Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:
A sleep study test is a test that records various body functions during sleep. Electrodes are placed on the body to record electrical activity of the brain, heart rate, respiratory effort, air flow, blood oxygen levels, and movement of the eye and/or muscle. The tests are used in the evaluation and diagnosis of sleep apnea, narcolepsy, movement disorders, and insomnia.

An Electroencephalogram (EEG), submental electromyogram, and electro-oculogram are required for sleep staging. By definition, a polysomnogram always includes sleep staging, while a cardiorespiratory "sleep study" does not. The actual components of the study will be dictated by the clinical situation. Supervision of the test may be considered important to ensure that the monitors are attached appropriately to the patient and do not become dislodged during the night. In addition, an attendant can identify severe OSA so that the effective level of continuous positive airway pressure (CPAP) therapy can be determined. These studies are known as "split-night" studies, in which the diagnosis of OSA is established during the first half of the night and CPAP titration is conducted during the second half of the night. If successful, this strategy can eliminate the need for an additional polysomnogram for CPAP titration.

Typically, the evaluation of OSA includes sleep staging to assess arousals from sleep, and determination of the frequency of apneas and hypopneas from channels measuring oxygen desaturation, respiratory airflow, and respiratory effort. In adults, an obstructive apnea is defined as at least a 10-second cessation of respiration associated with ongoing ventilatory effort.

Polysomnogram:
The polysomnogram (PSG) is a multiple-component test which electronically records data and is needed for an accurate diagnosis of sleep disorders. PSGs are used when there is no other adequate and less complex way to treat a sleep disorder. Sleep apnea, narcolepsy, movement disorders, and persistent insomnia are examples of medical conditions that might require a PSG.

There are four types of polysomnographic studies:

I. Diagnostic Overnight PSG
   • Used for general monitoring and evaluation of sleep including, but not limited to, amount of REM and non-REM sleep; number of arousals; breathing patterns, heart patterns, and limb movements
II. Diagnostic Daytime Multiple Sleep Latency Test (MSLT) -
   • Used to evaluate hypersomnia and narcolepsy, the Multiple Sleep Latency Test (MSLT) measures the degree of sleepiness in the patient
III. Two-night PSG with Continuous Positive Airway Pressure (CPAP) Titration -
• After general monitoring and evaluation on the first night, patient returns on the second night for evaluation with CPAP if the first night was positive for apnea.

IV. Split-Night PSG with CPAP Titration -
• Used when moderate or severe apnea is determined early in the evaluation (within first two hours of study). Patient uses CPAP for the remainder of the evening.

Medical Criteria:
Attended sleep studies are **medically necessary**. Unattended sleep studies are considered **medically necessary for BlueCHIP for Medicare members only**, and is considered a **contract exclusion** for all other lines of business (or product lines).

Effective April 1, 2010 for labs:
• All sleep labs must be accredited by the American Academy of Sleep Medicine (AASM).
• All sleep lab providers performing sleep testing services must participate and be in good standing with Medicare.

Effective April 1, 2010 for physicians:
• All physicians reading or supervising sleep tests must be board-certified in sleep medicine or have completed the necessary training requirements to take the exam in sleep medicine.
• All physicians performing sleep testing services must participate and be in good standing with Medicare.

Coverage:
Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, or Benefit Booklet for applicable diagnostic testing coverage/benefits.

Unattended sleep studies:
Unattended sleep studies are considered **medically necessary for BlueCHIP for Medicare members only**, and is considered a **contract exclusion** for all other lines of business (or product lines).

Medicare policy is developed separately from BCBSRI policy. Medicare policy incorporates consideration of governmental regulations from CMS (Centers for Medicare and Medicaid Services), such as national coverage determinations or local coverage determinations. In addition to benefit differences, CMS may reach different conclusions regarding the scientific evidence than does BCBSRI. Medicare and BCBSRI policies may differ. However, BlueCHIP for Medicare members must be offered, at least, the same services as Medicare offers.

Coding:
The following codes are **medically necessary**:
95800
95801
95805
95807
95808
95810
95811

The following codes are **covered for BlueCHIP for Medicare members only** and a **contract exclusion** for all other lines of business (or product lines).

95806
G0398
G0399
G0400
Note:
Sleep studies and polysomnography refer to the continuous and simultaneous monitoring and recording of various physiological and pathophysiological parameters of sleep for 6 or more hours with physician review, interpretation and report. Sleep studies of 6 hours or less should be classified as reduced services and reported with a -52 modifier.

Also Known As:
Polysomnography

Related Topics:
CPAP, BiPAP-S, BiPAP-ST
Orthodontic appliances in the treatment of sleep apnea
Uvulopalatopharyngoplasty (UPPP)/Laser Assisted Uvulopalatopharyngoplasty

Published:
Policy Update, April 1998
Policy Update, October 2005
Policy Update, August 2006
Policy Update, August 2007
Provider Update, September 2008
Provider Update, December 2009
Provider Update, August 2010
Provider Update, September 2011

References:

http://www.aasmnet.org/Resources/PracticeParameters/PP_PMD_OSA.pdf.


This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member’s subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide
services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.