COVERAGE:

Polysomnography (Sleep Studies, PSG) may be eligible for coverage when used to diagnose severe upper airway obstruction of hypopnea/apnea and upper airway resistance syndrome.

CPAP Titration:

CPAP is appropriate conservative management for severe sleep apnea or upper airway resistance syndrome. CPAP must be titrated to the lowest pressure effective in alleviating symptoms and/or hypoxia, usually between 5 and 20 centimeters of water pressure.

When a sleep study is positive early in the night, it is possible to CPAP titration during the same night. Otherwise, it is appropriate to authorize benefits for a second sleep study for CPAP titration.

NOTE: For the diagnosis of narcolepsy, coverage will be allowed for polysomnogram done prior to multiple sleep latency test (MSLT). An MSLT can only be valid if done the morning following a PSG which confirms that the patient has had adequate, undisturbed sleep. If the diagnosis of narcolepsy has or has not been confirmed and obstructive sleep apnea is suspected, a polysomnogram can be covered by individual consideration. Copies of the patient's History and Physical examination and results of the MSLT must accompany the request.

Experimental/Investigational: Electrosleep therapy, which uses the passage of weak electric currents to the brain to induce sleep, is considered INVESTIGATIONAL and coverage will not be allowed.

Statement on Home Based Sleep Studies:

Sleep studies are not allowed in the home because they do not generally include all the necessary elements of a sleep study as listed below. Allowance of a home study may be considered if all of the following elements listed below and all the elements and parameters of sleep are documented:

- The presence and constant attendance of an appropriately trained technician;

- Continuous and simultaneous monitoring and recording of various physiological parameters of sleep for six (6) or more hours, with a physician review, interpretation, and report; AND,

- Sleep staging accomplished by a 1-4 lead electroencephalogram, electro-oculogram (EOG), and a submental surface electromyogram (EMG).

Additional parameters of sleep shall include all of the following:

- electrocardiogram (EKG),
Polysomnography is a sleep study requiring continuous and simultaneous monitoring and recording of at least seven (7) physiological parameters (described later in this policy) of sleep for six (6) or more hours, with a physician review, interpretation, and report. The purpose of polysomnogram is to diagnose severe upper airway obstructive hypopnea/apnea, a condition where the patient stops breathing during sleep or sufficient increase in upper airway airflow resistance to cause sleep deprivation.

Clinical Indications for Polysomnography:

Polysomnography is indicated when there are signs or symptoms (italicized below) suggesting the patient may have severe sleep apnea or sleep deprivation. Benefits are available for polysomnography when the patient presents with daytime somnolence (excessive sleepiness), despite the opportunity for at least seven and one half hours of undisturbed sleep, plus one of the following criteria:

- A bed-mate or room-mate has observed the individual while sleeping to have periods of apparent apnea, timed at least 10 seconds in duration. This may or may not be accompanied by snoring, gasping, or choking sounds or thrashing movements; or
- Frequent arousals; or
- Excessive daytime fatigue.

Rationale:

None

Pricing:

To be billed for and paid as a polysomnogram, the following conditions must be met:

- Length of stay is not less than six hours and not greater than 24 hours,
- Sleep must be recorded and staged, and
- A technician is in constant attendance.

Disclaimer:

State and federal law, as well as contract language, including
definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general polices and procedures.