

95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg. Thoracoabdominal movement)
G0398	Home Sleep Test Type II
G0399	Home Sleep Test Type III

I. Home Sleep Study (HST) (95806, G0398, G0399) [A+B+C+D]

In addition to demographic information, administrative information required for sleep study approval includes the patient's BMI and ESS.

- A. Evidence of Sleepiness [One]
 1. Disruptive Snoring
 2. Disturbed or restless sleep
 3. Non Restorative sleep
 4. Excessive daytime sleepiness (EDS)
 5. Epworth Sleepiness Scale ≥ 10 (ESS)
- B. Evidence suggestive of Sleep Disordered Breathing [One]
 1. Witnessed apnea events during sleep
 2. Choking during sleep
 3. Gasping during sleep
 4. BMI ≥ 30 , or neck circumference > 44 cm
 5. Frequent unexplained arousals from sleep
 6. Non-ambulatory individual
- C. Duration of symptoms for more than one month
- D. Epworth Sleepiness Scale completed

II. Home Sleep Study (HST) (95806, G0398, G0399) Second Study[All]

- A. Diagnosis of OSA with Abnormal Apnea Hypopnea Index (AHI) or Respiratory Disturbance Index (RDI) [a or b]
 - a. AHI or RDI ≥ 15
 - b. AHI or RDI between 5 and 14 and [One]
 - i. Excessive daytime sleepiness (ESS)
 - ii. Impaired cognition
 - iii. Insomnia
 - iv. Mood disorder
 - v. Hypertension
 - vi. Ischemic heart disease or coronary artery disease
 - vii. History of a stroke
- B. Plan to stop PAP therapy after a recent procedure to correct OSA [a or b]
 - a. Tonsillectomy and/or adenoidectomy and/or uvulopalatoplasty (UPP), and/or Maxillomandibular Advancement Surgery (MMA)
 - b. Implementation of an oral mandibular advancement appliance

- 95808 Polysomnography, Sleep staging with 1-3 Additional Parameters of Sleep, Attended by a Technologist**
- 95810 Polysomnography, Sleep staging with 4 or more Additional Parameters of Sleep, Attended by a Technologist**

I. Attended Sleep Study or Comprehensive Polysomnography (95808 and 95810) First study [A + B + C + D+ E]

In addition to demographic information, administrative information required for sleep study approval includes the patient's BMI and ESS.

- A. Complaints or Evidence of Sleepiness [One]
 - 1. Disruptive Snoring
 - 2. Disturbed or restless sleep
 - 3. Non Restorative sleep
 - 4. Excessive daytime sleepiness (EDS)
 - 5. Epworth Sleepiness Scale ≥ 10 (ESS)
- B. Signs and Symptoms [One]
 - 1. Witnessed apnea events during sleep
 - 2. Choking during sleep
 - 3. Gasping during sleep
 - 4. BMI ≥ 30 , or neck circumference > 44 cm
 - 5. Frequent unexplained arousals from sleep
 - 6. Nocturia
 - 7. Non-ambulatory individual
- C. Duration of symptoms for more than one month
- D. ESS Epworth Sleepiness Scale completed
- E. Complicating factors or Comorbidities [One]
 - 1. Documented unexplained Pulmonary hypertension
 - 2. HF (heart failure) NYHA Class 3 and 4
 - 3. Cardiac Arrhythmia
 - a. Diagnosed significant, persistent, unstable cardiac arrhythmia not controlled by medication, (sustained heart rate greater than 100),
 - b. 3 second cardiac pause diagnosed on holter or event monitor
 - 4. Polycythemia
 - 5. Symptomatic Lung Disease not controlled by medical therapy
 - 6. Evidence of Chronic Respiratory Failure with either elevated levels of CO₂, or O₂ requirements
 - 7. History of prior stroke or myocardial infarction (MI) within < 6 months
 - 8. Previous diagnosis of central or complex sleep apnea

9. BMI \geq 45
10. Suspicion of nocturnal seizures
11. Neurodegenerative disorder resulting in neuromuscular weakness or cognitive impairment restricting activities of daily living such that a home sleep study is unable to be performed
12. Sustained complex disruptive sleep behaviors, not recalled by the patient, that are suspicious of REM behavior sleep disorder. (Sleep walking is not a REM behavior sleep disorder) (MD review required)
13. Age < 18 years of age
14. Suspected narcolepsy – (Multiple Sleep Latency Test planned following the attended study)
15. Low risk for obstructive sleep apnea (Normal BMI, normal airway, no snoring, normal neck circumference, no family history of sleep apnea, no use of sedating medications, non-smoking)

II. Attended study after unattended study [(A + B+ C+ D) + (E or F)] or G

A. Complaints or Evidence of Sleepiness [One]

1. Disruptive Snoring
2. Disturbed or restless sleep
3. Non Restorative sleep
4. Excessive daytime sleepiness (EDS)
5. Epworth Sleepiness Scale \geq 10 (ESS)

B. Symptoms [One]

1. Witnessed apnea events during sleep
2. Choking during sleep
3. Gasping during sleep
4. BMI \geq 30, or neck circumference > 44 cm
5. Frequent unexplained arousals from sleep
6. Nocturia
7. Non-ambulatory individual

C. Duration of symptoms for more than one month

D. Epworth Sleepiness Scale (ESS) completed

E. Result of an adequately performed medically necessary HST with AHI < 5.

F. HST completed and disturbed sleep with frequent arousal continues [All]

a. PAP therapy instituted

b. Patient compliant with therapy PAP and Sleep Compliance [All]

i. 1.APAP used for \geq 2 months

ii. PAP use for 70% of nights with an average use of 4+ hours per night

c. APAP monitoring compliance and efficacy data documents AHI < 5.

G. HST unable to be completed due to interfering factors that cannot be reasonably remedied

III. Attended Sleep Study or Comprehensive Polysomnography (95808 and 95810) Second Study [All]

1. Diagnosis of OSA with Abnormal Apnea Hypopnea Index (AHI) or Respiratory Disturbance Index (RDI) [One]

c. AHI or RDI \geq 15

- d. AHI or RDI between 5 and 14 and [One]
 - viii. Excessive daytime sleepiness (ESS)
 - ix. Impaired cognition
 - x. Insomnia
 - xi. Mood disorder
 - xii. Hypertension
 - xiii. Ischemic heart disease or coronary artery disease
 - xiv. History of a stroke
- 2. Complicating factors or Comorbidities as in E above
- 3. Plan to stop PAP therapy after a recent procedure to correct OSA [a or b]
 - a. Tonsillectomy and/or adenoidectomy and/or uvulopalatoplasty (UPP), and/or Maxillomandibular Advancement Surgery (MMA)
 - b. Implementation of an oral mandibular advancement appliance

95811 Polysomnography, Sleep staging with 4 or more Additional Parameters of Sleep, Attended by a Technologist with Initiation of CPAP or Bi-level ventilation

I. Attended Sleep Study with Initiation of CPAP (95811) [A+B]; However, if only A, APAP Therapy, E0601, may be initiated if requested

- A. Abnormal Apnea Hypopnea Index (AHI) or Respiratory Disturbance Index (RDI) [One]
 - 1. AHI or RDI \geq 15
 - 2. AHI or RDI between 5 and 14 and [One]
 - a. Excessive daytime sleepiness (EDS)
 - b. Impaired cognition
 - c. Insomnia
 - d. Mood disorder
 - e. Hypertension
 - f. Ischemic heart disease or coronary artery disease
 - g. History of a stroke
- B. Complicating Factors or Co morbidities [One]
 - 1. Documented unexplained Pulmonary hypertension
 - 2. HF (heart failure) NYHA Class 3 and 4
 - 3. Cardiac Arrhythmias
 - a. Significant, persistent, unstable cardiac arrhythmia not controlled by medication, (sustained heart rate greater than 100),
 - b. 3 second cardiac pause diagnosed on holter or event monitor
 - 4. Polycythemia
 - 5. Symptomatic Lung Disease not controlled by medical therapy
 - 6. Evidence of Chronic Respiratory Failure with either elevated levels of CO₂, or O₂ requirements
 - 7. History of prior stroke or myocardial infarction (MI) with < 6 months
 - 8. Previous diagnosis of central or complex sleep apnea
 - 9. BMI \geq 45
 - 10. Nocturnal seizures
 - 11. Neurodegenerative disorder resulting in neuromuscular weakness or cognitive impairment restricting activities of daily living such that a home sleep study is unable to be performed
 - 12. Sustained complex disruptive sleep behaviors not recalled by the patient that are suspicious of REM behavior sleep disorder (MD review required)
 - 13. Age < 18 years of age

**II. Attended Sleep Study with Re-titration of CPAP (95811)
Second Study for Change in Symptoms [All]**

If A&B only, APAP Therapy may be approved for home titration if not already in place.

- A. Abnormal Apnea Hypopnea Index (AHI) or Respiratory Disturbance Index (RDI) [One]
 - 1. AHI or RDI \geq 15
 - 2. AHI or RDI between 5 and 14 and [One]
 - a. Excessive daytime sleepiness (EDS)
 - b. Impaired cognition
 - c. Insomnia
 - d. Mood disorder
 - e. Hypertension
 - f. Ischemic heart disease or coronary artery disease
 - g. History of a stroke
- B. For Weight Loss or Change in Symptoms (One)
 - 1. BMI Change \geq 5 and patient is on fixed pressure therapy, not APAP
 - 2. New Onset of symptoms after > 60 days on PAP Therapy [All]
 - a. Renewed/New Complaints [One]
 - i. Disruptive Snoring
 - ii. Disturbed Restless Sleep
 - iii. Non Restorative Sleep
 - iv. EDS (Excessive Daytime Sleepiness)
 - b. Renewed/New Symptoms [One]
 - i. Witnessed apnea events
 - ii. Choking
 - iii. Gasping
 - iv. Frequent unexplained arousals from sleep
 - v. Nocturia
 - vi. ESS \geq 10 (Epworth Sleepiness Scale)
 - vii. Duration of Symptoms for More than 60 Days
 - c. PAP and Sleep Compliance [All]
 - iii. 1.CPAP used for \geq 2 months
 - iv. PAP use for 70% of nights with an average use of 4+ hours per night
- C. Co morbidities [One]
 - 1. Documented unexplained Pulmonary hypertension
 - 2. HF (heart failure) NYHA Class 3 and 4
 - 3. Cardiac Arrhythmias
 - a. Significant, persistent, unstable cardiac arrhythmia not controlled by medication, (sustained heart rate greater than 100),
 - b. 3 second cardiac pause diagnosed on holter or event monitor
 - 4. Polycythemia
 - 5. Symptomatic Lung Disease not controlled by medical therapy
 - 6. Evidence of Chronic Respiratory Failure with either elevated levels of CO₂, or O₂ requirements
 - 7. History of prior stroke or myocardial infarction (MI) with < 6 months
 - 8. Previous diagnosis of central or complex sleep apnea
 - 9. BMI \geq 45
 - 10. Nocturnal seizures
 - 11. Neurodegenerative disorder resulting in neuromuscular weakness or cognitive impairment restricting activities of daily living such that a home sleep study is unable to be performed

12. Sustained complex disruptive sleep behaviors not recalled by the patient that are suspicious of REM behavior sleep disorder (MD review required)
13. Age < 18 years of age

95805 Multiple Sleep Latency Test or Maintenance of Wakefulness Test

I. Multiple Sleep Latency Testing (MSLT) [A+D]or [B + C+ D]

(If 95805 is approved, and no previous attended sleep study has been approved in the last 3 months, approve a 95808 or 95810 with the 95805. The date of service of the 95805 should be one day later than the 95808 or 95810 resulting in two separate dates of service. If a 95808 or 95810 has been approved in the last 3 months, a second authorization for this test should not be entered.)

- A. Suspected Narcolepsy - [All]
 - 1. Symptoms/Complaints [One]
 - a. Cataplexy
 - b. Sleep Paralysis
 - c. Regularly occurring Hypnagogic hallucinations
 - d. Regularly occurring Hypnopompic hallucinations
 - 2. ESS \geq 10
- B. Absence or corrected OSA and Excessive Daytime Sleepiness [1 or 2] and 3
 - 1. Sleep study documenting absence of OSA
 - 2. OSA corrected with therapy
 - 3. Excessive daytime sleepiness with ESS > 10
- C. Duration of symptoms for more than one month
- D. Limitations [None]

(Presence of the below indicates a cause for daytime sleepiness, or a condition that will interfere with the validity of a MSLT based diagnosis of narcolepsy)

 - 1. Chronic use of sedating medications
 - 2. Shift worker with disrupted day/night schedule
 - 3. Regular use of medications such as SSRIs that interfere with sleep, during the 15 days prior to planned study

E 0601 Auto-titration PAP Therapy- Unattended

For CPAP titration in an attended setting see 95811 above

I. APAP Therapy [A]

- A. Diagnosis of Obstructive Sleep Apnea resulting from an Abnormal Apnea Hypopnea Index (AHI) or Respiratory Disturbance Index (RDI) diagnosed by a PSG or HST [One]
 - 1. AHI or RDI \geq 15
 - 2. AHI or RDI between 5 and 14 [One]
 - a. Excessive daytime sleepiness (EDS)
 - b. Impaired cognition
 - c. Insomnia
 - d. Mood disorder
 - e. Hypertension
 - f. Ischemic heart disease or coronary artery disease
 - g. History of a stroke

E 0601 Continuous Airway Pressure Device**I. CPAP - First 90 days**

- A. Abnormal Apnea Hypopnea Index (AHI) or Respiratory Disturbance Index (RDI) [One]
 - 1. AHI or RDI \geq 15
 - 2. AHI or RDI between 5 and 14 [One]
 - a. Excessive daytime sleepiness (ESS)
 - b. Impaired cognition
 - c. Insomnia
 - d. Mood disorder
 - e. Hypertension
 - f. Ischemic heart disease or coronary artery disease
 - g. History of a stroke

II. CPAP Renewal and supplies– Beyond first 90 days after initiation of therapy [A or B or C]

- A. Renewal for completion of rental period (7 months or fewer for a total of 10 months rental)
 - 1. Compliant Use of CPAP Therapy from day 45 to day 83 after initiation of CPAP [ALL]
 - a. Usage on 70% of nights with an average use of 4+ hours per night
 - b. Significant resolution of apneic events as captured via efficacy AHI improvement from the baseline AHI
- B. Renewal for 30 days [1 and 2]
 - 1. Borderline compliant and efficacious use from day 45 to day 83 after initiation of CPAP [ALL]
 - a. 55% - 69% of nights with an average use of 4+ hour per nights used
 - b. >70% of nights with an average use of 3.0 – 3.59 hours per nights used
 - c. Improvement of apneic events as captured via efficacy AHI improvement from the baseline AHI.
 - 2. No previous rental authorization renewal
- C. Less than borderline compliance and material re-configuration of equipment set-up within the past 30 days (pressure change, mask refit)

III. CPAP/APAP/Bi-level loaner rental during repair/assessment period (30 days)[All]

- A. Documentation of Compliant use with Device
- B. Description of Malfunction and reason for third party assessment
- C. Documentation of manufacturer equipment being sent to for repair/assessment

IV. CPAP/APAP/Bi-level Replacement [All]

- A. Documentation of Compliant use with Device

- B. Physician Order for Replacement
- C. Documentation/Report from third party manufacturer that existing unit is inoperable and/or unable to be repaired
- D. Documented repair costs are greater than rental period payments
- E. DME lifespan (not warranty period) has been exceeded

E 0470 **Bilevel Therapy for the Treatment of Obstructive** E 0471 **Sleep Apnea (OSA)**

I. Bilevel Therapy after CPAP therapy – First 90 Days [A & B] or [A & C]

- A. Diagnosis of Obstructive Sleep Apnea resulting from an Abnormal Apnea Hypopnea Index (AHI) or Respiratory Disturbance Index (RDI) [One]
 - 1. AHI or RDI \geq 15
 - 2. AHI or RDI between 5 and 14 [One]
 - a. Excessive daytime sleepiness (ESS)
 - b. Impaired cognition
 - c. Insomnia
 - d. Mood disorder
 - e. Hypertension
 - f. Ischemic heart disease or coronary artery disease
 - g. History of a stroke
- B. Documented CPAP/APAP Failure or Intolerance
- C. Emergence of Complex Sleep Apnea*

II. Bilevel Therapy as Initial Treatment of OSA [All]

- A. A facility based attended PSG (95808, 95810, 95811) has been performed
- B. Ordering physician documents the following: [1+2]
 - 1. The diagnosis of central sleep apnea (CSA) or complex sleep apnea (CompSA) [a+b+c+d];
 - a. AHI or RDI \geq 5, **and**
 - b. Central apneas/Hypopneas greater than 50% of the total apneas/hypopneas, **and**
 - c. Central apneas or hypopneas greater than 5 times per hour, **and**
 - 2. Significant reduction in AHI with the use in the facility of an E0470 or E0471

II NOTE: If criteria are met, either an E0470 or an E0471 device is certified based upon the judgment of the treating physician will be covered for patients with documented CSA or CompSA for the first three months of therapy.

III. Bilevel Therapy - Renewal and supplies– Beyond first 90 days after initiation of therapy [A or B or C]

- A. Renewal for 7 months (210 days)
 - 1. Compliant Use of BiPAP Therapy from day 45 to day 83 after initiation of BiPAP [ALL]
 - a. Usage on 70% of nights with an average use of 4+ hours per night
 - b. Significant resolution of apneic events as captured via efficacy AHI improvement from the baseline AHI
- B. Renewal for 30 days [1 or 2]
 - 1. Borderline compliant and efficacious use from day 45 to day 83 after initiation of BiPAP [ALL]
 - a. 55% - 69% of nights with an average use of 4+ hour per nights used
 - b. >70% of nights with an average use of 3.0 – 3.59 hours per nights used

- c. Improvement of apneic events as captured via efficacy AHI improvement from the baseline AHI.

C. Less than borderline compliance and material re-configuration of equipment set-up within the past 30 days (pressure change, mask refit)

IV. CPAP/APAP/Bi-level loaner rental during repair/assessment period (30 days) [All]

- A. Documentation of Compliant use with Device
- B. Description of Malfunction and reason for third party assessment
- C. Documentation of manufacturer equipment being sent to for repair/assessment

V. CPAP/APAP/Bi-level Replacement [All]

- A. Documentation of Compliant use with Device
- B. Physician Order for Replacement
- C. Documentation/Report from third party manufacturer that existing unit is inoperable and/or unable to be repaired
- D. Documented repair costs are greater than rental period payments
- E. DME lifespan (not warranty period) has been exceeded

**Complex Sleep Apnea (CompSA) is a form of central apnea specifically identified by the persistence or emergence of central apneas or hypopneas upon exposure to E0601 or E0470) device when obstructive events have disappeared. These patients have predominately obstructive or missed apneas during the diagnostic sleep study occurring at greater than 5 times per hour. With the use of positive airway pressure, they show a pattern of apneas and hypopneas that meets the definition of Central Sleep Apnea (CSA) above.*

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