Polysomnography (Sleep Studies)

I. Policy

University Health Alliance (UHA) will reimburse for polysomnography (sleep studies) when it is determined to be medically necessary and when it meets the medical criteria guidelines (subject to limitations and exclusions) indicated below.

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 to himself or herself
   b) The patient has unexplained pathological daytime sleepiness and/or 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 of the following apply:
      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 don’t 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. Polysomnogram/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;
      i) Free-standing sleep laboratory is fully and currently accredited by the American Association of Sleep Medicine (AASM) (http://www.aasmnet.org).

5. Polysomnogram/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 polysomnogram/sleep study will be covered every five years unless there is a significant change in patient status. A repeat polysomnogram 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. Multiple Sleep Latency Testing (CPT code 95805) will be covered for the evaluation of patients with a suspected diagnosis of narcolepsy to confirm the diagnosis.

E. **NOTE:**
   This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.

   Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member’s individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

   UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.
### 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 polysomnogram 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. UHA’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 95810 is only covered as noted above (II.B.).

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

### IV. Administrative Guidelines

A. Prior authorization 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 UHA upon request. UHA reserves the right to perform retrospective review using the above criteria to validate if services rendered met payment determination criteria.

B. Prior authorization 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:

1. Initial study report;
2. Documentation supporting the reason why PAP titration could not be performed or completed at the time of the initial study.

C. Prior authorization is required for a repeat polysomnogram within five years. Documentation supporting a significant change in patient status must be submitted.

D. To request prior authorization, please go to UHA’s website: [http://www.uhahealth.com/forms/form_request_auth.pdf](http://www.uhahealth.com/forms/form_request_auth.pdf) and submit to:

   **Via Fax:** 1-866-572-4384

   **Via Mail:**
### CPT Code | Description
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94660 | Continuous positive airway pressure, initiation and management
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, EKG 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 bi-level ventilation, attended by a technologist

### V. Policy History

- **Policy Number:** M.FAC.09.120301
- **Current Effective Date:** 03/01/2013
- **Original Document Effective Date:** 03/01/2012
- **Previous Revision Dates:** 07/01/2013

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