



Subject: *Home Polysomnography (sleep study)*

Number: *200308-0002*

Effective Date: 01/01/2004

Revision Date(s): 07/29/2003

Important Note

Even though this policy may indicate that a particular service or supply is considered covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare and Medicaid members, this policy will apply unless Medicare and Medicaid policies extend coverage beyond this Medical Policy & Criteria Statement. Medicare and Medicaid policies will only apply to benefits paid for under Medicare or Medicaid rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the following website:

<http://cms.hhs.gov/manuals/pub06pdf/pub06pdf.asp>

Overview

Home sleep studies – or polysomnography (PSG) – may be used to diagnose obstructive sleep apnea without the need for a laboratory stay. The “gold standard” for diagnosis is a sleep-lab based sleep study. The goal of sleep apnea diagnosis is to identify patients with obstructive sleep apnea (OSA), to establish the factors responsible for the apnea, and to determine the most appropriate strategy for treatment.

Policy and Criteria

NOTE: These services require prior authorization by the Plan.

When services are covered:

We cover home-based PSG when **ALL** of the following criteria are met:

- The patient has been pre-screened by a Pulmonologist or Neurologist; AND
- The test will be ordered *and* interpreted by a Pulmonologist or Neurologist; AND
- The home-based test will be a Level III or higher (i.e., Level II) study.

Note: A Level IV study is not acceptable and will not be covered.

The American Sleep Disorders Association (ASDA) uses **four levels** to classify the complexity of recording technology used for the diagnosis of sleep-related breathing disorders.

Level I – standard polysomnography (PSG) with a minimum of 7 parameters measured, including EEG, EOG, chin EMG, and ECG, as well as monitors for airflow, respiratory effort, and oxygen saturation. A technician is in constant attendance.

Level II – comprehensive portable PSG studies are essentially the same, except that a heart rate monitor can replace the ECG and a technician is not in constant attendance.

Level III – modified portable sleep apnea testing is a cardio respiratory study in which a minimum of 4 parameters must be measured, including ventilation (at least two channels of respiratory movement, or respiratory movement and airflow), heart rate or ECG, and oxygen saturation.

Ventilation in this case is measured with at least two channels of respiratory movement or of airflow. Personnel are needed for preparation, but the ability to intervene is not required for all studies.

Level IV – continuous (single or dual) bioparameter recording are devices that measure a minimum of one parameter, usually oxygen saturation.

When services are not covered:

We do not cover PSG when:

- A Level IV sleep study is requested
- When the test is requested for a pediatric patient (less than 18 years of age)
- When any one of the criteria stated above is not met
- When the test is requested for any reason other than obstructive sleep apnea

General Coding Guidelines:

The following is a general guideline to coding for this/these service(s). Please refer to the appropriate **Medical Payment Policy** for the specifics.

CPT-4 Codes: 95805 to 95811

No HCPCS Codes for this/these service(s)

ICD-9 Codes and Descriptions:

780.57 – Central sleep apnea

780.57 – Mixed sleep apnea

780.57 – Obstructive sleep apnea

Products to which this policy applies:

- ⊕ Commercial Plan (Direct, Select & PPO Plans)
- ⊕ The Independent Plan
- ⊕ Fallon Flex
- ⊕ Major Medical
- ⊗ Medicare Plan – refer to CMS for policy and criteria.

References

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3. American Sleep Disorders Association Report. Portable Recording in the Assessment of Obstructive Sleep Apnea. R. Ferber, et al. SLEEP 1994; 17(4):378-392.
4. American Sleep Disorders Association Report. Practice Parameters for the Indications for Polysomnography and Related Procedures. A.L. Chesson, et al. SLEEP 1997; 20:406-422.
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15. Hayes Inc. Report. April 2000; Sleep Apnea Diagnosis, Pediatric (SLEE0703.10)
16. Hayes Inc. Report. April 2003; Home Sleep Studies for Diagnosis of Obstructive Sleep Apnea in Adults (HOME0803.15)
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Mandated Benefit/Regulatory Issues:

- Federal
- Commonwealth of Massachusetts
- Medicare – National Policy
- Medicare – Local Medical Review Policy
- Not applicable

Committee Review Dates:

Accepted by Technology Assessment Committee: 8/19/2003

Approved by:	<i>Signature on file</i>	8/05/200
	Dennis A. Batey, M.D., Vice President and Chief Medical Officer	Date