MHS HEALTH WISCONSIN
MEDICAL POLICY

DEPARTMENT: Utilization Management	**DOCUMENT NAME:** Sleep Testing
PAGE: 1 of 6	**REPLACES DOCUMENT:** CC.MP.75
APPROVED DATE: 2/15	**RETIRED:**
EFFECTIVE DATE: 2/15	**REVIEWED/REVISED:**
PRODUCT TYPE: Medicaid and Marketplace Exchange Product	**REFERENCE NUMBER:** WI.MP.10

SCOPE:
This policy applies to MHS Health Wisconsin and Ambetter from MHS Health Wisconsin's Utilization Management Program.

Sleep testing is a diagnostic tool that can be used to diagnose OSA. It can be done in the home setting or as a facility, overnight, attended polysomnogram, depending on the member characteristics.

Polysomnography (PSG) is the most commonly used test in the diagnosis of specific sleep disorders, primarily OSA. Monitoring typically includes activity of the brain, chin, eyes, chest wall and limbs; heart rate and rhythm, airflow through the nose and mouth, oxygen saturation, snoring loudness, sleep position, and fragmentation of sleep. Indications for PSG include suspected sleep apnea or follow-up after diagnosis of sleep apnea, suspected narcolepsy, suspected idiopathic hypersomnia, suspected periodic limb movement disorder, and suspected parasomnia.

Portable monitoring is a more convenient and lower cost tool for diagnosing OSA in those members who are highly suspected of having moderate to severe OSA. Advantages include that the members are able to perform the test in the comfort of their own homes, the HST system is less costly than the complete PSG system, and a technician is not required for completion of the test. Fewer physiologic variables are measured with HST in comparison with PSG, though, so proper patient selection is necessary to take full advantage of the value of this technology.

There are four types of monitoring devices which may be used for sleep studies. Type I devices are used in the sleep center, technician attended, for an overnight PSG. Type II devices can record the full montage of variables as type I devices but can also be used outside of a sleep center and do not require a technician to be present. Type III devices measure between four and seven physiologic parameters, including two respiratory variables, a cardiac variable, and oxygen saturation by pulse oximetry. Measurement of these variables generally provides adequate information for the evaluation of most sleep apneas. Type IV devices differ by definition and may only record one to 3 variables. Generally, they provide insufficient data for an accurate diagnosis of OSA.

MHS HEALTH WISCONSIN
MEDICAL POLICY

DEPARTMENT: Utilization Management	**DOCUMENT NAME:** Sleep Testing
PAGE: 2 of 6	**REPLACES DOCUMENT:** CC.MP.75
APPROVED DATE: 2/15	**RETIRED:**
EFFECTIVE DATE: 2/15	**REVIEWED/REVISED:**
PRODUCT TYPE: Medicaid and Marketplace Exchange Product	**REFERENCE NUMBER:** WI.MP.10

PURPOSE:

This policy addresses sleep testing, medically necessary criteria for both home and facility based testing, and prior authorization requirements.

POLICY/PROCEDURE:

Prior Authorization (PA) Requirement

Home Sleep Testing does not require prior authorization. In contrast, sleep testing in a FACILITY does require prior authorization by the health plan. A facility sleep test can be approved if a home sleep test is contraindicated (as described on page 2).

Policy/Criteria

It is the policy of MHS Health Wisconsin that an *initial* sleep test performed with a Type II or Type III device is **medically necessary** when meeting all of the following criteria:

A. Performed in conjunction with a comprehensive sleep evaluation, and
B. Sleep center performing the test is accredited by AASM or Joint Commission, and
C. Age ≥ 14 and ≤ 65 years, and
D. Suspicion of OSA, as indicated by excessive daytime sleepiness which impacts daily activities that is not explained by other factors (e.g., medication, drugs, alcohol, psychiatric disorder) and at least one other factor:
    1. Witnessed apnea, or
    2. Sleep-disruptive snoring, or
    3. Gasping or snorting while sleeping, or
    4. Obesity (BMI ≥ 30 kg/m^2) or increased neck circumference (>17 in. men, >16 in. women).

Home Sleep Testing (HST)

HST is indicated as the initial test if the member has a high pretest probability of moderate to severe OSA and other factors as listed above under "D". It is the policy of MHS Health Wisconsin that a *follow-up HST* is **medically necessary** when meeting one of the following criteria and there is no contraindication as outlined on page 2.

A. To assess the effectiveness of surgery or oral appliances or devices (i.e. CPAP/BiPAP); or

B. To re-evaluate the diagnosis of OSA and the need for continuing a device following significant weight loss (loss of ≥ 10% of body weight) since the most recent study.

Home sleep testing is considered **not medically necessary** when performed with a Type IV device or for any other indications not listed above.

Contraindications to home sleep testing

- Moderate to severe pulmonary disease (e.g., COPD, asthma, 02 dependent)
- Neuromuscular disease
- Congestive heart failure
- Suspected or diagnosed with central sleep apnea, periodic limb movement disorder, insomnia, parasomnias, circadian rhythm disorders, or narcolepsy
- Physical or cognitive inability to appropriately use the equipment or does not have someone able to assist with the equipment
- Previous technically suboptimal home sleep study

Facility Sleep Testing

IF HST is contraindicated as listed above, then a facility sleep test may be done after obtaining prior authorization from the health plan.

Revision Log	Date
Updated formatting and edited to match MHS Health Wisconsin criteria policy template. Added prior authorization (PA) criteria statement.	3/16

Coding Implications

The following codes are for informational purposes only. They are current at time of review of this policy. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

MHS HEALTH WISCONSIN
MEDICAL POLICY

DEPARTMENT: Utilization Management	**DOCUMENT NAME:** Sleep Testing
PAGE: 4 of 6	**REPLACES DOCUMENT:** CC.MP.75
APPROVED DATE: 2/15	**RETIRED:**
EFFECTIVE DATE: 2/15	**REVIEWED/REVISED:**
PRODUCT TYPE: Medicaid and Marketplace Exchange Product	**REFERENCE NUMBER:** WI.MP.10

HOME SLEEP TESTING

CPT® Codes	**Description**
95800	(Home) Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (e.g., by airflow or peripheral arterial tone), and sleep time
95801	(Home) Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (e.g., by airflow or peripheral arterial tone)
95803*	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)
95806	(Home) Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (e.g., thoracoabdominal movement)
HCPCS Codes	**Description**
G0398	Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort and oxygen saturation
G0399	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation
G0400	Home sleep test (HST) with type IV portable monitor, unattended; minimum 3 channels

*investigational in nature and not a standard sleep test; requires Prior Authorization

FACILITY SLEEP TESTING

CPT® Codes	**Description**
95782	Younger than 6 years, sleeping staging with 4 or more additional parameters of sleep, attended by a technologist

MHS HEALTH WISCONSIN
MEDICAL POLICY

DEPARTMENT: Utilization Management	**DOCUMENT NAME:** Sleep Testing
PAGE: 5 of 6	**REPLACES DOCUMENT:** CC.MP.75
APPROVED DATE: 2/15	**RETIRED:**
EFFECTIVE DATE: 2/15	**REVIEWED/REVISED:**
PRODUCT TYPE: Medicaid and Marketplace Exchange Product	**REFERENCE NUMBER:** WI.MP.10

CPT® Codes	**Description**
95783	Younger than 6 years, 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
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, ECG or heart rate, and oxygen saturation, attended by a technologist
95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist
95810	Age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
95811	Age 6 years or older, 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

REFERENCES:

Brunk D. Home-based OSA testing beats lab-based testing on cost. Internal Medicine News. 2014, May 20.

Collop N. Out-of-center sleep testing for obstructive sleep apnea in adults. In: UpToDate, Badr MS (Ed), UpToDate, Waltham, MA, 2014.

Collop NA, Anderson WM, Boehlecke B, et al. Clinical guidelines for the use of unattended portable monitors in the diagnosis of obstructive sleep apnea in adult patients. Portable Monitoring Task Force of the American Academy of Sleep Medicine. J Clin Sleep Med 2007; 3:737. Accessed online at: http://www.aasmnet.org/Resources/clinicalguidelines/030713.pdf

Collop NA, Tracy SL, Kapur V, et al. Obstructive sleep apnea devices for out-of-center (OOC) testing: Technology evaluation. J Clin Sleep Med. 2007;3(7):737. Accessed online at: http://www.aasmnet.org/Resources/PracticeParameters/Outofcenter.pdf.

MHS HEALTH WISCONSIN
MEDICAL POLICY

DEPARTMENT: Utilization Management	**DOCUMENT NAME:** Sleep Testing
PAGE: 6 of 6	**REPLACES DOCUMENT:** CC.MP.75
APPROVED DATE: 2/15	**RETIRED:**
EFFECTIVE DATE: 2/15	**REVIEWED/REVISED:**
PRODUCT TYPE: Medicaid and Marketplace Exchange Product	**REFERENCE NUMBER:** WI.MP.10

Kline LR. Clinical presentation and diagnosis of obstructive sleep apnea in adults. In: UpToDate, Collop N (Ed), UpToDate, Waltham, MA, 2014.

ATTACHMENTS:

DEFINITIONS:

POLICY AND PROCEDURE APPROVAL

Barb Swartos _____Signature on file_____
VP Medical Management

Robert Lyon, MD _____Signature on file_____
UM Advisory Committee Chair/
Chief Medical Director