

## MEDICAL POLICY STATEMENT INDIANA MEDICAID

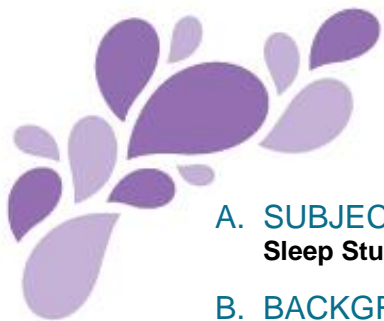
Original Issue Date	Next Annual Review	Effective Date
11/01/2017	11/01/2018	12/17/2017
Policy Name		Policy Number
Sleep Studies		MM-0174
Policy Type		
<b>MEDICAL</b>	Administrative	Pharmacy
		Reimbursement

Medical Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

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## Contents of Policy

<b>MEDICAL POLICY STATEMENT</b>	1
<b>TABLE OF CONTENTS</b>	1
A. <b>SUBJECT</b>	2
B. <b>BACKGROUND</b>	2
C. <b>DEFINITIONS</b>	2
D. <b>POLICY</b>	2
E. <b>CONDITIONS OF COVERAGE</b>	3
F. <b>RELATED POLICIES/RULES</b>	3
G. <b>REVIEW/REVISION HISTORY</b>	3
H. <b>REFERENCES</b>	3



## A. SUBJECT

### Sleep Studies

## B. BACKGROUND

Abnormal breathing patterns, which lead to sleep disturbances, are collectively referred to as sleep-disordered breathing (SDB). SDB is characterized by apnea, breathing that has stopped, and/or hypopnea, shallow breathing. Either of these can cause a person to move out of a deep sleep and into a lighter sleep, which can lead to poor sleep quality and result in drowsiness during the day and difficulty concentrating. Additionally, hypertension, coronary artery disease, arrhythmias, congestive heart failure, and stroke have been shown to be associated with untreated SDB. Apneic episodes can last from seconds to minutes and can occur up to hundreds of times over the course of a night's sleep. Of the two types of sleep apnea, obstructive and central, obstructive sleep apnea (OSA) is more common and is the result of the muscles that are part of the throat relaxing and causing the upper airway to collapse and block the airway, either partially or completely, during sleep. Central sleep apnea (CSA) is less common and is a disruption in the signals that are sent from the brain to the muscles that control breathing.

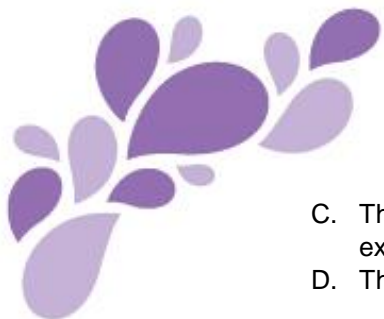
The gold standard for diagnosing sleep disorders is a polysomnography (PSG), or a sleep study. A PSG monitors and measures sleep cycles and stages by using recordings of certain bodily functions during sleep. These recordings may include blood oxygen levels, body positions, brain waves, heart rate, eye movement, muscle activity, breathing rate and effort, and air flow into and out of the lungs. The number of apnea or hypopnea episodes are determined during a sleep study and is known as the Apnea-Hypopnea Index (AHI). An AHI of less than 5 is normal while 5 to 15 indicates mild sleep apnea; 15 to 30 indicates moderate sleep apnea; and more than 30 is considered severe sleep apnea. The sleep specialist will use the results of the sleep study, along with the patient's medical history and physical exam in order to make a diagnosis.

## C. DEFINITIONS

- **Narcolepsy:** A syndrome that is characterized by abnormal sleep tendencies.
- **Obstructive Sleep Apnea (OSA):** The obstruction of airflow, during sleep, due to the collapse of the oropharyngeal walls.
- **Parasomnias:** A group of conditions that may occur during sleep that can often lead to injury to the patient or others and damage to the surroundings. These conditions may include sleepwalking, sleep terrors, and rapid eye movement (REM) sleep behavior disorders.
- **Polysomnography (PSG):** A sleep study that records certain body functions during sleep and is used to diagnose sleep disorders.
- **Sleep Apnea:** The interruption of airflow for at least 10 seconds.

## D. POLICY

- I. CareSource does not require a prior authorization for sleep studies.
- II. Sleep study/PSG is considered medically necessary under the following circumstances:
  - A. The patient has symptoms or complaints of one of the following conditions:
    1. Narcolepsy
    2. Parasomnias
    3. Sleep apnea
  - B. The patient must be referred to the sleep disorder clinic by their attending physician, and the clinic maintains a record of the attending physician's orders



- C. The need for diagnostic testing is confirmed by medical evidence, e.g., physician examinations and laboratory tests
  - D. The test is not redundant of other diagnostic procedures that must be performed
- III. Polysomnography (PSG) includes the stages of sleep, which requires items A through C below. Polysomnography is defined to minimally include, but is not limited to, the following:
- A. A 1-4 lead electroencephalogram (EEG) to measure global neural encephalographic activity using electrodes placed on the scalp
  - B. Electrooculogram (EOG) to measure eye movements using electrodes placed near the outer canthus of each eye
  - C. A submental electromyogram (EMG) to measure submental electromyographic activity using electrodes placed over the mentalis, submental muscle, and/or masseter regions
  - D. Rhythm electrocardiogram (ECG)
  - E. Nasal and/or oral airflow via both thermistor and nasal pressure sensor
  - F. Respiratory indication by chest-wall and abdominal movement measured using respiratory inductive plethysmography, endoesophageal pressure or by intercostal EMG
  - G. Gas exchange (oxygen saturation) by oximetry or transcutaneous monitoring
  - H. Bilateral anterior tibialis muscle activity, motor activity-movement using EMG
  - I. Body positions by directly applied sensors or by direct observation

## E. CONDITIONS OF COVERAGE

HCPCS

CPT

**AUTHORIZATION PERIOD**

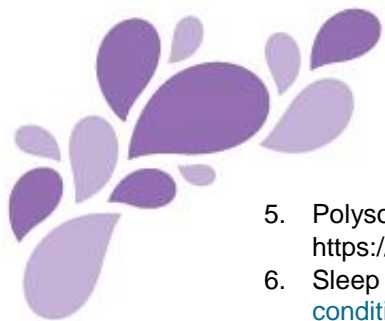
## F. RELATED POLICIES/RULES

## G. REVIEW/REVISION HISTORY

DATES		ACTION
Date Issued	11/01/2017	New policy
Date Revised		
Date Effective	12/17/2017	

## H. REFERENCES

1. Balk, E., Moorthy, D., Obadan, N., & et al. (July, 2011). AHRQ Diagnosis and Treatment of Obstructive Sleep Apnea in Adults; Comparative Effectiveness Reviews. Agency for Healthcare Research and Quality. Number 32.
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**The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.**