

Home Sleep Study

Policy Number: MP-069

Last Review Date: 02/13/2020

Effective Date: 04/01/2020

Policy

Evolent Health considers **Home Sleep Study** medically necessary for the following indications:

Home Sleep Study Test (HST) is covered for the purpose of diagnosing Obstructive Sleep Apnea (OSA) if one of the following criteria is met: (HST requirements listed at the end of this section)

- Unattended HST with a Type II home sleep monitoring device, or
- Unattended HST with a Type III home sleep monitoring device, or
- Unattended HST with a Type IV home sleep monitoring device (that measures at least 3 channels)

Repeat Sleep Study/Polysomnography (PSG) may be indicated for any the following:

1. If the first study is technically inadequate due to equipment failure
2. If the member could not sleep or was unable to sleep for sufficient amount of time to determine a clinical diagnosis
3. If initiation of therapy or confirmation of the efficacy of prescribed therapy is clinically needed
4. If the sleep-study results were inconclusive

Follow-Up Sleep Study/PSG is indicated for any of the following:

1. To evaluate the response to treatment (CPAP, oral appliances, surgical intervention)
2. After substantial weight loss has occurred in members on CPAP for treatment of sleep-related breathing disorders to ascertain whether CPAP is still needed at the previously titrated pressure
3. After substantial weight gain has occurred in members previously treated with CPAP successfully, who are again symptomatic despite the continued use of CPAP, to ascertain whether pressure adjustments are needed
4. When clinical response is insufficient or when symptoms return despite a documented good initial response to treatment with CPAP

NOTE: A follow-up visit with a physician or other appropriate trained or supervised health care provider is necessary after the portable monitoring.

HST Requirements:

1. All home sleep testing is Reportable and payable as one home sleep study (even if multiple nights are required to obtain quality data).
2. The date of service is reported as the date the study is completed.

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3. The sleep test is ordered by the member's treating physician and the study furnished under appropriate physician supervision.
4. Performance of home sleep testing is limited to FDA approved devices furnished with adequate patient instruction and support to assure successful completion and reliable results.
5. The professional services related to home sleep testing limited to testing a member for the diagnosis of obstructive sleep apnea when the home sleep testing is reasonable and necessary for the diagnosis of the member's condition, meets all of the indications, and the physician who performs the service has sufficient training and experience to reliably perform the service.
6. Documentation supporting a diagnosis of OSA must be available upon request.
7. Repeat PSG for diagnosing sleep apnea requires documentation to support the medical necessity for the repeat test.
8. Home sleep testing is performed on members 18 years of age or older.
9. All sleep tests must be interpreted by a physician specialist in sleep medicine who holds at least one of the following:
 - Current certification in Sleep Medicine by the American Board of Sleep Medicine (ABSM), or
 - Current subspecialty certification in Sleep Medicine by a member board of the American Board of Medical Specialties (ABMS), or
 - Completed residency or fellowship training in a program approved by an ABMS member board and has completed all the requirements for subspecialty certification in sleep medicine except the examination itself and only until the time of reporting of the first examination for which the physician is eligible, or
 - Active staff membership of a sleep center or laboratory accredited by the American Academy of Sleep Medicine (AASM), Accreditation Commission for Health Care (ACHC) or The Joint Commission (formerly the Joint Commission on Accreditation of Healthcare Organizations – JCAHO)

NOTE: No aspect of an HST, including but not limited to delivery and/or pickup of the device, may be performed by a DME supplier.

Limitations

Home Sleep Testing is not covered for the following:

- Members with comorbidities (i.e. moderate to severe pulmonary disease, neuromuscular disease, congestive heart failure)
- Other sleep disorders (i.e. central sleep apnea, periodic limb movement disorder, insomnia, parasomnias, circadian rhythm disorders or narcolepsy)
- Testing performed during the acute phase of an illness or injury

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- Screening asymptomatic patients
- Members who are under 18 years of age

Background

According to the Centers for Medicare and Medicaid Services (CMS), approximately 40 million Americans suffer from chronic sleep disorders, the majority of which go undiagnosed and untreated. Apnea is defined as a cessation of airflow for at least 10 seconds. Sleep apnea may be due to an occlusion of the airway (obstructive apnea), absence of respiratory effort (central sleep apnea) or a combination of these factors (mixed sleep apnea). OSA may be caused by one of the following:

- Reduced upper airway caliber due to obesity;
- Adenotonsillar hypertrophy;
- Mandibular deficiency;
- Macroglossia;
- Upper airway tumor;
- Excessive pressure across the collapsible segment of the upper airway;
- Activity of the muscles of the upper airway insufficient to maintain patency

Three categories of portable monitors (used both in attended and unattended settings) have been developed for the diagnosis of OSA.

- Type II monitors have a minimum of 7 channels (e.g., EEG, EOG, EMG, ECG-heart rate, airflow, breathing/respiratory effort, SaO₂)-this type of device monitors sleep staging, so AHI can be calculated).
- Type III monitors have a minimum of 4 monitored channels including ventilation or airflow (at least two channels of respiratory movement or respiratory movement and airflow), heart rate or ECG, and oxygen saturation.
- Type IV devices may measure one, two, three or more parameters but do not meet all the criteria of a higher category device.

Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)

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95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)
95810	Polysomnography; sleep staging with 4 or more additional parameters of sleep, attended by a technologist.
95811	Polysomnography; initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist.
G0398	Home sleep study test (HST) with type II monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort and oxygen saturation.
G0399	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and oxygen saturation.
G0400	Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels.

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individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

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