Subject: Sleep Studies, Attended (In-Laboratory) Full-Channel Polysomnography

Medical Policy #:49.0 **Original Effective Date: 11-17-2021**

Status: Reviewed **Last Review Date: 12-13-2023**

Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description

Polysomnography can include, but is not limited to, the following:

- A 1-4 lead electroencephalogram (EEG) to measure global neural encephalographic activity using electrodes placed on the scalp.
- Electrooculogram (EOG) to measure eye movements using electrodes placed near the outer canthus of each eye.
- A submental electromyogram (EMG) to measure submental electromyographic activity using electrodes placed over the mentalis, submentalis muscle, and/or masseter regions.
- Rhythm electrocardiogram (ECG).
- Nasal and/or oral airflow via both thermistor and nasal pressure sensor.
- Ventilation and respiratory effort by chest-wall and abdominal movement measured using strain gauges, piezoelectric belts, inductive plethysmography, impedance or inductance pneumography, endoesophageal pressure, or by intercostal EMG.
- Gas exchange (oxygen saturation [SpO2]) by oximetry, transcutaneous monitoring, or end-tidal gas analysis.
- Extremity muscle activity, motor activity-movement using EMG.
- Body positions via mercury switches or by direct observation.
- Recordings of vibration (frequency or volume) may be recorded.
- Transcutaneous CO2, esophageal pH, penile tumescence, and bipolar EEG.

Coverage Determination

Prior Authorization is required for (95782, 95783, 95805, 95807, 95808, 95810 and 95811). Logon to Pres Online to submit a request: https://ds.phs.org/preslogin/index.jsp

Members are allowed one in-laboratory sleep study with titration post Hypoglossal Nerve Implantation. Additional requests for in-lab sleep study with titration will require MDR review for medical necessity.

Benefit is for Commercial, Medicaid, and Medicare.

PHP Attended Polysomnography, Assessment of Sleep Disorders

In-Laboratory, Attended Full-Channel Polysomnography is medically necessary for assessment of individuals with suspected Obstructive Sleep Apnea (OSA) when:

1. Member is less than 18 years of age; **or**
2. Previous Home Sleep Apnea Testing (HSAT) are negative, inconclusive or technically inadequate to make a diagnosis of OSA; **or**
3. Member has **one or more** of the following medical conditions that contradicts the use of a HSAT:
    a) Respiratory muscle weakness due to neuromuscular or neurodegenerative disorder (examples included, but are not limited to, Parkinson's Disease, Myotonic Dystrophy, Amyotrophic Lateral Sclerosis, Multiple Sclerosis associated Pulmonary Disease, CVA with persistent sequelae).
    b) Moderate to Severe Heart Failure, NYHA (1994) Class III or IV, or LVEF ≤ 40
    c) BMI >45 kg/m²
    d) Symptoms of sleep disorder in the setting of ongoing epileptic seizures
    e) Obesity Hypoventilation Syndrome,
        i. BMI ≥ 30 plus PCO2 ≥ 45 on arterial ABG results or Capnography

ii. If ABG results or Capnography are not available, serum bicarbonate ≥ 27 may be provided

f) Moderate to Severe Pulmonary HTN

g) Chronic Daily Opioid Use (typically daily high-potency opioids e.g. Methadone®, Suboxone®, Dilaudid®) with stated concern for respiratory suppression or presence of central sleep apnea.

h) Moderate to severe pulmonary disease (for example: COPD, asthma) as demonstrated by **one or more** of the following:

i. nocturnal oxygen use (where stopping nocturnal O2 in order to perform HST in an unattended setting might risk compromising the wellbeing of the patient)

ii. documented arterial blood gases showing PO2 < 60 or PCO2 > 45

iii. documented pulmonary function tests demonstrating moderate to severe obstruction with forced expiratory volume in one second (FEV1) ≤ 69% of predicted.

i) In cases where home sleep test (HST) is not feasible and there is supporting evidence an in-laboratory attended polysomnography is medically necessary as demonstrated by one or more of the following:

i. Documentation supporting patient with cognitive impairment with the inability to perform HST.

ii. In cases where a home caregiver for certain activities of daily living (ADL) is documented and the caregiver is unable to stay with the member all night to assist with the home sleep test (HST).

In-Laboratory, Attended Full-Channel Polysomnography is medically necessary following an appropriate clinical assessment when OSA has been excluded, OSA has been adequately treated, or documented symptoms suggest one of the following conditions:

1. Periodic Limb Movement Disorder (not leg movements associated with another disorder such as sleep disordered breathing); **or**
2. Restless Leg Syndrome/Willis-Ekbom Disease; **or**
3. Narcolepsy, with clinical rule out of other causes of excessive sleepiness; **or**
4. Central Sleep Apnea

The following conditions will not be considered medically necessary for an In-Laboratory, Attended Full-Channel Attended Polysomnography:

1. Circadian Rhythm Disorder
2. Depression
3. Insomnia

Actigraphy for any sleep disorders will not be considered medically necessary for any sleep disorder.

Repeat In-Laboratory, Full-Channel Attended Polysomnography Testing

Repeat attended in-laboratory, attended polysomnography, as well as repeat PAP titration, is medically necessary for certain individuals who have persistent or new symptoms, despite documented appropriate current treatment or PAP therapy (e.g., equipment failure, improper mask fit, pressure leaks, unsuccessful titration, inadequate pressure and medical problems including nasal congestion have been addressed and appropriately managed). Repeat testing and repositioning/adjustments for oral sleep appliances can be done in the home unless the individual meets criteria for an attended sleep study.

Attended PAP Titration

When an individual meets the above criteria for in-laboratory, attended polysomnography sleep study, the following are medically necessary:

1. A split-night sleep study, performed in a healthcare facility or laboratory setting, for diagnosis and PAP titration
2. A full night study for PAP titration, when a split-night sleep study is inadequate or not feasible and the individual has a confirmed diagnosis of OSA
3. A full night, attended study for PAP titration (Titration study, CPT® 95811 only) is medically necessary for patient with sleep related hypoxemia as defined by ICSD: Sustained oxygen desaturation independent of respiratory events on prior facility-based study or during prior home sleep apnea testing with documentation on PSG or HST report of one or more periods of sustained oxygen desaturation less than or equal to 88% lasting a minimum of 5 consecutive minutes in the absence of apneas or hypopneas.

Prior Authorization Documentation Requirement for codes (95782, 95783, 95805, 95807, 95808, 95810 and 95811)

Clinical documentation of the following:

1. Physical exam, with weight, height, and BMI
2. Clinical signs and symptoms
3. Epworth Sleepiness Score
4. Co-Morbid Conditions:
   a) Pulmonary: Spirometry results where appropriate
   b) Cardiac: NYHA heart failure class and or LVEF

c) Neurologic health issue impacting sleep that may be related to seizure activities
d) Obesity Hypoventilation Syndrome: provide PaCO2 results

5. Previous sleep study reports if applicable
6. If requesting for code (95811), indicate whether the request is for PAP titration or split night study

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

CPT Codes	Description (Outpatient Sleep Studies (L35050) and related Article (A56923))
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, **attended** by a technologist
95783	Polysomnography; 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
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis, and sleep time
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort
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	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, **attended** by a technologist
95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, **attended** by a technologist
ICD-10 Diagnosis Codes For covered ICD-10 codes for the listed CPT codes above, please see Local Coverage Article: Billing and Coding: Outpatient Sleep Studies (A56923).	

CPT Codes	Non-covered
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)

Reviewed by / Approval Signatures

Population Health & Clinical Quality Committee: Gray Clarke MD
Medical Director: Ana Maria Rael MD
Date Approved: 12-13-2023

References

1. CMS, Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services, 70 – Sleep Disorder Clinics, Revision Rev. 1, 10-01-03.. Accessed 09-25-2023
2. CMS, Novitas, Local Coverage Determination LCD L35050, Outpatient Sleep Studies, (Part A/B) Revision number 8, Revision Date 01/01/2021. Assessed 09-25-2023
3. CMS, Novitas, Local Coverage Article: Billing and Coding: Outpatient Sleep Studies (A56923), Original Date 09-12-2019, Revision Ending Date: 01-01-2023, V1. Accessed 09-25-2023
4. CMS, NCD for Continuous Positive Airway Pressure (CPAP) Therapy for Obstructive Sleep Apnea (OSA) (240.4), Effective Date 03/13/2008. Accessed 09-25-2023
5. CMS, Local Coverage Determination (LCD), Independent Diagnostic Testing Facility (IDTF) (L35448), Revision Date: 05/13/2021, R17. [Cited 09-25-2023]
6. CMS, Local Coverage Determination, Wisconsin Physicians Service Insurance, (LCD) L36839, Polysomnography and Other Sleep Studies, (Part A), Revision Date: 07/27/2023, R9; Related Article A56903, Revision Date 07-27-2023, R5. [Cited 09-25-2023]

Publication History

11-17-21 Original effective date. Attended (In-Laboratory) Full-Channel Polysomnography criteria developed to ensure appropriate use.
On 05-25-2022- Policy updated to clarify coverage determination guideline language and reformatted the policy.

11-16-22 Annual review. Reviewed by PHP Medical Policy Committee on 10/21/2022. No change. Continue to use the outlined criteria. Codes 95782, 95783, 95805, 95807, 95808, 95810 and 95811 will continue PA requirement.

12-13-23 Annual review. Reviewed by PHP Medical Policy Committee on 09-27-2023. Added an additional criterion for cases where home sleep test is not feasible due to cognitive impairment and/or lack of caregiver assistance. No other changes. Continue PA for 95782, 95783, 95805, 95807, 95808, 95810 and 95811. Added language: *Members are allowed one in-laboratory sleep study with titration post Hypoglossal Nerve Implantation. Additional requests for in-lab sleep study with titration will require MDR review for medical necessity*.
Updated on 02/14/2024: Added clarifying language that one sleep study after Hypoglossal Nerve Implantation is allowed and after that will need MDR review for medical necessity.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: ***Click here for Medical Policies***

Web links:
At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.