

OHCA Guideline

Medical Procedure Class:	Sleep Studies
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* This document is not a contract, and these guidelines do not reflect or represent every conceivable situation. Although all items contained in these guidelines may be met, this does not reflect, or imply, any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.	
<input type="checkbox"/> New Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria	
Summary	
Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
Definitions	
<p>Abnormal Breathing Event – The particular breathing activities measured in sleep studies. Four types include snoring, apnea, hypopnea, and respiratory effort related arousals (RERA).</p> <p>Advanced Practice Nurse – A person licensed to practice as an advanced practice nurse by the Oklahoma Board of Nursing pursuant to the Oklahoma Nursing Practice Act (as defined in Oklahoma Statute §63-7200.3.1).</p> <p>Alveolar Hypoventilation Syndrome (AHS) – Hypoxemia with increased PaCO₂ (hypercapnia) due to inappropriate central hypoventilation not due exclusively to obstructive apneas and hypopneas.</p> <p>Apnea – A cessation of airflow for at least 10 seconds.</p> <p>Apnea-Hypopnea Index (AHI) – The number of episodes of apnea and hypopnea per hour of sleep and must be based on a minimum of 30 episodes recorded by polysomnography using actual recorded hours of sleep without symptoms and 10 episodes with symptoms.</p> <p>Cataplexy – The partial or total loss of muscle tone in response to sudden emotion.</p> <p>Central Sleep Apnea Syndrome (CSA) – Recurrent apnea during sleep occurring in the absence of upper airway obstruction and due to lack of effort.</p> <p>Cheyne-Stokes Respiration (CSR) – Cyclic fluctuation in sleep breathing with periods of central apnea or hypopnea alternating with hyperpnea in a crescendo and decrescendo manner.</p> <p>Hypopnea – An abnormal respiratory event lasting at least 10 seconds with at least a 30 percent reduction in thoracoabdominal movement or airflow as compared to baseline, and with at least a four percent oxygen desaturation.</p> <p>Interpreting Physician – A physician who provides professional interpretation of data generated by sleep diagnostic tests (as defined in Oklahoma Statute §63-7200.3.2).</p> <p>Mixed Sleep Apnea – A combination of both obstructive and central sleep apnea symptoms.</p> <p>Multiple Sleep Latency Test (MSLT) – A test to objectively measure the tendency to fall asleep, or the time it takes to fall asleep. The MSLT offers and measures four to five (usually) opportunities to nap for 20 minutes or so each. This test measures sleep-onset REM sleep, a parameter important in the diagnosis of narcolepsy. The interpretation requires a polysomnogram on the preceding night.</p> <p>Narcolepsy – A syndrome that is characterized by abnormal sleep tendencies, such as excessive daytime sleepiness or disturbed nocturnal sleep, resulting in inappropriate sleep episodes or continuous disabling drowsiness.</p>	

Obstructive Sleep Apnea Syndrome (OSA) – Along with upper airway resistance syndrome (UARS), is an increase in respiratory effort due to breathing against relative or absolute airway obstruction resulting in more negative intrathoracic pressure and decreased or absent air flow.

Parasomnia – A group of conditions that represent undesirable or unpleasant occurrences during sleep, such as sleepwalking, sleep terrors, and rapid eye movement sleep behavior disorders.

Physician – A person licensed to practice allopathic medicine and surgery by the State Board of Medical Licensure and Supervision pursuant to the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act; or a person licensed to practice osteopathic medicine by the State Board of Osteopathic Examiners pursuant to the Oklahoma Osteopathic Medicine Act (as defined in Oklahoma Statute §63-7200.3.3).

Physician Assistant – A person licensed to practice as a physician assistant by the State Board of Medical Licensure and Supervision pursuant to the Physician Assistant Act (as defined in Oklahoma Statute §63-7200.3.4).

Polysomnography (Polysomnogram) (PSG) – The process of using a polygraph to make a continuous record during sleep of multiple physiological variables, such as breathing, heart rate, and muscle activity. Polysomnography is distinguished from sleep studies by the inclusion of sleep staging.

Rapid Eye Motion (Sleep) – A stage of sleep occurring three to four times in a usual night or sleep where there are rapid and random eye movements, low muscle tone, and distinct changes on an electroencephalogram (EEG).

Respiratory Disturbance Index (RDI) – The number of apneas, hypopneas, and respiratory effort related arousals (RERA) per hour of sleep time. When portable monitors are used, which do not measure sleep, the RDI is the total number of apneas and hypopneas per hour of recording time.

Respiratory Effort Related Arousals (RERA) – An increase in the level of consciousness or an awakening due to the increased effort of breathing.

Sleep Diagnostic Test – Any technological recording procedure used for the diagnosis of sleep-related breathing disorders or other disorders of sleep (as defined in Oklahoma Statute §63-7200.3.5).

Sleep Diagnostic Testing Facility (SDTF) – A building or place situated in a fixed location or a mobile entity that is used to conduct sleep diagnostic tests and includes sleep disorder centers and laboratories for sleep-related breathing disorders, but does not include a hospital that conducts sleep diagnostic tests for its patients, including sleep diagnostic tests performed under arrangements made by a hospital for its patients whereby the hospital exercises professional responsibility over the arranged services (as defined in Oklahoma Statute §63-7200.3.6).

Sleep Related Breathing Disorders (SRBD) – Sleep diseases that are addressed by sleep studies; obstructive sleep apnea syndrome (OSA), central sleep apnea syndrome (CSA), Cheyne-Stokes respirations (CSR), and alveolar hypoventilation syndrome (AHS).

Sleep Study – The continuous and simultaneous monitoring and recording of specified physiological and pathophysiological parameters during a period of sleep for six or more hours. The study is used to diagnose a variety of sleep disorders and to evaluate a patient's response to therapies such as continuous positive airway pressure (CPAP). This study requires physician review, interpretation, and report.

Split Night Study – An overnight polysomnogram in which the patient spends the first half of the night being monitored for sleep apnea. If the study shows severe enough disease to merit treatment with CPAP, the technologist will place the patient on CPAP and adjust the pressure to treat the underlying sleep apnea. This approach may be an alternative to one full night of diagnostic polysomnography followed by a second night of titration as long as: 1) CPAP titration is carried out for more than three hours, and 2) polysomnography documents that the CPAP eliminates or nearly eliminates the respiratory events during REM and NREM sleep.

Supervising Physician – A physician responsible for the supervision of the sleep diagnostic testing performed, including but not limited to, the quality of the testing performed, the proper operation and calibration of the equipment used to perform sleep diagnostic tests, and the actions of the non-

physician personnel engaged in the performance of the sleep diagnostic testing (as defined in Oklahoma Statute §63-7200.3.7).

Upper Airway Resistance Syndrome (UARS) – Commonly used interchangeably with OSA.

Description

Epworth Scale

- Questionnaire consisting of eight questions assessing daytime sleepiness (in a person who normally sleeps at night) by asking the probability of falling asleep under daily circumstances. The range of scores is 0-24.
 - Score of 0 – 9 is considered within normal range
 - Score of 10 – 24 indicates that expert medical advice should be pursued
 - Score of 16 – 24 indicates possibility of severe obstructive sleep apnea or narcolepsy

Interpreting Physician (as outlined in Oklahoma Statute §63-7200.3.2)

- Shall be board-certified in sleep medicine by:
 - The American Board of Sleep Medicine (ABSM), **OR**
 - The American Board of Medical Specialties, **OR**
 - Must have completed a one-year sleep medicine fellowship accredited by the Accreditation Council for Graduate Medical Education (ACGME), **OR**
 - Received a Certification of Special Qualifications (CSQ) or a Certification of Added Qualifications (CAQ) in Sleep Medicine issued by the American Osteopathic Association

Supervising Physician (as outlined in Oklahoma Statute §63-7200.3.7)

- Shall be board-certified in sleep medicine by:
 - The American Board of Sleep Medicine (ABSM), **OR**
 - The American Board of Medical Specialties, **OR**
 - Shall have completed a one-year sleep medicine fellowship accredited by the Accreditation Council for Graduate Medical Education (ACGME), **OR**
 - Received a Certification of Special Qualifications (CSQ) or a Certification of Added Qualifications (CAQ) in Sleep Medicine issued by the American Osteopathic Association

Sleep Diagnostic Testing Facilities (as outlined in Oklahoma Statute §63-7200.4.C.2)

- Shall be fully or provisionally certified or accredited by:
 - The American Academy of Sleep Medicine (AASM), **OR**
 - The Joint Commission, **OR**
 - The Accreditation Commission for Healthcare (ACHC)

CPT Codes Covered Requiring Prior Authorization (PA)

95805 – Multiple sleep latency or maintenance of wakefulness testing

95807 – Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation

95808 – Polysomnography; any age, staging with 1-3 additional parameters of sleep

95810 – Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep

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 bi-level ventilation

95782 – Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep

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

*Please see CPT codebook for full definition of codes.

Approval Criteria

I. GENERAL

- A. Medical necessity must be met. All documentation submitted to request services or substantiate previously provided services must demonstrate through adequate objective medical records, evidence sufficient to justify the member's needs for the service, in the most cost-effective manner, in accordance with the OAC 317:30-3-1.
- B. Documentation requirements include:
 1. Documentation to support **section II** indications below.
 2. Sleep studies may only be ordered by a Physician (MD or DO), Physician's Assistant (PA), or Advanced Practice Registered Nurse (APRN) (as outlined in Oklahoma Statute §63-7200.4.A).
 3. Documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
 4. Every page of the prior authorization request must be legible.
 5. Medical records must document one or more **section II** indications below.
 6. Face-to-face evaluation by the ordering practitioner, the "supervising physician", or the "interpreting physician" must clearly document the indications for the sleep study. The evaluation must include a thorough sleep history including positives and pertinent negatives for snoring, apneas, nocturnal choking or gasping, restlessness and excessive daytime sleepiness, and other symptoms as appropriate. The physical exam must include assessment of the airway anatomy or a referral for assessment of airway anatomy to be completed before the sleep study. Medical conditions known to be associated with SRBDs, such as obesity, hypertension, stroke, heart disease, and congestive heart failure, must be addressed. The face-to-face evaluation must be current and within six months of the study.
 7. Results of the Epworth Sleepiness Scale conducted during the evaluation for members 16 years of age and older.

II. INDICATIONS

- A. Narcolepsy

1. Polysomnography must be completed on the night prior to Multiple Sleep Latency Testing (MSLT), if MSLT is indicated.
2. Specific indications for MSLT (e.g. hypersomnolence, cataplexy, sleep paralysis, hypnagogic hallucinations, etc.) must be clearly documented to establish medical necessity.
3. Documentation of HLA DQB1-0602 marker testing results, **only if already available from another evaluation** (testing for this marker is not required).

B. Sleep Apnea

1. Split Night Study requirements include:
 - a. Pre-study evaluation that documents the member has a high pretest probability of severe OSA since a split night study is less reliable in patients with OSA of lesser severity; **AND**
 - b. Severe and unambiguous obstructive sleep apnea (AHI > 40) during the first two hours of sleep; **OR**
 - c. Significant suspicion of OSA documented in a pre-study evaluation with AHI ≥ five per hour; **AND**
 - d. CPAP titration is carried out for more than three hours following.
2. A split study beginning on a given date with the titration beginning after midnight on the subsequent date is one study and may not be billed as two consecutive studies.
3. Should a split study be initiated and the required sleep time and titration time not be achievable, a following CPAP titration study will be authorized.

C. Parasomnia

1. Documentation that the condition is severe enough to interfere with the patient's well-being, or to interfere with the well-being of others should be clearly stated (i.e. the parasomnia is a danger to self or others).
2. Suspected seizure disorders as possible cause of the parasomnia must be ruled out with sleep EEG or other means and polysomnograms are not indicated for the evaluation of suspected seizure disorders.

D. Children (18 years old and younger)

1. Preoperative evaluation for adenotonsillectomy in children with SRBD for any of the following indications:
 - a. Obesity
 - b. Down's Syndrome
 - c. Craniofacial abnormalities that interfere with the airway
 - d. Neuromuscular disorders affecting breathing
 - e. Sickle Cell Disease
 - f. Mucopolysaccharidoses
2. Preoperative evaluation for adenotonsillectomy without an above indication (**section II.D.1.a-f**) where the need for surgery is uncertain or with conflict between tonsillar size and reported severity of SRBD.
3. Clinical evaluation of the child suggests the diagnosis of OSA.
4. Postoperative evaluation after adenotonsillectomy if symptoms of SRBD persist.
5. Postoperative evaluation after adenotonsillectomy in children with preoperative evidence for moderate to severe OSA or an indication above (**section II.D.1.a-f**).
6. Determination of appropriate therapy (CPAP, BiPAP, etc.) in diagnosed OSA or other SRBD.
7. CPAP titration for diagnosed OSA.
8. Clinical assessment suggests the diagnosis of congenital central AHS or sleep-related hypoventilation due to neuromuscular disorders or chest wall deformities.

9. Children on chronic CPAP to determine changing requirements due to growth and development.

III. FREQUENCY

A. Repeat Polysomnography or Sleep Study

1. Documentation is required to justify the medical necessity for repeat testing.
2. May be indicated if:
 - a. The patient could not sleep or slept for an insufficient amount of time to allow a clinical diagnosis; **OR**
 - b. The results were inconclusive or ambiguous; **OR**
 - c. Initiation of therapy or confirmation of the efficacy of prescribed therapy is needed.

B. Follow-up Polysomnography or Sleep Studies for Members Prescribed CPAP/BiPAP

1. Follow-up testing is not routinely indicated for members treated with CPAP whose symptoms continue to be resolved with CPAP treatment. However, with appropriate documentation follow-up polysomnography studies may be indicated for the following conditions:
 - a. After substantial weight loss has occurred in members on CPAP for treatment of SRBD to determine whether CPAP is still needed, or is needed at the previously titrated pressure; **OR**
 - b. After substantial weight gain has occurred in members previously treated with CPAP successfully, who are again symptomatic despite the continued use of CPAP, to determine whether pressure adjustments are needed; **OR**
 - c. When clinical response is insufficient or when symptoms return despite a good initial response to treatment with CPAP.
2. A PA will be required for any follow-up study.
3. No more than two studies will be authorized per year.

Additional Information

- Polysomnography is not medically indicated and outside this guideline for the following:
 - Evaluation of chronic insomnia;
 - Preoperative evaluation for laser-assisted uvulopalatopharyngoplasty without evidence of OSA;
 - To diagnosis chronic lung disease without signs/symptoms suggestive of OSA;
 - For patients with seizure disorders who have no specific complaints consistent with a sleep disorder;
 - In cases of typical, uncomplicated and non-injurious parasomnias;
 - In cases of parasomnias when the diagnosis is clearly delineated by clinical evaluation;
 - For patients with symptoms suggestive of periodic limb movement disorder or restless leg syndrome unless symptoms are suspected of being related to an indication in **section II.A-D** above;
 - For the diagnosis of insomnia related to depression;
 - For the diagnosis of circadian rhythm sleep disorders (i.e. rapid time-zone change [jet lag], shift-work sleep disorder, delayed sleep phase syndrome, advanced sleep phase syndrome, and non-24 hour sleep/awake disorder);

- Evaluation solely for the purpose of determining oxygen need in children or adults;
 - Evaluation of impotence;
 - Evaluation of migraine headaches;
 - Apnea of prematurity
- Oklahoma Sleep Diagnostic Testing Regulation Act: Ordering and Furnishing Sleep Diagnostic Tests – Facility Standards (as outlined in §63-7200.4)
 - Sleep diagnostic testing facilities shall be supervised by a supervising physician;
 - An interpreting physician shall interpret the data generated by all sleep diagnostic tests conducted at a sleep diagnostic testing facility;
 - Non-physician personnel conducting sleep diagnostic tests shall perform their duties under the direction and supervision of the supervising physician
 - Oklahoma Sleep Diagnostic Testing Regulation Act: Violations – Enforcement – Promulgation of Rules (as outlined in §63-7200.5)
 - It shall be unlawful for any facility or person to perform sleep diagnostic tests without having first complied with this act or as may otherwise be allowed by applicable law;
 - The State Department of Health is authorized to enforce the provisions of this act;
 - The State Board of Health shall promulgate rules and enforcement measures as necessary to implement the provisions of this act.
 - Only sleep studies performed in a Sleep Diagnostic Testing Facility may be reimbursable.
 - Requests for polysomnography and/or sleep studies outside of this guideline will be referred for medical director review.

References

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Appendix A:

Oklahoma Sleep Diagnostic Testing Regulation Act

§63-7200.1. Short title.

This act shall be known and may be cited as the “Oklahoma Sleep Diagnostic Testing Regulation Act”.

Added by Laws 2009, c. 360, § 1.

§63-7200.2. Legislative findings.

The Oklahoma Legislature hereby finds that:

1. There is a growing need for sleep diagnostic testing in the diagnosis and treatment of sleep disorders;
2. Sleep diagnostic testing is being performed in Oklahoma; and
3. Oklahoma law does not provide sufficient regulation of sleep diagnostic testing to assure the protection of the public.

Therefore, there is a need to provide legislation to enable the appropriate entities to regulate persons performing sleep diagnostic testing on the citizens of this state.

Added by Laws 2009, c. 360, § 2.

§63-7200.3. Definitions.

As used in the Oklahoma Sleep Diagnostic Testing Regulation Act:

1. “Advanced practice nurse” means a person licensed to practice as an advanced practice nurse by the Oklahoma Board of Nursing pursuant to the Oklahoma Nursing Practice Act;
2. “Interpreting physician” means a physician who provides professional interpretation of data generated by sleep diagnostic tests. An interpreting physician shall be board-certified in sleep medicine by the American Board of Sleep Medicine (ABSM) or the American Board of Medical Specialties or must have completed a one-year sleep medicine fellowship accredited by the Accreditation Council for Graduate Medical Education (ACGME) or received a Certification of Special Qualifications (CSQ) or a Certification of Added Qualifications (CAQ) in Sleep Medicine issued by the American Osteopathic Association;
3. “Physician” means a person licensed to practice:
 - a. allopathic medicine and surgery by the State Board of Medical Licensure and Supervision pursuant to the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act, or
 - b. osteopathic medicine by the State Board of Osteopathic Examiners pursuant to the Oklahoma Osteopathic Medicine Act;
4. “Physician assistant” means a person licensed to practice as a physician assistant by the State Board of Medical Licensure and Supervision pursuant to the Physician Assistant Act;
5. “Sleep diagnostic test” means any technological recording procedure used for the diagnosis of sleep-related breathing disorders or other disorders of sleep;
6. “Sleep diagnostic testing facility” means a building or place situated in a fixed location or a mobile entity that is used to conduct sleep diagnostic tests and includes sleep disorder centers and laboratories

for sleep-related breathing disorders, but does not include a hospital that conducts sleep diagnostic tests for its patients, including sleep diagnostic tests performed under arrangements made by a hospital for its patients whereby the hospital exercises professional responsibility over the arranged services; and

7. "Supervising physician" means a physician responsible for the supervision of the sleep diagnostic testing performed, including, but not limited to, the quality of the testing performed, the proper operation and calibration of the equipment used to perform sleep diagnostic tests and the actions of nonphysician personnel engaged in the performance of the sleep diagnostic testing. A supervising physician shall be board-certified in sleep medicine by the American Board of Sleep Medicine (ABSM) or the American Board of Medical Specialties or shall have completed a one-year sleep medicine fellowship accredited by the Accreditation Council for Graduate Medical Education (ACGME), or received a Certification of Special Qualifications (CSQ) or a Certification of Added Qualifications (CAQ) in Sleep Medicine issued by the American Osteopathic Association.

Added by Laws 2009, c. 360, § 3. Amended by Laws 2010, c. 200, § 1, eff. Nov. 1, 2010.

§63-7200.4. Ordering and furnishing sleep diagnostic tests - Facility standards.

- A. Sleep diagnostic tests shall be ordered by a physician, physician assistant or advance practice nurse.
- B. Sleep diagnostic tests shall be furnished:
 - 1. By a sleep diagnostic testing facility;
 - 2. By, or under arrangements made by, a hospital for its patients whereby the hospital exercises professional responsibility over the arranged services; or
 - 3. In the patient's home.
- C. Sleep diagnostic testing facilities shall meet the following standards:
 - 1. Sleep diagnostic testing facilities shall be supervised by a supervising physician as defined by this act;
 - 2. On and after January 1, 2010, sleep diagnostic testing facilities shall be fully or provisionally certified or accredited by the American Academy of Sleep Medicine (AASM), the Joint Commission or the Accreditation Commission for Healthcare (ACHC), except that the full or provisional certification or accreditation by AASM, the Joint Commission, or ACHC shall not be required until June 30, 2010, for any sleep diagnostic testing facility that has submitted a complete application for certification or accreditation to AASM, the Joint Commission and/or ACHC on or before December 31, 2009;
 - 3. An interpreting physician shall interpret the data generated by all sleep diagnostic tests conducted at a sleep diagnostic testing facility; and
 - 4. Nonphysician personnel conducting sleep diagnostic tests shall perform their duties under the direction and supervision of the supervising physician.
- D. Sleep diagnostic tests performed in the patient's home shall be conducted under the supervision of a supervising physician and interpreted by an interpreting physician.

Added by Laws 2009, c. 360, § 4.

§63-7200.5. Violations - Enforcement - Promulgation of rules.

- A. It shall be unlawful for any facility or person to perform sleep diagnostic tests without having first complied with this act or as may otherwise be allowed by applicable law.
- B. The State Department of Health is authorized to enforce the provisions of this act.
- C. The State Board of Health shall promulgate rules and enforcement measures as necessary to implement the provisions of the Oklahoma Sleep Diagnostic Testing Regulation Act.

Added by Laws 2009, c. 360, § 5. Amended by Laws 2010, c. 200, § 2, eff. Nov. 1, 2010.