



Subject: **Obstructive Sleep Apnea Diagnostic Testing In Adults**
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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.

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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.