Polysomnography - Sleep Studies

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Line(s) of Business: HMO; PPO; QUEST
Current Effective Date: 12/21/2012
Section: Medicine
Place(s) of Service: Hospital; Sleep Lab

I. Description
Polysomnography is the continuous monitoring of physiologic activity that occurs during sleep. A sleep technologist measures and records brain activity using electroencephalography (EEG), eye movements using electro-oculography (EOG), and musculoskeletal activity using electromyography (EMG). Monitoring differentiates sleep from wakefulness and measures sleep stages. It is medically indicated to diagnose sleep-related disorders.

Sleep studies are usually performed overnight during anticipated hours of sleep. It is the simultaneous recording of ventilation, respiratory effort, EKG or heart rate, and oxygen saturation, attended or unattended by a technologist.

II. Criteria/Guidelines
A. Polysomnography/sleep study is covered (subject to Limitations/Exclusions and Administrative Guidelines) when the following criteria are met:
   1. The patient has had a face-to-face clinical evaluation by the treating physician prior to the study to assess for sleep related breathing disorder. The evaluation should include, at a minimum, the following:
      a. Signs and symptoms of sleep disordered breathing
      b. Duration of symptoms
      c. Comorbid conditions, (e.g., hypertension, heart disease, stroke)
   2. The patient (of any age) has two of the following indications:
      a. Habitual snoring that is disruptive
      b. The patient has unexplained pathological daytime sleepiness and nonrestorative sleep.
      c. A family member or sleeping partner has witnessed that the patient has cessation of breathing, gasping or choking during sleep
      d. Obesity with BMI of 30 or more
e. At least two or more of the following:
   i. Stroke
   ii. Congestive heart failure
   iii. Unexplained cor pulmonale
   iv. Unexplained polycythemia
   v. Essential hypertension
   vi. Untreated hypothyroidism
   vii. Craniofacial abnormality (e.g., Down’s syndrome, acromegaly)
   viii. Narcolepsy
   ix. Sleep-related myoclonus

3. For children (age 18 or younger) who do not meet the above criteria, one of the following indications is met in addition to criterion II.A.2.a, b, c or d:
   a. Attention deficit disorder with hyperactivity
   b. Nocturnal enuresis
   c. Hypertrophy of tonsils and/or adenoids

4. Polysomnography is being done in conjunction with Multiple Sleep Latency Testing (MSLT) for the evaluation of patients with a suspected diagnosis of narcolepsy to confirm the diagnosis.

5. Polysomnography/sleep study is performed in a hospital-based sleep laboratory or free-standing sleep laboratory meeting the following requirements:
   a. Hospital-based sleep laboratory falls within the purview of The Joint Commission accreditation for its institution;
   b. Free-standing sleep laboratory is accredited by the American Association of Sleep Medicine (AASM) (http://www.aasmnet.org). With regard to accreditation, HMSA requires the following:
      i. If a provider is in the process of seeking accreditation, HMSA requires a letter of acknowledgement of payment from the AASM written to the sleep laboratory under consideration for accreditation.
      ii. To continue servicing HMSA members, the sleep laboratory must complete the process of accreditation within one year.
      iii. Re-accreditation is required according to the standards of the AASM. Providers are responsible for keeping their accreditation current.

6. Polysomnography/sleep study is interpreted by a sleep medicine specialist who is board certified by American Board of Sleep Medicine (ABSM) or the American Board of Medical Specialties (ABMS).

B. Polysomnography/sleep study should be performed with the intent to complete the study with titration of positive airway pressure (PAP) i.e., CPT code 95811. CPT code 95810 is only allowable when the sleep study does not demonstrate events consistent with sleep apnea or PAP titration cannot be completed for unforeseen reasons as documented in the polysomnography report. Examples include, but are not limited to, the following:
   1. Insufficient total sleep time;
   2. Criteria for obstructive sleep apnea met late in study with insufficient sleep time left for continuous positive airway pressure (CPAP) titration;
   3. CPAP trial attempted but not tolerated by patient.
C. One polysomnography/sleep study will be covered every five years unless there is a significant change in patient status. A repeat polysomnography before five years will be covered for the following indications:

1. Weight gain or loss of ten percent of body weight;
2. After surgical or oral appliance treatment of patients with moderate to severe OSA;
3. When clinical response is insufficient or when symptoms return despite a good initial response to treatment with PAP device.
4. Follow-up PAP titration study when indicated and split-night sleep study could not be completed as noted in II.B.

D. CPT code 95805 (done subsequent to 95810) is only covered for the evaluation of patients with a suspected diagnosis of narcolepsy to confirm the diagnosis.

III. Limitations/Exclusions

A. A split-night study (CPT 95811), in which obstructive sleep apnea (OSA) is documented during the first half of the study, followed by CPAP titration during the second half of the study, eliminates the need for a second polysomnography to titrate CPAP. A split-night study would be appropriate for patients with a baseline apnea index or AHI of at least 15 events per hour or from 5 to 14 events per hour with documented symptoms of excessive daytime sleepiness, impaired cognition, mood disorders, or insomnia; or hypertension, ischemic heart disease, or history of stroke. Because CPT code 95811 includes the initiation of CPAP therapy, CPT code 94660 will not be paid separately.

B. Unattended home sleep studies are not appropriate and are not covered for the evaluation of obstructive sleep apnea. Polysomnography is required for the evaluation of OSA; therefore, unattended home sleep studies are not covered. Supervised studies are important to ensure monitors are attached appropriately to the patient and do not become dislodged during the night. In addition, a supervisor can detect sleep positions that aggravate OSA and patterns of snoring and can identify severe apnea so that CPAP can be immediately initiated.

C. The Epworth sleepiness scale is considered medically appropriate as part of the evaluation of OSA, but is performed as part of the evaluation and management of the patient and will not be paid separately.

D. HMSA’s global payment for polysomnography includes payment for the EEG, EOG and EMG. These services will not be paid separately.

E. Other measurements performed during a sleep study (e.g., vital signs, muscular activity, oximetry, airflow, blood gases, penile tumescence, gastroesophageal reflux) are also integral to the service and will not be paid separately.

F. CPT code 95805 is only covered as noted above (II.D.).

G. Polysomnography/sleep studies are covered only once every five years except as noted above (II.C).

H. Polysomnography performed as part of the routine evaluation of patients prior to bariatric surgery is not covered as it is not known to be effective in improving health outcomes. Polysomnography is covered when criteria under II.A are met.
IV. Administrative Guidelines

A. Private business plans
   1. Precertification is not required for an initial study. Documentation, including the physician's clinical notes that supports medical necessity should be legible, maintained in the patient's medical record and must be made available to HMSA upon request. HMSA reserves the right to perform retrospective review using the above criteria to validate if services rendered met payment determination criteria.
   2. Precertification is required for PAP titration study when the initial study demonstrates OSA and titration is not completed at the time of the initial study. The following documentation must be submitted:
      a. Initial study report;
      b. Documentation supporting the reason why PAP titration could not be performed or completed at the time of the initial study.
   3. Precertification is required for a repeat polysomnography within five years. Documentation supporting a significant change in patient status must be submitted.

B. 65C Plus and Akamai Advantage
   1. Precertification is not required.
   2. Medicare guidelines should be followed when providing services to members of HMSA's 65C Plus Plan and for Akamai Advantage.

C. HMSA QUEST
   1. Precertification is required for all polysomnography/sleep studies.
   2. For polysomnography, only CPT code 95811 will be initially approved. CPT code 95810 will not be approved.
      a. If the study does not demonstrate events consistent with OSA and the study is terminated without a titration of PAP, a claim for CPT code 95810, with supporting documentation should be submitted.
      b. If study demonstrates OSA and PAP titration is not completed, precertification request should be submitted for PAP titration study. The following documentation must be submitted:
         i. Initial study report;
         ii. Documentation supporting the reason why PAP titration could not be performed or completed at the time of initial study.

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<tr>
<th>CPT Code</th>
<th>Description</th>
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<tbody>
<tr>
<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>
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<tr>
<td>95807</td>
<td>Sleep study, simultaneous recording of ventilation, respiratory effort, EKG or heart rate, and oxygen saturation, attended by a technologist</td>
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<td>95808</td>
<td>Polysomnography; sleep staging with 1-3 additional parameters of sleep, attended by a technologist</td>
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<td>Code</td>
<td>Description</td>
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<tr>
<td>95810</td>
<td>sleep staging with 4 or more additional parameters of sleep, attended by a technologist</td>
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<tr>
<td>95811</td>
<td>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>
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**V. Important Reminder**

The purpose of this Medical Policy is to provide a guide to coverage. This Medical Policy is not intended to dictate to providers how to practice medicine. Nothing in this Medical Policy is intended to discourage or prohibit providing other medical advice or treatment deemed appropriate by the treating physician.

Benefit determinations are subject to applicable member contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.

This Medical Policy has been developed through consideration of the medical necessity criteria under Hawaii’s Patients’ Bill of Rights and Responsibilities Act (Hawaii Revised Statutes §432E-1.4), generally accepted standards of medical practice and review of medical literature and government approval status. HMSA has determined that services not covered under this Medical Policy will not be medically necessary under Hawaii law in most cases. If a treating physician disagrees with HMSA’s determination as to medical necessity in a given case, the physician may request that HMSA reconsider the application of the medical necessity criteria to the case at issue in light of any supporting documentation.

**VI. References**