Subject: Sleep-Disordered Breathing Testing *

Effective Date: July 23, 2002

Department(s): Utilization Management

Policy: Sleep studies will be covered under Plans administered by QualCare, Inc.

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

Procedure:

1. Claims for diagnostic sleep studies shall be processed as outpatient services, although they may be conducted overnight at a facility.

2. The request for a sleep study must include evidence of sleep disordered breathing (snoring or observed apnea) PLUS at least one of the following:

   a. Daytime hypersomnolence
   b. Personality change or change in intellect
   c. Morning headache or nausea
   d. Symptoms or signs of congestive heart failure
   e. Obesity
   f. Hypertension
   g. Cardiac arrhythmia
3. The study should include the following:
   a. Polysomnogram, electroencephalogram, electro-oculogram, submental electromyogram
   b. Electrocardiogram
   c. Recordings of ventilation and respiratory effort
   d. Monitoring of oxygenation, motor activity, and blood pressure
   e. Titration of positive airway pressure if, in the judgment of the attendant technologist, it is indicated

4. The following CPT codes, which combine various sleep testing modalities, are reimbursable under this policy:
   a. When performed in a facility:
      i. Simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist (95807)
      ii. Polysomnography; sleep staging with 1 – 3 additional parameters of sleep, attended by a technologist (95808)
      iii. Polysomnography; sleep staging with 4 or more additional parameters of sleep, attended by a technologist (95810)
      iv. Polysomnography; 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 (95811)
   b. When not performed in a facility:
      i. Simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and
oxygen saturation, unattended by a technologist (CPT 95806) is reimbursable.

5. Requests for sleep disorder testing in children who do not meet criteria in this policy must be reviewed by the medical director.

References


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