Important note

Even though this policy may indicate that a particular service or supply may be considered covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Senior Care members, this policy will apply unless Medicare policies extend or restrict coverage at odds with this Medical Policy & Criteria Statement. Senior Care policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plans. CMS's Coverage Issues Manual can be found on the following website: http://cms.hhs.gov/manuals/pub06pdf/pub06pdf.asp

SERVICE: Obstructive Sleep Apnea: Diagnosis and Treatment.

PRIOR AUTHORIZATION: Diagnostic testing for obstructive sleep apnea does NOT require prior authorization. All interventions for obstructive sleep apnea (except for CPAP-related supplies) DO REQUIRE prior authorization.

POLICY: Diagnostic testing for suspected Obstructive Sleep Apnea (OSA) may be considered medically necessary and a covered benefit for individuals with a history suggestive of the disorder when the following steps have been taken and documented:

1. History and physical examination documenting sleep related symptoms and perhaps upper airway anatomic findings. Significant medical conditions, medical findings, medications, allergies, and personal habits which may affect sleep status (e.g. alcohol consumption, caffeine consumption, psychiatric condition, sleep habits, depression screening) should be considered. Sleep related symptoms and appropriate indications include:
   a. Adults:
      i. Loud/intense snoring, witnessed apnea, or nocturnal gasping/choking associated with awakening and excessive daytime sleepiness.
      ii. Suspected narcolepsy when a multiple sleep latency test (MSLT) is planned.
      iii. Suspected idiopathic central nervous system hypersomnia when a MSLT is planned.
      iv. Suspected periodic limb movement disorder.
      v. To assist with the diagnosis of paroxysmal arousals thought to be seizure related when other evaluation has proven inconclusive.
      vi. To assist in the evaluation of parasomnias.
      vii. Suspected REM sleep behavior disorder.
   b. Children:
      i. To differentiate between primary snoring and pathological snoring.
      ii. To evaluate excessive daytime sleepiness, cor pulmonale, failure to thrive or unexplained polycythemia.
      iii. To assist with the diagnosis of paroxysmal arousals thought to be seizure related when other evaluation has proven inconclusive.
      iv. To assist in the evaluation of parasomnias.
      v. Suspected REM sleep behavior disorder.

2. A sleep evaluation questionnaire (e.g. the Berlin questionnaire) or a sleepiness scale (e.g. Epworth) should have been completed.
3. Potential therapeutic options and any compliance issues should have been discussed, and the sleep laboratory should determine the individual education needs of the patient and provide that education.

4. Follow-up Studies may be indicated as follows;
   a. Adults; SWHP may consider a follow-up PSG medically necessary after the diagnosis of OSA when one of the following criteria are met;
      i. Lack of clinical improvement after surgery for OSA,
      ii. Following placement of an oral appliance,
      iii. Initial titration with CPAP when medically unable to be done as part of a split night study or with auto-titrating CPAP, or
      iv. CPAP re-titration for persistent/worsening symptoms, significantly increased BMI, or suspicion of inadequate pressure.
   b. Children;
      i. Persistent/worsening symptoms,
      ii. Significant weight loss, or
      iii. Periodic reevaluation of titration settings for children using CPAP when indicated by growth-related change.

Full-night, attended, in-laboratory Polysomnography (PSG) is considered the gold-standard diagnostic test for OSA. It involves monitoring the patient during a full night's sleep. Split-night, attended, in-laboratory PSG is similar, except the diagnostic portion of the study is performed during the first part of the night only. Those patients who are diagnosed with OSA during the first part of the night and choose positive airway pressure therapy should have their positive airway pressure device titrated during the second part of the evening. Testing is only covered in centers which are certified by the American Academy of Sleep Medicine.

Home PSG devices for unattended use have been developed over the past few years and are an acceptable alternative to laboratory testing for individuals with a high pre-test probability of moderate to severe OSA. However, they should not be used in patients who have medical conditions that predispose them to non-OSA sleep related breathing disorders (e.g., heart failure) or in whom another sleep disorder is suspected. SWHP may consider the use of home PSG in place of facility based testing when the following criteria are met:
   1. 6 years of age and older, AND
   2. Must be supervised by a practitioner with board certification in sleep medicine, AND
   3. Performed in conjunction with a complete and comprehensive sleep evaluation, AND
   4. Used as an alternative to standard PSG for diagnosing OSA in patients with a high pretest probability of moderate to severe OSA, AND
   5. Used with auto-titrating equipment to titrate CPAP if indicated.

A home PSG is not appropriate for the diagnosis of OSA in patients with significant comorbidity that may degrade the accuracy of the test (e.g., CHF). It is also not appropriate for the diagnosis of OSA in patients with coexisting sleep disorders of other types.

Home sleep study devices at a minimum must record airflow, respiratory effort, and blood oxygenation. Types 2, 3, and 4 may be covered;
   Type 2 – includes a minimum of seven parameters
Type 3 – includes a minimum of 4 parameters, including two channels for respiration and one channel for cardiac monitoring
Type 4 – includes a minimum of 3 parameters, including pulse oximetry.

The treatment of OSA (in addition to weight loss, sleep positioning, abstinence from alcohol and certain medications) may be considered medically necessary and a covered benefit when one of the following criteria are met:

1. Apnea/Hypopnea Index (AHI) > 5/hour and symptoms/co-morbidities such as daytime sleepiness, impaired neurocognitive function, mood disorder, insomnia, or cardiovascular disease.
2. AHI > 15/hour.

Covered treatment modalities may include:

1. Continuous positive airway pressure (CPAP).
2. Bilevel positive airway pressure (BiPAP) or autotitrating CPAP (should be tried if CPAP is not tolerated).
3. Mandibular Advancement Devices (MAD) or oral appliances (custom made/fit, not over the counter).
4. Upper airway surgery (usually only indicated for mild to moderate OSA after failure of more conservative measures, unless a readily apparent obstructing lesion is present), including:
   a. Uvulopalatopharyngoplasty (UPPP).
   b. Mandibular-Maxillary Advancement (MMA) osteotomies (orthognathic surgery).

EXCLUSIONS:

1. Actigraphy for the diagnosis of OSA as it is considered experimental/investigational.
2. Laser assisted uvulopalatopharyngoplasty (LAUPPP) for the treatment of OSA, as it is considered experimental/investigational.
3. Radiofrequency Tissue Volume Reduction (RFTVR) for the treatment of OSA, as it is considered experimental/investigational.
4. Pillar Palatal Implant System for the treatment of OSA, as it is considered experimental/investigational.
5. Repose Tongue and Hyoid Suspension System for the treatment of OSA, as it is considered experimental/investigational.

OVERVIEW: This policy considers various diagnostic and treatment options for obstructive sleep apnea. Snoring, without obstructive sleep apnea, is not a disease and thus the treatment of snoring is not considered medically necessary, and is not a covered benefit.

Obstructive sleep apnea (OSA) affects approximately five percent of the adult population and consists of irregular and abnormal respiratory patterns during sleep (apneas and hypopneas), daytime symptoms due to sleep disruption, and signs of disturbed sleep (e.g. snoring, restlessness, and snorts). Risk factors for OSA include obesity, craniofacial abnormalities, upper airway soft tissue redundancy, loud snoring, heredity, smoking, nasal congestion, and diabetes mellitus. Snoring and daytime sleepiness are common presentations for OSA. Polysomnography (PSG) is the preferred diagnostic study when OSA is suspected. The treatment options available for OSA include positive airway pressure, oral appliances, and surgery. Untreated OSA is associated with potential accidents.
due to excessive daytime sleepiness, hypertension, pulmonary hypertension, cardiovascular problems, and in severe cases an increased risk of all-cause mortality.

MANDATES: There are no mandated benefits or regulatory requirements for SWHP to provide coverage for these services.

CMS: There are three publications applicable to this policy:
1. NCD for Sleep Testing for Obstructive Sleep Apnea (OSA) (240.4.1), March 3, 2009
2. NCD for Continuous Positive Airway Pressure (CPAP) Therapy for Obstructive Sleep Apnea (OSA) (240.4), March 13, 2008

Generally, Medicare allows coverage for OSA testing and treatment with CPAP as outlined above. In addition, Medicare allows sleep testing devices which measure three or more channels that include actigraphy, oximetry, and peripheral arterial tone. Home testing is not covered for persons with co-morbidities, other sleep disorders, or for asymptomatic screening.

CODES:  
Important note:  
CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

| CPT Codes: | 42145 Palatopharyngoplasty (e.g. uvulopalatopharyngoplasty, uvulopharyngoplasty)  
| 94660 CPAP, initiation and management  
| 95800 Sleep study, unattended; heart rate, oxygen saturation, respiratory analysis, sleep time  
| 95801 Sleep study, unattended; heart rate, oxygen saturation, respiratory analysis  
| 95806 Sleep study, unattended; heart rate, oxygen saturation, respiratory airflow, respiratory effort  
| 95807 Sleep study; ventilation, respiratory effort, ECG, oxygen saturation, attended  
| 95808 Polysomnography; sleep staging with 1-3 additional parameters, attended  
| 95810 Polysomnography; sleep staging with 4 or more additional parameters, attended  
| 95811 Polysomnography; sleep staging with 4 or more additional parameters, with initiation of CPAP, attended  
| 95803* Actigraphy testing, 72 hours to 14 days |
| HCPCS Codes | G0398 Home sleep study, type II monitor, unattended  
| G0399 Home sleep study, type III monitor, unattended  
| G0400 Home sleep study, type IV monitor, unattended  
| E0601 CPAP device  
| E0485 Oral appliance, prefabricated  
| E0486 Oral appliance, custom fabricated  
| S8262 Mandibular repositioning device  
| S2080 Laser assisted uvulopalatoplasty |
| CPT Not Covered: | 41512 Tongue base suspension, permanent suture technique |  
| 41530 Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session |  
| C9727 Insertion of implants into the soft palate; minimum of 3 implants |
ICD9 codes:

ICD10 codes:

- E66.2 Obesity Hypoventilation Syndrome
- F10.182 Sleep DSO of Alcohol
- F10.282 Sleep DSO of Alcohol
- F10.982 Sleep DSO of Alcohol
- F11.182 Sleep DSO of Opioid
- F11.282 Sleep DSO of Opioid
- F11.982 Sleep DSO of Opioid
- F13.182 Sleep DSO of Anxiety
- F13.282 Sleep DSO of Anxiety
- F13.982 Sleep DSO of Anxiety
- F14.182 Sleep DSO of Cocaine
- F14.282 Sleep DSO of Cocaine
- F14.982 Sleep DSO of Cocaine
- F15.182 Sleep DSO of Stimulants
- F15.282 Sleep DSO of Stimulants
- F15.982 Sleep DSO of Stimulants
- F51.01 - F51.9 Sleep DSO
- G47.10 - G47.19 Hypersomnias
- G47.30 - G47.39 Sleep Apnea
- G47.411 - G47.59 Narcolepsy and Parasomnia
- G47.61 Periodic Limb Movement Disorder/Other Sleep DSO
- G47.69 Periodic Limb Movement Disorder/Other Sleep DSO
- G47.8 Other Sleep Disorder
- G47.9 Other Sleep Disorder
- G25.81 RLS
- R40.0 SOMNOLENCE

* Only covered for Medicare

POLICY HISTORY:

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REFERENCES: The following scientific references were utilized in the formulation of this medical policy. SWHP will continue to review clinical evidence surrounding sleep disorder testing and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to SWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

7. CMS NCD for Continuous Positive Airway Pressure (CPAP) Therapy for Obstructive Sleep Apnea (OSA) (240.4), March 13, 2008.
10. Ruehlhand WR, Rochford PD, O'Donoghue FJ, Pierce RJ, Singh P, Thornton AT.