Subject: Obstructive Sleep Apnea Diagnostic Testing In Adults *

Effective Date: February 25, 2014

Department(s): Utilization Management

Policy: Sleep studies (polysomnography) for the evaluation of suspected sleep apnea syndrome are covered under Plans administered by QualCare, Inc. A home-based/portable study, when medically necessary, is the preferred testing method, with in-facility testing allowable as outlined under the procedure section below.

Objective: To ensure proper and consistent reimbursement and appropriate utilization of a specific type of diagnostic testing.

Procedure:

A. A home-based/portable polysomnography (CPT 95800-01, 95806; HCPCS- G0398, G0399) is considered medically necessary for members age ≥18 yrs. suspected of having obstructive sleep apnea due to excessive daytime sleepiness and any one of the following symptoms or risk factors: witnessed apneas, disruptive snoring, gasping/choking during sleep, a neck circumference >17 inches in men or >16 inches in women, or a body mass index >30.

An in-facility polysomnography (CPT 95808, 95810, 95811) is considered medically necessary when criteria in section A. above are met.

AND

B. One or more of the following comorbid conditions:
   - chronic obstructive pulmonary disease
   - pulmonary hypertension
-restrictive lung disease, including related to musculoskeletal or neurologic conditions (e.g. kyphoscoliosis, myasthenia gravis)
-congestive heart failure
-known obesity-hypoventilation syndrome

OR

C. A sleep disorder other than or in addition to obstructive sleep apnea syndrome is suspected and supported in clinical documentation.

-periodic limb movement disorder
-narcolepsy
-rapid eye movement (REM) behavior sleep disorder
-parasomnias
-central sleep apnea

Home sleep study testing data must be interpreted by a board-certified or board-eligible sleep medicine specialist.

In the absence of any criteria in sections B and C above being met, an in-facility polysomnography study will be considered medically necessary if a home/portable polysomnography study is not feasible due to the individual or caregiver being incapable of operating the equipment, a prior home testing was technically inadequate for diagnosis or was negative for obstructive sleep apnea in an individual with a high pretest probability, and in members with documented chronic (> 6 months) high dose narcotic medication requirements. This is generally accepted as >200mg/day of morphine or equivalent.

Home/portable sleep study using a type IV device (HCPCS code G0400) is not reimbursable as it is considered investigational due to lack of documented efficacy in the peer-reviewed medical literature.

References


El Shayeb M, Topfer LA, Stafinski T, Pawluk L, Menon D. Diagnostic accuracy of level 3 portable sleep tests versus level 1 polysomnography for sleep-disordered breathing: a systematic review and meta-analysis. CMAJ. 2014;186(1):E25-51(Jan)


Mulgrew AT, Fox N, Ayas NT, Ryan CF. Diagnosis and initial management of obstructive sleep apnea without polysomnography: a randomized validation study. Ann Int Med. 2007;146(3):157-199


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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.