- **Type III** sleep testing device is used to aid the diagnosis of OSA in members 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 III devices monitor and record a minimum of 4 channels and must record ventilation or airflow, heart rate or ECG, and oxygen saturation. A sleep technician is not necessarily in constant attendance in Type III studies but may be needed for preparation.

- **Type IV** sleep testing device measuring three or more channels, one of which is airflow, is used to aid the diagnosis of OSA in members 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. Type IV devices must include airflow as one of the required 3 channels. Other measurements may include oximetry and heart rate. A sleep technician is not necessarily in constant attendance in Type IV studies but may be needed for preparation.

### Risk Factors for Obstructive Sleep Apnea

Although not an all-inclusive list, patients with all the following symptoms are considered to be at high risk for obstructive sleep apnea (OSA)

- Signs of disturbed sleep, such as snoring, restlessness, or resuscitative snorts
- Obstructive apneas, hypopneas, or respiratory effort related arousals
- Daytime symptoms attributable to disrupted sleep, such as excessive daytime sleepiness, fatigue, or poor concentration
- A body mass index (BMI) greater than 35 kg/m²

Important risk factors for OSA are advancing age of patient, male gender, obesity, craniofacial or upper airway soft tissue abnormalities and unexplained hypertension. Additional risk factors are smoking, nasal congestion, menopause, and family history. Rates of OSA are also increased in association with certain medical conditions, such as pregnancy, end-stage renal disease, congestive heart failure, chronic lung disease, and stroke.

### Coding Information

Click the links below for attachments, coding tables & instructions.

- [Attachment I- CPT® Code List & Instructions](#)
- [Attachment II- ICD-10 Code Table](#)
**Policy**

**Section A: Home Sleep Studies**

In-laboratory polysomnography is the preferred diagnostic study when OSA is suspected. Home sleep apnea testing (HSAT) is an acceptable alternative for patients who are strongly suspected of having OSA and who do not have medical comorbidities (eg, heart failure) that increase the risk for additional or alternative sleep related breathing disorders.

Home sleep apnea testing, also referred to as out-of-center sleep testing or portable monitoring, and is a diagnostic test used to diagnose obstructive sleep apnea (OSA), a disorder characterized by repetitive episodes of apnea or reduced inspiratory airflow due to upper airway obstruction during sleep. It has evolved as an alternative to overnight, attended, in-laboratory polysomnography (PSG) in selected patients.

**When a service may be considered medically necessary for home sleep studies**

A single unattended home sleep study (Type II or III devices) with a minimum of 4 recording channels (including oxygen saturation, respiratory movements, airflow, and electrocardiogram (ECG) may be considered **medically necessary** in adults who are at high risk for obstructive sleep apnea (OSA) or as a screening tool in patients who are scheduled for bariatric surgery and have no evidence, based on history and physical examination of a health condition that might alter ventilation or require alternative treatment. This would include central sleep apnea, heart failure, chronic pulmonary disease, obesity, hypoventilation syndrome, neuromuscular disorder with sleep-related symptoms, circadian rhythm disorder, injurious or potentially injurious parasomnias, or narcolepsy.

Unattended home sleep studies do not require prior authorization.

Repeat unattended home sleep studies with a minimum of 4 recording channels (including oxygen saturation, respiratory movement, airflow, and ECG or heart rate) **may** be considered medically necessary in adults under the following circumstances:

1. To assess efficacy of surgery or oral appliances or devices; **OR**
2. To reevaluate the diagnosis of OSA and need for continuous positive airway pressure (CPAP), eg, if there is a significant change in weight or change in symptoms suggesting that CPAP should be retitrated or possibly discontinued.

**When a service is considered investigational for home sleep studies**

Unattended home sleep studies in children under age 18 are considered investigational.

**When a service is considered not medically necessary for home sleep studies**

Type IV and all other HPM devices not listed above are considered **not medically necessary** for all indications.
Section B: Attended Laboratory Polysomnography (PSG):

In-laboratory polysomnography is the preferred diagnostic study when OSA is suspected and patients have medical comorbidities (eg, heart failure) that increase the risk for additional or alternative sleep related breathing disorders.

When a service may be considered medically necessary for in lab sleep study

Supervised PSG preformed in a sleep laboratory may be considered medically necessary in patients with a moderate or high pretest probability of OSA when the following indications are present (1 AND 2):

1. Evidence of Sleepiness
   a. Non restorative sleep
   b. Excessive daytime sleepiness
   c. Inappropriate daytime sleep (e.g. during driving, conversation or eating)
   d. Sleepiness which interferes with daily activities e. Epworth Sleepiness Scale, ≥to 10, AND

2. Evidence suggestive of sleep-disturbed breathing
   a. Witnessed apnea events during sleep
   b. Choking during sleep
   c. Gasping during sleep
   d. Neck circumference >44 cm
   e. Frequent unexplained arousals from sleep resistant hypertension

OR member has ONE of the following (3, 4 or 5)

3. History of stroke (greater than 30 days previous to request), ischemic transient attack, coronary artery disease, or sustained supraventricular tachycardia or bradycardia arrhythmias, Cor pulmonale unexplained by other conditions or etiologies; polycythemia unexplained by other conditions or etiologies; OR

4. Board-certified sleep specialist recommends a sleep study, and certifies that a home sleep study is not medically appropriate based on the clinical presentation and physical findings.

5. Pediatric patients less than 18 years of age and meets criteria below in pediatric section.

A repeat supervised PSG performed in a sleep laboratory may be considered medically necessary in patients who meet criteria for an in-laboratory PSG, and who also meet one of the following:

1. Plan to stop PAP therapy after a recent surgical procedure to correct OSA or there has been a significant loss of weight; OR

2. To re-evaluate an individual with failure of resolution of symptoms or recurrence of symptoms during treatment; OR

3. To evaluate the impact of an oral appliance with the Apnea-Hypopnea Index (AHI) or
Respiratory Disturbance Index (RDI) was greater than 15 pre-treatment; OR

4. To titrate continuous positive airway pressure (CPAP) following an initial sleep study where OSA was demonstrated and a split night study was not feasible; OR

5. To titrate CPAP prescription when half night or “split night” sleep study with titration of CPAP less than 20 per hour or when initial sleep study was not diagnostic in time to allow for at least 3 hours of CPAP titration including both REM and on-REM sleep.

A repeat sleep study is considered not medically necessary for all other indications.

Section C: Additional Indications for Sleep Studies in Children (Age less than 18)

Description
OSA occurs in 1 to 5 percent of children. It can occur at any age and may be most common in those between two and six years of age.

Adenotonsillar hypertrophy and obesity are the major risk factors for OSA in otherwise healthy children. The contribution of each of these risk factors varies among individuals and also tends to vary with age.

Other risk factors are medical, neurological, skeletal, or dental conditions that reduce upper airway size, affect the neural control of the upper airway, or impact the collapsibility of the upper airway. Individuals presenting with OSA during infancy are particularly likely to have an underlying anatomic or genetic anomaly. Examples include the following:

- Cerebral palsy
- Down’s syndrome
- Craniofacial anomalies (eg, retrognathia, micrognathia, midface hypoplasia)
- History of low birth weight
- Muscular dystrophy or other neuromuscular disorders
- Myelomeningocele
- Achondroplasia
- Mucopolysaccharidoses (eg, Hunter syndrome and Hurler syndrome)
- Prader-Willi syndrome
- Orthodontic problems (eg, high narrow hard palate, overlapping incisors, crossbite)
- Family history of OSA
- History of prematurity and multiple gestation

Children with any of these conditions should be followed closely for signs and symptoms of OSA. Objective assessment with polysomnography is recommended in children with complex medical conditions who present with signs and symptoms of OSA. Additional factors that contribute to the overall risk for sleep-disordered breathing include environmental smoke exposure, asthma, or
allergic rhinitis.

When an attended in-laboratory sleep study may be considered medically necessary in children less than 18

A sleep study for children is considered medically necessary for the diagnosis of sleep disorders when one or more of the following indications are present:

- Habitual snoring associated with ONE or more of the following (a. through e.):
  a. Restless or disturbed sleep; OR
  b. Behavioral disturbance, or learning disorders including deterioration in academic performance, hyperactivity, or attention deficit disorder; OR
  c. Enuresis; OR
  d. Frequent awakenings; OR
  e. Failure to thrive or growth impairment; OR
- Witnessed apnea greater than 2 respiratory cycle times (inspiration and expiration); OR
- Hypopnea with 4% desaturation, OR
- Pediatric apnea with two skipped breaths
- Central apnea greater than 20 seconds, or two breaths, or less than 3% desaturation, or heart rate under 50; OR
- Excessive daytime somnolence, or altered mental status unexplained by other conditions or etiologies; OR
- Polycythemia unexplained by other conditions or etiologies; OR
- Cor pulmonale unexplained by other conditions or etiologies; OR
- Increased respiratory efforts, labored breathing, or sternal or intercostal retractions during sleep; OR
- Hypertrophy of tonsils and adenoids associated with noisy day timerespirations where surgical removal poses a significant risk and would be avoided in the absence of sleep disordered breathing; OR
- Suspected congenital central alveolar hypoventilation syndrome or sleep related hypoventilation due to neuromuscular disorders or chest wall deformities; OR
- Clinical evidence of a sleep related breathing disorder in infants who have experienced an apparent life-threatening event.

A repeat sleep study for children under 18 years may be considered medically necessary in the following circumstances:

- Initial sleep study is inadequate or non-diagnostic and the accompanying caregiver reports that the child's sleep and breathing patterns during the testing were not representative of the child's sleep at home; OR
- A child with previously diagnosed and treated OSA who continues to exhibit persistent snoring or other symptoms of sleep disordered breathing.
- In the case of adenotonsillec tomy, a repeat sleep study should also be performed if the pre-operative OSA was severe (RDI or AHl greater than 19 per hour). [If the treatment was surgical, testing should be deferred for 6 to 8 weeks post-operatively]; OR
• To periodically re-evaluate the appropriateness of CPAP settings based on the child’s growth pattern or the presence of recurrent symptoms while on CPAP; OR
• If obesity was a major contributing factor and significant weight loss has been achieved, repeat testing may be indicated to determine the need for continued therapy.

When a service is considered not medically necessary for children under the age of 18.

A sleep study is considered not medically necessary for the following:
• Sleep walking or night terrors; OR
• Routine evaluation of adenotonsillar hypertrophy alone without other clinical signs or symptoms suggestive of obstructive sleep disordered breathing; OR
• Routine follow-up for children whose symptoms have resolved post adenotonsillectomy unless the pre-operative RDI or AHI was greater than 19 per hour or the child continues to snore post-operatively or other symptoms related to pre-operative sleep disordered breathing persist or recur.

A split-night sleep study for children is considered not medically necessary for all indications.

Section D: Multiple Sleep Latency Testing (MSLT) and Maintenance of Wakefulness Testing (MWT)

When a service may be considered medically necessary

Multiple sleep latency testing (MSLT) is considered medically necessary for the evaluation of narcolepsy or suspected idiopathic hypersomnia.

MSLT is considered medically necessary in individuals with any of the following clinical presentations:
• Sleep paralysis, hypnagogic hallucinations, cataplexy or other symptoms suggestive of Narcolepsy; OR
• Unusual/atypical parasomnias, such as sleep-related violent or injurious behavior, REM behavior disorder or suspected nocturnal seizures; OR
• Nocturnal oxygen desaturation with unexplained right heart failure, polycythemia, cardiac arrhythmias during sleep or pulmonary hypertension; OR
• Suspected periodic limb movements during sleep or suspected idiopathic hypersomnia, when excessive daytime sleepiness is demonstrated by any of the following:
  a. Inappropriate daytime napping (e.g., during driving, conversation, or eating); OR
  b. Sleepiness that interferes with daily activities when not explained by other conditions, such as poor sleep hygiene, medication, drugs, alcohol, psychiatric or psychological disorders; OR
  c. Epworth Sleepiness Scale score greater than 10.

When a service is considered not medically necessary
**MSLT** is considered **not medically necessary** in the following four situations:

- When performed for routine diagnosis of obstructive sleep apnea; **OR**
- For routine follow-up after treatment of sleep related disorders; **OR**
- For evaluation of sleepiness in medical or neurological disorders (other than narcolepsy or idiopathic hypersomnia), including, but not limited to, insomnia, circadian rhythm disorders, and Shift Work Sleep Disorder (SWSD); **OR**
- For portable MSLT performed in the home setting.

### Section E: Medical Management

There are two major positive airway pressure (PAP) modalities used to treat patients with OSA: continuous positive airway pressure (CPAP) and bi-level positive airway pressure (BPAP). CPAP is generally preferred for most patients because it has been well studied, is simpler to use, and is less costly. Each of these modalities requires choosing between fixed or auto-titrating technology.

**Continuous positive airway pressure/CPAP**

Fixed CPAP is suggested as first-line treatment for most patients with OSA because its efficacy is well established and supported by extensive clinical experience [1]. With the advent of home sleep apnea testing (HSAT), auto-titrating CPAP is becoming more commonplace, and studies suggest that it has comparable efficacy and adherence compared with fixed CPAP, although auto-titrating flow generators can be more expensive.

**CPAP (E0601)** may be considered **medically necessary** for:

- Patients in whom polysomnography has documented sleep disordered breathing, with an RDI (respiratory disturbance index) of greater than fifteen, or
- Patients in whom polysomnography has documented sleep disordered breathing, with an RDI of greater than five and any of the following associated symptoms:
  - Excessive daytime sleepiness
  - Impaired cognition
  - Mood disorders
  - Insomnia
  - Documented hypertension
  - Ischemic heart disease
  - History of stroke
- Patients who do not have sleep apnea, but who have restrictive lung disease and documented desaturation at night, requiring nocturnal ventilation

**Auto-adjusting positive airway pressure /APAP**

APAP (E0601) may be considered medically necessary in three different situations.

- Patients who complain of the inability to tolerate the degree of fixed CPAP necessary to prevent respiratory events in all sleep positions and stages. These patients may benefit from auto-titrating CPAP as a pressure-relief strategy,
since the device may reach higher pressures when the patient is supine and/or in rapid eye movement (REM) sleep but remain at lower, potentially more tolerable, pressures otherwise.

- Patients subjected to factors that might significantly vary their pressure requirement, such as use of alcohol, nasal congestion from allergies or upper respiratory infections leading to nasal obstruction, wide variations in body weight, higher pressure requirement in REM sleep and/or when sleeping in the supine position.
- Following a diagnosis made with HSAT, when access to laboratory titration of CPAP may be delayed or is excessively inconvenient due to distance from the sleep laboratory.

(BPAP) Bilevel positive airway pressure (E0470-E0471)

BPAP delivers PAP at different levels during inspiration and expiration. The level during inspiration is called the inspiratory positive airway pressure (IPAP) and the level during expiration is called the expiratory positive airway pressure (EPAP).

BPAP has the additional virtue of providing a degree of ventilatory support through the application of pressure support (PS); the difference between the IPAP and EPAP is equivalent to PS.

Unless otherwise specified, patients are normally supplied with a spontaneous mode BPAP (BPAP-S) flow generator, which only provides breaths in response to patient inspiratory efforts. If a backup rate is required, the flow generator ordered must be specified as an S-T device, which is capable of also providing breaths on a timed basis. When no backup rate is set, the device is said to be in “spontaneous” (S) mode; when both patient-initiated and backup breaths are possible, the device is in “spontaneous-timed” (S-T) mode; and when only backup breaths are permitted, the device is in “timed” (T) mode. BPAP in S-T mode is generally not prescribed for OSA patients unless they exhibit treatment-induced central sleep apnea during titration with CPAP (or BPAP-S) or a mixture of obstructive and central events is noted during the diagnostic study and persist during the titration; T mode is reserved for patients with hypoventilation or central sleep apnea due to neurologic or neuromuscular disease complicated by ventilatory failure.

BPAP (E0470-E0471) may be considered medically necessary in patients with clinically significant obstructive sleep apnea AND they exhibit treatment-induced central sleep apnea during titration with CPAP (or BPAP-S) or a mixture of obstructive and central events is noted during the diagnostic study and persist during the titration; T mode is reserved for patients with hypoventilation or central sleep apnea due to neurologic or neuromuscular disease complicated by ventilatory failure.

A heated humidifier (E0562) may be considered medically necessary for use with CPAP, BPAP, or APAP, and should be provided during the initial trial period and with the rental-to-purchase agreement.

If the above medical necessity criteria are met a 90-day rental trial of CPAP/BPAP will be authorized. In order to consider benefits beyond the 90-day rental trial the Plan requires a report from the CPAP/BPAP machine demonstrating the hours of usage from the device itself.
or from the Smartcard in order to evaluate compliance. The date the CPAP/BPAP was set up and the date of the compliance report must also be submitted with the hours of usage information. Rental to purchase will be authorized if compliance is greater than or equal to four hours per night, six nights per week. If compliance is less than this, reevaluation and counseling by the sleep specialist is required to ensure that the equipment is properly fitted and being used properly and that the member has a full understanding of the medical necessity of treatment and the risks of under treatment. Following this evaluation an additional 30-day trial will be authorized.

**Note for Pediatric CPAP treatment:** An AHI greater than 1.5 is considered abnormal in children. The first-line treatment for children with OSA is adenotonsillectomy, but CPAP is an option for children who are not candidates for surgery or who have an inadequate response to surgery. In these circumstances, CPAP for pediatric treatment of OSA would be considered **medically necessary**.

**When a service is considered investigational**

A nasal expiratory positive pressure airway pressure and oral pressure therapy devices are considered **investigational for the treatment of OSA**.

Palate and mandible expansion devices are considered investigational for the treatment of OSA.

The use of an abbreviated daytime sleep study (PAP-NAP) as a supplement to standard sleep studies is considered investigational.

**When a service is considered not medically necessary**

Replacement of a CPAP/APAP/BPAP for the purposes of upgrading to a newer model, or one with additional features, when the member’s current machine is neither malfunctioning nor out of warranty is considered **not medically necessary**.

**Section F: Surgical Treatment of Obstructive Sleep Apnea (OSA) and Upper Airway Resistance Syndrome (UARS)**

Medical therapy is considered the first-line treatment for OSA and UARS. These therapies include weight loss, various continuous positive airway pressure (CPAP) devices, or orthodontic repositioning devices. There is insufficient evidence to support surgery as a first line treatment for OSA or upper airway resistance syndrome (UARS). Therefore surgical treatments are considered only after failed medical therapy, including CPAP trials. The following surgical procedures have been proposed as treatments for OSA and UARS.

**When a service is considered medically necessary**

Uvuloplatopharyngoplasty (UPPP) may be considered **medically necessary** for the treatment of clinically significant obstructive sleep apnea syndrome (OSA) in appropriately selected adult patients who have not responded to or do not tolerate nasal continuous positive airway pressure (CPAP). Clinically significant OSA in this case is defined as those patients who have:
• Apnea/hypopnea index (AHI) or respiratory disturbance index (RDI) greater than or equal to 15 events per hour; or
• AHI or RDI greater than or equal to 5 events and less than or equal to 14 events per hour with documented symptoms of excessive daytime sleepiness, impaired cognition, mood disorders or insomnia, or documented hypertension, ischemic heart disease, or history of stroke.

Hyoid suspension, surgical modification of the tongue, and/or maxillofacial surgery, including mandibular-maxillary advancement (MMA), may be considered medically necessary in appropriately selected adult patients with clinically significant OSA and objective documentation of hypopharyngeal obstruction who have not responded to or do not tolerate CPAP. Clinically significant OSA in this case is defined as those patients who have:

• AHI or RDI of at least 5 per hour; OR
• AHI or RDI of at least 1.5 per hour in a patient with excessive daytime sleepiness, behavioral problems, or hyperactivity.

When a service is considered investigational

The following minimally-invasive surgical procedures are considered investigational for the sole or adjunctive treatment of obstructive sleep apnea (OSA) or upper airway resistance syndrome (UARS):

• Uvuloplasty
• Partial glossectomy
• Radiofrequency volumetric tissue reduction of the tongue base or palatal tissues
• Tongue base suspension procedures, including but not limited to the Repose™
• Laser-assisted palatoplasty (LAUP) or volumetric tissue reduction
• Palatal stiffening procedures, including but not limited to the following:
  a. Cautery-assisted palatal stiffening operation (CAPSO)
  b. Injection of sclerosing agent
• Implantation of palatal implants (also known as the pillar procedure).
• Nasal surgery employing any technique, including nasal valve surgery, septoplasty, turbinectomy, polypectomy and laser or radiofrequency ablation (volumetric tissue reduction) of the nasal turbinate is considered investigational for the treatment of obstructive sleep apnea and other sleep related breathing disorders.

When a service is considered not medically necessary
Surgical Treatment for Snoring Alone

Surgical intervention for the treatment of snoring in the absence of documented obstructive sleep apnea is considered **not medically necessary**. Snoring in the absence of clinically significant obstructive sleep apnea (OSA) is not considered a medical condition. Therefore, any surgical intervention such as uvulopalatopharyngoplasty (UPPP), laser-assisted uvulopalatoplasty (LAUP), radiofrequency volumetric tissue reduction of the palate, or palatal stiffening procedures, for snoring alone is considered not medically necessary.

Nasal surgery employing any technique is considered **not medically necessary** for the treatment of snoring.

Replacement of lost, stolen or destroyed Durable Medical Equipment

We will replace one lost, stolen or destroyed Durable Medical Equipment, prosthetic or orthotic per Plan Year if not covered by an alternative entity (including but not limited to homeowners insurance and automobile insurance) if:

- the Durable Medical Equipment, prosthetic or orthotic's absence would put the member at risk of death, disability or significant negative health consequences such as a hospital admission;
- the Durable Medical Equipment is still under warranty.

Note: In order to replace a stolen item we require you to submit documentation, such as a police report, with the request.

Exclusions

We do not cover the replacement of a lost, stolen or destroyed Durable Medical Equipment, prosthetic or orthotic:

- if the criteria above have not been met; and
- for more than one lost, stolen or destroyed Durable Medical Equipment, prosthetic or orthotic per Plan Year.

Glossary for Further Guidance:

**Apnea-hypopnea index (AHI) or Respiratory disturbance index (RDI)** - the total number of apneas and hypopneas per hour of sleep.

The following AHI levels are used for the diagnosis of OSA:

- **Mild OSA:** AHI between 5 and 15
- **Moderate OSA:** AHI > 15
- **Severe OSA:** AHI > 30

**Central Sleep Apnea (CSA)** occurs when the brain fails to send the appropriate signals to the breathing muscles to initiate respirations. CSA is less common than obstructive
sleep apnea.

**Continuous positive airway pressure (CPAP)** is a procedure in which the patient wears a mask over the nose during sleep, and pressure from an air blower forces air through the nasal passages. The air pressure is adjusted so that it is just enough to prevent the throat from collapsing during sleep. The pressure is constant and continuous.

**Hypopnea** is defined as either a 33% reduction in airflow for at least 10 seconds or a 4% or greater decrease in oxygen saturations while the patient is still breathing.

**Polysomnography** is a test that records a variety of body functions during sleep, such as the electrical activity of the brain, eye movement, muscle activity, heart rate, respiratory effort, airflow, and blood oxygen levels. These tests are used both to diagnose sleep apnea and to determine its severity.

**Multiple Sleep Latency Test (MSLT)** measures the speed of falling asleep.

**The Epworth Sleepiness Scale** One of the criteria for obtaining a sleep study is abnormal daytime sleepiness. This is usually measured using a tool called the Epworth Sleepiness scale (ESS). An ESS score of greater than or equal to 21 is considered excessive daytime sleepiness, but in clinical practice a score of greater than 10 is considered abnormal and requiring medical attention.

**Literature Review**

UpToDate® November 2017

**Reference Resources**


**Related Policies**

Durable Medical Equipment (DME)
Oral Appliances for Obstructive Sleep Apnea (OSA)
Bariatric Surgery

Document Precedence

Blue Cross and Blue Shield of Vermont (BCBSVT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language, or employer’s benefit plan if an ASO group, determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, BCBSVT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract/employer benefit plan language, the member’s contract/employer benefit plan language takes precedence.

Audit Information

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, BCBSVT reserves the right to recoup all non-compliant payments.

Administrative and Contractual Guidance

Benefit Determination Guidance

Prior approval may be required and benefits are subject to all terms, limitations and conditions of the subscriber contract.

Incomplete authorization requests may result in a delay of decision pending submission of missing information. To be considered compete, see policy guidelines above.

An approved referral authorization for members of the New England Health Plan (NEHP) is required. A prior approval for Access Blue New England (ABNE) members is required. NEHP/ABNE members may have different benefits for services listed in this policy. To confirm benefits, please contact the customer service department at the member’s health plan.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member’s benefits prior to providing the service to determine if benefits are available or if there is a specific exclusion in the member’s benefit.

Coverage varies according to the member’s group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through an Administrative Services Only (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member’s
employer benefit plan documents or contact the customer service department. Language in the employer benefit plan documents takes precedence over medical policy when there is a conflict.

**Policy Implementation/Update information**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
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<tbody>
<tr>
<td>9/2000, 12/02</td>
<td>Added TVHP medical director to signature, removed applies to section, reformatted added when services are covered and not covered sections</td>
</tr>
<tr>
<td>8/03</td>
<td>Updated resources &amp; added definitions and new HCPC codes with the establishment of absolute and relative criteria based upon literature review, research, and BCBSVT Specialty Advisory Committee consensus including Vermont sleep specialty physicians from network community hospitals and tertiary care centers.</td>
</tr>
<tr>
<td>11/05</td>
<td>Reviewed clinical information regarding CPAP/BIPAP compliance was added.</td>
</tr>
<tr>
<td>12/06 - 01/07</td>
<td>Reviewed incorporating feedback from Vermont network sleep specialty physicians and updated BCBSA Medical Policy. Epworth sleepiness scale added to policy. This policy was reviewed and approved by the BCBSVT Clinical Advisory Committee in March 2007.</td>
</tr>
<tr>
<td>12/07</td>
<td>Revised with 2 more relative indications added to criteria and criteria for repeat sleep study added. To be reviewed by the CAC 1/08.</td>
</tr>
<tr>
<td>12/2011</td>
<td>Updated and transferred to new format. New criteria for surgical procedures to correct OSA added.</td>
</tr>
<tr>
<td>02/2013</td>
<td>AHI index- Severe OSA changed (was ≥50, now ≥30). Indications for Home sleep studies added. Description/criteria added for surgical procedures, UPPP, Hyoid suspension and adenotonsillectomy. Home Sleep Study codes added, CPT® 2013 CPT® codes added. Changes/Updates to medical necessity criteria. Medical/Coder reviewed- RLJ.</td>
</tr>
<tr>
<td>05/2014</td>
<td>Policy revised. HSS codes updated, they no longer require PA. Removed indications for HSS. Added some not medically necessary criteria for repeat sleet study. HPM clarification. Medical/Coder reviewed. RLJ.</td>
</tr>
<tr>
<td>10/2016</td>
<td>Reformatted and reorganized, updated pediatric criteria, removed ICD-9 codes, revised ICD-10 codes, aligned with BCBSA Medical Policy MPRM 2.01.18, updated references.</td>
</tr>
</tbody>
</table>
04/2017  Added criteria under “Other co-morbid conditions which may contribute to OSA;” section - added #5 Screening tool in patients who are scheduled for bariatric surgery. Added section Related Policies added Bariatric Policy. Added ICD 10 code R06.83 diagnosis snoring as may be medically necessary if medical criteria has been met.

11/2017  Added more specific criteria on Pediatric sleep studies and treatment of OSA from UpToDate®. Reworded and rearranged medical criteria within medical policy for clarification. Added DME lost and stolen language. Coding reviewed with no changes, resequenced ICD -10-CM codes.

Eligible Providers

Qualified healthcare professionals practicing within the scope of their license(s).

Approved by BCBSVT Medical Directors       Date Approved

Gabrielle Bercy-Roberson, MD, MPH, MBA
Senior Medical Director
Chair, Health Policy Committee

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Chief Medical Officer

Attachment I

CPT® Code Table & Policy Instructions

<table>
<thead>
<tr>
<th>Code Type</th>
<th>Number</th>
<th>Brief Description</th>
<th>Policy Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT®</td>
<td>42145</td>
<td>Palatopharyngoplasty (e.g., uvulopatopharyngoplasty, uvulopharyngoplasty)</td>
<td>Requires Prior Approval</td>
</tr>
<tr>
<td>CPT®</td>
<td>95782</td>
<td>Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist</td>
<td>Requires Prior Approval</td>
</tr>
<tr>
<td>CPT®</td>
<td>95783</td>
<td>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</td>
<td>Titration Study does not require Prior Approval.</td>
</tr>
<tr>
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</tr>
<tr>
<td>CPT®</td>
<td>95800</td>
<td>Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (e.g., by airflow or peripheral arterial tone), and sleep time</td>
<td>Does Not Require Prior Approval</td>
</tr>
<tr>
<td>CPT®</td>
<td>95801</td>
<td>Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (e.g., by airflow or peripheral arterial tone)</td>
<td>Does Not Require Prior Approval</td>
</tr>
<tr>
<td>CPT®</td>
<td>95805</td>
<td>Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness</td>
<td>Requires Prior Approval</td>
</tr>
<tr>
<td>CPT®</td>
<td>95806</td>
<td>Sleep study, unattended, simultaneous recording of heart rate, oxygen saturation, respiratory airflow, and respiratory effort (e.g., thoracoabdominal movement)</td>
<td>Does Not Require Prior Approval</td>
</tr>
<tr>
<td>CPT®</td>
<td>95807</td>
<td>Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist</td>
<td>Requires Prior Approval</td>
</tr>
<tr>
<td>CPT®</td>
<td>95808</td>
<td>Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist</td>
<td>Requires Prior Approval</td>
</tr>
<tr>
<td>CPT®</td>
<td>95810</td>
<td>Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist</td>
<td>Requires Prior Approval</td>
</tr>
<tr>
<td>CPT®</td>
<td>Code</td>
<td>Description</td>
<td>Prior Approval Notes</td>
</tr>
<tr>
<td>-------</td>
<td>--------</td>
<td>-----------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>95811</td>
<td>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 bi-level ventilation, attended by a technologist</td>
<td>Titration Study does not require Prior Approval.</td>
</tr>
<tr>
<td>HCPCS</td>
<td>A7027</td>
<td>Combination oral/nasal mask, used with continuous positive airway pressure device, each</td>
<td>Prior Approval is not required unless the purchase price is greater than $500.00.</td>
</tr>
<tr>
<td>HCPCS</td>
<td>A7028</td>
<td>Oral cushion for combination oral/nasal mask, replacement only, each</td>
<td>Prior Approval is not required unless the purchase price is greater than $500.00.</td>
</tr>
<tr>
<td>HCPCS</td>
<td>A7029</td>
<td>Nasal pillows for combination oral/nasal mask, replacement only, pair</td>
<td>Prior Approval is not required unless the purchase price is greater than $500.00.</td>
</tr>
<tr>
<td>HCPCS</td>
<td>A7030</td>
<td>Full face mask used with positive airway pressure device, each</td>
<td>Prior Approval is not required unless the purchase price is greater than $500.00.</td>
</tr>
<tr>
<td>HCPCS</td>
<td>A7031</td>
<td>Face mask interface, replacement for full face mask, each</td>
<td>Prior Approval is not required unless the purchase price is greater than $500.00.</td>
</tr>
<tr>
<td>HCPCS</td>
<td>A7032</td>
<td>Cushion for use on nasal mask interface, replacement only, each</td>
<td>Prior Approval is not required unless the purchase price is greater than $500.00.</td>
</tr>
<tr>
<td>HCPCS</td>
<td>A7033</td>
<td>Pillow for use on nasal cannula type interface, replacement only, pair</td>
<td>Prior Approval is not required unless the purchase price is greater than $500.00.</td>
</tr>
<tr>
<td>HCPCS</td>
<td>A7034</td>
<td>Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap</td>
<td>Prior Approval is not required unless the purchase price is greater than $500.00.</td>
</tr>
<tr>
<td>HCPCS</td>
<td>A7035</td>
<td>Headgear used with positive airway pressure device</td>
<td>Prior Approval is not required unless the purchase price is greater than $500.00.</td>
</tr>
<tr>
<td>HCPCS</td>
<td>Code</td>
<td>Description</td>
<td>Approval Requirement</td>
</tr>
<tr>
<td>--------</td>
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<td>------------------------------------------------------------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>A7036</td>
<td>Chinstrap used with positive airway pressure device</td>
<td>Prior Approval is not required unless the purchase price is greater than $500.00.</td>
</tr>
<tr>
<td></td>
<td>A7037</td>
<td>Tubing used with positive airway pressure device</td>
<td>Prior Approval is not required unless the purchase price is greater than $500.00.</td>
</tr>
<tr>
<td></td>
<td>A7038</td>
<td>Filter, disposable, used with positive airway pressure device</td>
<td>Prior Approval is not required unless the purchase price is greater than $500.00.</td>
</tr>
<tr>
<td></td>
<td>A7039</td>
<td>Filter, non-disposable, used with positive airway pressure device</td>
<td>Prior Approval is not required unless the purchase price is greater than $500.00.</td>
</tr>
<tr>
<td></td>
<td>A7044</td>
<td>Oral interface used with positive airway pressure device, each</td>
<td>Prior Approval is not required unless the purchase price is greater than $500.00.</td>
</tr>
<tr>
<td></td>
<td>A7045</td>
<td>Exhalation port with or without swivel used with accessories for positive airway devices, replacement only</td>
<td>Prior Approval is not required unless the purchase price is greater than $500.00.</td>
</tr>
<tr>
<td></td>
<td>A7046</td>
<td>Water chamber for humidifier, used with positive airway pressure device, replacement, each</td>
<td>Prior Approval is not required unless the purchase price is greater than $500.00.</td>
</tr>
<tr>
<td></td>
<td>E0470</td>
<td>Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)</td>
<td>Requires Prior Approval</td>
</tr>
<tr>
<td></td>
<td>E0471</td>
<td>Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)</td>
<td>Requires Prior Approval</td>
</tr>
<tr>
<td>HCPCS</td>
<td>Code</td>
<td>Description</td>
<td>Approval Status</td>
</tr>
<tr>
<td>--------</td>
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<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>HCPCS</td>
<td>E0472</td>
<td>Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)</td>
<td>Requires Prior Approval</td>
</tr>
<tr>
<td>HCPCS</td>
<td>E0485</td>
<td>Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment</td>
<td>Requires Prior Approval</td>
</tr>
<tr>
<td>HCPCS</td>
<td>E0486</td>
<td>Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment</td>
<td>Requires Prior Approval</td>
</tr>
<tr>
<td>HCPCS</td>
<td>E0561</td>
<td>Humidifier, non-heated, used with positive airway pressure device</td>
<td>Prior Approval not required unless purchase price is greater than $500.00.</td>
</tr>
<tr>
<td>HCPCS</td>
<td>E0562</td>
<td>Humidifier, heated, used with positive airway pressure device</td>
<td>Prior Approval not required unless purchase price is greater than $500.00.</td>
</tr>
<tr>
<td>HCPCS</td>
<td>E0601</td>
<td>Continuous airway pressure (CPAP) device</td>
<td>Requires Prior Approval</td>
</tr>
<tr>
<td>HCPCS</td>
<td>G0398</td>
<td>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.</td>
<td>Does Not Require Prior Approval</td>
</tr>
<tr>
<td>HCPCS</td>
<td>G0399</td>
<td>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.</td>
<td>Does Not Require Prior Approval</td>
</tr>
<tr>
<td>HCPCS</td>
<td>G0400</td>
<td>Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels.</td>
<td>Does Not Require Prior Approval</td>
</tr>
</tbody>
</table>

The following codes will be denied as investigational
<table>
<thead>
<tr>
<th>CPT®</th>
<th>41512</th>
<th>Tongue base suspension, permanent suture technique</th>
<th>Deny Investigational</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT®</td>
<td>95803</td>
<td>Actigraphy testing, recording analysis, interpretation and report (minimum of 72 hours to 14 consecutive days of recording)</td>
<td>Deny Investigational</td>
</tr>
<tr>
<td>HCPCS</td>
<td>S8040</td>
<td>Topographic brain mapping</td>
<td>Deny Investigational</td>
</tr>
</tbody>
</table>

**The following codes will suspend for Medical Review**

<table>
<thead>
<tr>
<th>CPT®</th>
<th>42299</th>
<th>Unlisted procedure, palate, uvula</th>
<th>When this code is submitted it will <strong>suspend for medical review</strong> and be denied when specified as Cautery-assisted palatal stiffening (CAPSO)-Coblation, Palatal implants, Injection snoreplasty, The Pillar system, or when specified as Transpalatal Advancement Pharyngoplasty (TAP).</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT®</td>
<td>92700</td>
<td>Unlisted otorhinolaryngological service or procedure</td>
<td>When this code is submitted it will <strong>suspend for medical review</strong> and will be denied when specified as Acoustic Pharyngometry</td>
</tr>
<tr>
<td>CPT®</td>
<td>95999</td>
<td>Unlisted neurological or neuromuscular diagnostic procedure</td>
<td>When this code is submitted it will <strong>suspend for medical review</strong> and be denied when specified as a Nap Study.</td>
</tr>
</tbody>
</table>

**The following codes will be denied as not medically necessary**

<table>
<thead>
<tr>
<th>CPT®</th>
<th>41530</th>
<th>Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session</th>
<th>Not Medically Necessary</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCPCS</td>
<td>C9727</td>
<td>Insertion of implants into the soft palate; minimum of three implants</td>
<td>Not Medically Necessary</td>
</tr>
<tr>
<td>HCPCS</td>
<td>S2080</td>
<td>Laser-assisted uvulopalatoplasty (laup)</td>
<td>Not Medically Necessary</td>
</tr>
</tbody>
</table>

**The following codes will be denied as not covered**

| HCPCS | A9279 | Monitoring feature device that stands alone for compliance monitoring             | Not a covered benefit |
### Attachment II

**ICD-10 Code Table**

<table>
<thead>
<tr>
<th>Code Type</th>
<th>Number</th>
<th>Diagnosis Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-10</td>
<td>G47.10</td>
<td>Hypersomnia, unspecified</td>
</tr>
<tr>
<td>ICD-10</td>
<td>F51.19</td>
<td>Other hypersomnia not due to a substance or known physiological condition</td>
</tr>
<tr>
<td>ICD-10</td>
<td>G47.11</td>
<td>Idiopathic hypersomnia with long sleep time</td>
</tr>
<tr>
<td>ICD-10</td>
<td>G47.12</td>
<td>Idiopathic hypersomnia without long sleep time</td>
</tr>
<tr>
<td>ICD-10</td>
<td>G47.13</td>
<td>Recurrent hypersomnia</td>
</tr>
<tr>
<td>ICD-10</td>
<td>G47.14</td>
<td>Hypersomnia due to medical condition</td>
</tr>
<tr>
<td>ICD-10</td>
<td>G47.19</td>
<td>Other hypersomnia</td>
</tr>
<tr>
<td>ICD-10</td>
<td>G47.30</td>
<td>Sleep apnea, unspecified</td>
</tr>
<tr>
<td>ICD-10</td>
<td>G47.31</td>
<td>Primary central sleep apnea</td>
</tr>
<tr>
<td>ICD-10</td>
<td>G47.33</td>
<td>Obstructive sleep apnea (adult) (pediatric)</td>
</tr>
<tr>
<td>ICD-10</td>
<td>G47.35</td>
<td>Congenital central alveolar hypoventilation syndrome</td>
</tr>
<tr>
<td>ICD-10</td>
<td>G47.36</td>
<td>Sleep related hypoventilation in conditions classified elsewhere</td>
</tr>
<tr>
<td>ICD-10</td>
<td>G47.37</td>
<td>Central sleep apnea in conditions classified elsewhere</td>
</tr>
<tr>
<td>ICD-10</td>
<td>G47.39</td>
<td>Other sleep apnea</td>
</tr>
<tr>
<td>ICD-10</td>
<td>G47.411</td>
<td>Narcolepsy with cataplexy</td>
</tr>
<tr>
<td>ICD-10</td>
<td>G47.419</td>
<td>Narcolepsy without cataplexy</td>
</tr>
<tr>
<td>ICD-10</td>
<td>G47.429</td>
<td>Narcolepsy in conditions classified elsewhere without cataplexy</td>
</tr>
<tr>
<td>ICD-10</td>
<td>G47.421</td>
<td>Narcolepsy in conditions classified elsewhere with cataplexy</td>
</tr>
<tr>
<td>ICD-10</td>
<td>G47.8</td>
<td>Other sleep disorders</td>
</tr>
<tr>
<td>ICD-10</td>
<td>G47.9</td>
<td>Sleep Disorder Unspecified</td>
</tr>
<tr>
<td>ICD-10</td>
<td>R06.81</td>
<td>Apnea, not elsewhere classified</td>
</tr>
<tr>
<td>ICD-10</td>
<td>R06.83</td>
<td>Snoring</td>
</tr>
<tr>
<td>ICD-10</td>
<td>R40.0</td>
<td>Somnolence</td>
</tr>
</tbody>
</table>

The following diagnosis will be considered as medically necessary when applicable criteria have been met.