



## ***Sleep Study Coverage Guidelines Including Split-study Parameters and CPAP/BiPAP***

<b>Origination:</b> 02/25/04	<b>Revised:</b> 08/03/17	<b>Annual Review:</b> 11/07/19
------------------------------	--------------------------	--------------------------------

### **Purpose:**

To provide sleep study guidelines for Population Health and Provider Alliances associates to reference when making benefit determinations.

### ***Compliance Status:***

- This procedure is in compliance with Centers for Medicare & Medicaid Services (CMS) regulatory requirements.

### ***Definitions***

- **Apnea:** Cessation of airflow for at least 10 seconds.
- **Hypopnea:** Abnormal respiratory event lasting at least 10 seconds with at least a 30 percent reduction in thoraco-abdominal movement or airflow as compared to baseline and is with at least a 4% oxygen desaturation.
- Polysomnography (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 (CPT-4 code 95811).
- The Apnea-Hypopnea Index (AHI) is equal to the average number of episodes of apnea and hypopnea per hour and must be based on a minimum of two (2) hours of sleep recorded.

### **SYMPTOMS OF SLEEP APNEA**

- Suspected sleep apnea is supported by defined symptoms and *witnessed sleep pattern* consistent with sleep apnea such as gasping/choking and irregular breathing patterns.
- Symptoms of sleep apnea *while awake* include fatigue, hypersomnolence, irritability/moodiness, morning headaches, normal TSH level, and persistent/worsening symptoms or findings after diagnosis and treatment.

### **SPLIT – STUDY PARAMETERS**

- A sleep study *with* titration, (CPT4 code 95811), is **expected** if the Member experiences a Apnea-Hypopnea Index (AHI) >20 events per hour during the first two (2) to four (4) hours of the diagnostic sleep study or an AHI of > 20 based on clinical judgment (e.g., if there are also repetitive long obstructions and major desaturations).
- A second study for titration is **not covered** when performed in two (2) separate visits unless extenuating circumstances prevented all services from being performed in one (1) clinical visit.



## ***Sleep Study Coverage Guidelines Including Split-study Parameters and CPAP/BiPAP***

- On occasion, parameters to support a split-night study may not occur prior to two (2) to four(4) hours of testing. In which case, a new authorization request must be submitted *prior to the second study*. Documentation must demonstrate evidence of an extenuating circumstance. The request for a second study goes to the Medical Director for approval.

### **CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) & BIPAP**

**Continuous Positive Airway Pressure (CPAP)** is a covered benefit as durable medical equipment for the treatment of OSA when **either** of the following criteria is met:

- A) Sleep Study Results: Apnea-Hypopnea Index (AHI) is greater than 15 events per hour;  
**OR**
- B) AHI is greater than five (5) and less than 14 and one (1) or more of the following are met:
  - Excessive daytime sleepiness (documented by either Epworth >10 or Multiple Sleep Latency Test <6);
  - Documented symptoms of impaired cognition, mood disorders or insomnia;
  - Documented hypertension (systolic blood pressure >140mmHg and/or diastolic blood pressure >90mmHg);
  - Documented ischemic heart disease;
  - Documented history of stroke;
  - Greater than 20 episodes of oxygen desaturation <85% during a full night sleep study or any one (1) episode of oxygen desaturation <70%.

### **References:**

1. American Sleep Disorders Association, Standards of Practice Committee Practice parameters for the indications for polysomnography and related procedures. *Sleep*. 1997;20(6):406-422.
2. Loube DI, et al. Indications for positive airway pressure treatment of adult obstructive sleep apnea patients: A consensus statement. *Chest*. 1999;115(3):863-866.
3. Agency for Healthcare Policy and Research. Systematic Review of the Literature Regarding the Diagnosis of Sleep Apnea. Evidence Report/Technology Assessment No. 1. AHCPR Publication No. 99-E002. Bethesda, MD: AHCPR; December 1998.
4. Chesson AL Jr., Ferber RA, Fry JM, et al. The indications for polysomnography and related procedures. *Sleep*. 1997;20(6):423-487.
5. McNichola WT. Clinical diagnosis and assessment of obstructive sleep apnoea syndrom. *Monaldi Arch Chest Dis*. 1997;52(1):37-42.



## ***Sleep Study Coverage Guidelines Including Split-study Parameters and CPAP/BiPAP***

6. American Academy of Sleep Medicine, Standards of Practice Committee. Practice parameters for the use of auto-titrating continuous positive airway pressure devices for titrating pressures and treating adult patients with obstructive sleep apnea. *Sleep*. 2002;25(2):143-147.
7. Centers for Medicare & Medicaid Services (CMS). Decision memo for sleep testing for obstructive sleep apnea (OSA) (CAG-00405N). Medicare Coverage Database. Baltimore, MD: CMS; March 3, 2009.

### **Disclaimer Information:**

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed to determine coverage for AvMed's benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. AvMed makes coverage decisions using these guidelines, along with the Member's benefit document. The use of this guideline is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated.

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed for selected therapeutic or diagnostic services found to be safe, but proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the AvMed service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations.

Treating providers are solely responsible for the medical advice and treatment of Members. This guideline may be updated and therefore is subject to change.