Coverage of any medical intervention discussed in a WellFirst Health medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and to applicable state and/or federal laws.

Sleep Studies: Unattended (Home) Sleep Studies and Attended Nocturnal Polysomnography, Multiple Sleep Latency Testing and Maintenance of Wakefulness Testing MP9132

Covered Service: Yes

Prior Authorization Required: Yes, except for unattended (home) sleep studies for adult members (see section 1.0 and 2.0)

Additional Information: For treatment of Obstructive Sleep Apnea (OSA) and related conditions with CPAP, APAP, BiPAP and oral devices, see Treatment of Obstructive Sleep Apnea MP9239. For treatment of OSA and related conditions with invasive treatments and surgery, see Treatment of OSA with Invasive Treatments and Surgery MP9585.

WellFirst Health Medical Policy:

UNATTENDED (HOME) SLEEP STUDIES FOR ADULT MEMBERS:

1.0 Unattended Sleep Studies **do not** require a prior authorization and may be considered medically necessary for members which meet **ALL** of the following criteria:

1.1 Adults with suspected moderate to severe obstructive sleep apnea (OSA), as indicated by **1 or more** of the following:

1.1.1 Epworth sleepiness score of 10 or greater

1.1.2 Excessive daytime sleepiness (EDS), fatigue or awakening with gasping and choking and **ANY** of the following:

1.1.2.1 BMI greater than 30;

1.1.2.2 Excessive sleepiness while driving;

1.1.2.3 Member is a commercial vehicle driver;

1.1.2.4 Loud/intense snoring;

1.1.2.5 Hypertension

1.1.3 Witnessed nocturnal apnea, choking and/or gasping;

1.1.4 Hypertension that is uncontrolled despite 3 drug regimen that includes a diuretic;

1.1.5 Postoperative assessment needed after performance of surgery to treat sleep apnea, as indicated by **1 or more** of the following:

1.1.5.1 Apnea-hypopnea index (AHI) or respiratory disturbance index (RDI) of 20 or greater on preoperative PSG;

1.1.5.2 Persistent apnea witnessed after surgery

1.1.6 Significant oxygen desaturation (<90%) on overnight pulse oximetry

1.2 Sleep study is performed using **ANY** of the following devices:

1.2.1 A device that measures 3 or more channels that include pulse oximetry, actigraphy, and peripheral arterial tone (e.g. WatchPAT), **OR**

1.2.2 A Type II or Type III device with minimum of four respiratory recording channels. These must include **ALL** of the following:

1.2.2.1 Airflow

1.2.2.2 Electrocardiogram (EKG) or heart rate

1.2.2.3 Oxygen saturation

1.2.2.4 Respiratory movement index

1.3 Study is limited to one night or day (if shift worker) sleep cycle

1.4 Member has not been diagnosed with a complex sleep disorder requiring treatment and/or ventilation, as described in section 3.0.

2.0 Repeated unattended (unsupervised) home sleep studies **does not** require prior authorization and may be considered medically necessary in adult members for **ANY** of the following:

2.1 To assess the efficacy of surgery or oral appliances/devices

2.2 To re-evaluate the diagnosis of OSA and need for continued CPAP (e.g. a significant change in weight or change in symptoms suggests CPAP should be retitrated or possibly discontinued)

ATTENDED NOCTURNAL POLYSOMNOGRAPHY (NPSG) FOR ADULT AND PEDIATRIC MEMBERS

3.0 **Initial** supervised (attended) full-channel nocturnal polysomnography (NPSG) for **adults** performed in a healthcare facility using a Type I or Type II device, including split-night studies, **requires** a prior authorization for diagnosis in members with symptoms suggestive of obstructive sleep apnea (OSA), and may be considered medically necessary for **ANY** of the following:

3.1 Member has **ANY** of the following co-morbid medical conditions that degrade the accuracy of unattended sleep studies, **AND** criteria of 1.1 are also met:

3.1.1 Moderate to severe chronic pulmonary disease (e.g. COPD, cystic fibrosis, interstitial lung disease)

3.1.2 Neuromuscular disease (e.g. Parkinson's disease, Lewy body dementia, multiple system atrophy (MSA), Arnold-Chiari malformation, spina bifida, myotonic dystrophy, amyotrophic lateral sclerosis(ALS), pulmonary-associated multiple sclerosis);

3.1.3 Stroke with residual respiratory effects;

3.1.4 Epilepsy;

3.1.5 Moderate to severe cardiac disease (e.g. congestive heart failure (NYHA class III or IV or LVEF less than 45%, moderate to severe tachycardia or bradycardic arrhythmia, pulmonary hypertension);

3.1.6 Chronic opioid medication use;

3.1.7 Super obesity (BMI greater than 50);

3.1.8 Obesity hypoventilation syndrome, known or suspected

3.2 Member has **ANY** of the following comorbid sleep disorders, **AND** criteria of 1.1 are also met:

3.2.1 Periodic limb movement disorder (e.g. restless leg syndrome);

3.2.2 Parasomnia disorders (e.g.severe insomnia, psychogenic dissociative states, REM sleep behavior disorder, sleep talking and/or confusional arousals);

3.2.3 Sleep related seizure disorders;

3.2.4 Narcolepsy or cataplexy;

3.2.5 Sleep related breathing disorder and **ANY** of the following are suspected:

3.2.5.1 Central sleep apnea

3.2.5.2 Complex sleep apnea or treatment-emergent central sleep apnea

3.2.5.3 Obstructive apnea syndrome

3.2.5.4 Mixed apnea

3.2.5.5 Obesity hypoventilation syndrome or other hypoxemia syndromes associated with sleep

3.2.5.6 Upper airway resistance syndrome (UARS)

3.2.5.7 Cheyne-Stokes or periodic breathing

3.3 Member has prior negative or technically inadequate unattended sleep study;

3.4 Member has low pretest probability of obstructive sleep apnea and meets **ALL** of the following criteria:

3.4.1 Normal BMI (less than 30); **AND**

3.4.2 Normal airway (Mallampati score 1 or 2); **AND**

3.4.3 No snoring; **AND**

3.4.4 Normal neck circumference (less than 17 inches in men, and less than 16 inches in women); **AND**

3.4.5 Sleep medicine provider documents rationale to suspect OSA and medical necessity of monitored polysomnogram

3.5 Member has low pretest probability of OSA (e.g. meets **ONE OR MORE** criteria of 3.4) and a diagnosis of atrial fibrillation (AF) without structural heart disease, hypertensive heart disease or venous thromboembolism but **does NOT** meet criteria of 1.1;

3.6 Member lacks the mobility or dexterity to use portable monitoring equipment at home **AND** criteria of 1.1 is also met;

3.7 To confirm diagnosis of obstructive sleep apnea prior to surgical modifications of the upper airway or hypoglossal nerve neurostimulation system placement (e.g. Inspire)

3.8 Postoperative assessment needed after performance of surgery to treat sleep apnea, as indicated by **1 or more** of the following:

3.8.1 Apnea-hypopnea index (AHI) or respiratory disturbance index (RDI) of 20 or greater on preoperative PSG;

3.8.2 Persistent apnea witnessed after surgery

4.0 **Initial** supervised (attended) full-channel nocturnal polysomnography (NPSG) for **pediatric** members (under age 18) performed in a healthcare facility using a Type I

device, including split-night studies, **requires** a prior authorization and may be considered medically necessary for **ANY** of the following:

4.1 Clinical evaluation strongly suggestive of obstructive sleep apnea (OSA)

4.2 Habitual snoring is present in addition to ANY of the following:

4.2.1 Excessive daytime sleepiness

4.2.2 Behaviors indicative of difficulty staying awake (e.g. aggressive or disruptive behavior, hyperactivity, lack of attentiveness)

4.2.3 Failure to thrive

4.2.4 Craniofacial anomalies obstructing the upper airway (e.g. Pierre Robin Syndrome, choanal atresia, nasal ganglioma, severe mandibular hypoplasia)

4.2.5 Obesity

4.2.6 Pulmonary complications (eg. Chronic asthma, cystic fibrosis, pulmonary hypertension, bronchopulmonary dysplasia)

4.2.7 Neurologic disorder (e.g. Down's syndrome, Prader-Willi syndrome, myelomeningocele)

4.2.8 Neuromuscular disorder or chest wall deformity (e.g. congenital central alveolar hypoventilation syndrome, Arnold-Chiari malformation, sleep related hypoventilation, kyphoscoliosis)

4.2.9 Cardiopulmonary complications (e.g. Tetralogy of Fallot)

4.3 Parasomnia or severe Member is under age 18 and diagnosed with, or displays symptoms of, an emotional disturbance (ED) or meets severe emotional disturbance (SED) criteria;

4.4 Periodic limb movement disorder (PLMD)

4.5 Narcolepsy

4.6 Tracheostomy, prior to removal of the tracheostomy tube

4.7 Presurgical evaluation of OSA prior to adenotonsillectomy to treat OSA

4.8 Residual symptoms of OSA persisting following adenotonsillectomy

4.9 Infant with a life threatening sleep-related breathing event (e.g. severe apnea event, sleep related seizure)

5.0 **Repeated** supervised sleep studies for **adult or pediatric** members **requires** a prior authorization and may be considered medically necessary in adult members for **ANY** of the following when the criteria in 3.0 are met:

5.1 To determine whether positive airway pressure treatment (e.g. CPAP, bilevel positive airway pressure BiPAP), demand positive airway pressure (DPAP), variable positive airway pressure (VPAP), or auto-titrating positive airway pressure (AutoPAP) continues to be effective in members with new or persistent symptoms, after interrogation of current positive airway pressure device;

5.2 To determine whether positive airway pressure treatment settings need to be changed in persons with new or persistent symptoms, after interrogation of current positive airway pressure device (Note: This criterion does not apply to AutoPAP devices, as these devices are automatically titrated and do not require manual adjustment of treatment settings);

5.3 For members with substantial weight loss (loss of 10 percent or more body weight) **OR** some other change in their medical condition that would affect the need for continued positive airway pressure treatment (e.g. heart attack, stroke, heart failure), to determine whether continue treatment with positive airway pressure treatment is necessary;

5.4 To assess treatment response after upper airway surgical procedures and after initial treatment with oral appliances/devices

ATTENDED SPLIT-NIGHT AND FULL-NIGHT TITRATION STUDIES FOR ADULT AND PEDIATRIC MEMBERS

6.0 Split night sleep study with positive airway pressure (PAP) titration using a Type I device or Type II device for **adult** members is indicated if **ANY** of the following criteria are met**:**

6.1 The Apnea Hypopnea Index (AHI) is greater than 15 in first 2 hours of a diagnostic sleep study;

6.2 Moderate or severe sleep apnea is noted during an in-lab sleep study;

6.3 Previous sleep study indicated moderate or severe apnea.

7.0 Full night titration sleep study with positive airway pressure (PAP) titration using a Type I device or Type II device for **adult** members is indicated if **ANY** of the following criteria are met:

7.1 If the member meets criteria for treatment with CPAP as outlined in MP9239 Treatment of Obstructive Sleep Apnea; **AND**

7.1.1 Member meets criteria for initial supervised sleep study (criteria of 3.0 met); **OR**

7.1.2 Member meets criteria for repeated supervised sleep study (criteria of 4.0 are met); **OR**

7.1.3 There is documentation from the sleep provider as to why AutoPAP is not appropriate and full night sleep titration is medically necessary (e.g. aberrant downloads, claustrophobia, member use of narcotics, member with pulmonary or cardiac issues)

7.2 If a previous split-night study did not allow for the abolishment of the vast majority of obstructive respiratory events

7.3 If prescribed CPAP/auto pap does not control clinical symptoms (disturbed sleep with significant arousals) despite documented compliance

7.4 Persistently high AHI (e.g. > 10) with the use of a PAP device

7.5 Need to try an alternative, non-CPAP modality (e.g. bilevel, bilevel Spontaneous Timed ST, adaptive servo-ventilation)

8.0 Split night sleep study with positive airway pressure (PAP) titration using a Type I device for **pediatric** members is covered with symptoms of unconfirmed OSA and criteria in 4.0 are met.

9.0 One (1) supervised polysomnogram per lifetime is allowed for adult or pediatric members with a diagnosis of **ANY** of the following to evaluate for the presence of OSA:

9.1 Neuromuscular disorder which significantly increases risk of OSA (e.g. Down's Syndrome, Prader Willi, myelomeningocele)

9.2 Craniofacial anomalies which impair the upper airway, such as those which cause midface hypoplasia, retrognathia or micrognathia

10.0 Supervised polysomnography **requires** prior authorization and may be considered medically necessary prior to Multiple Sleep Latency Testing (MSLT) and prior to Maintenance of Wakefulness Testing

MULTIPLE SLEEP LATENCY TESTING

11.0 Multiple Sleep Latency Test (MSLT) **requires** a prior authorization and may be considered medically necessary when ordered by a pulmonologist, neurologist, psychiatrist, otolaryngologist a physician board certified in sleep medicine or their advanced practitioners to confirm the diagnosis of narcolepsy and other

disorders of excessive daytime sleepiness as indicated by **1 or more** of the following:

11.1 Initial test needed, as indicated by **1 or more** of the following:

11.2 Cataplexy (e.g. sudden weakness or loss of muscle tone not accompanied by loss of consciousness)

11.2.1 Disturbed or fragmented sleep

11.2.2 Excessive daytime sleepiness

11.2.3 Hallucinations with sleep onset (hypnagogic) or upon awakening (hypnopompic)

11.2.4 Sleep paralysis

11.3 Repeat test needed, as indicated by **1 or more** of the following:

11.3.1 Initial MSLT results indeterminate

11.3.2 Initial MSLT results negative, but strong clinical suspicion of narcolepsy

11.4 MSLT is considered experimental/investigational and therefore not medically necessary for all other indications.

MAINTENANCE OF WAKEFULNESS TESTING

12.0 Maintenance of Wakefulness Testing (MWT) **requires** a prior authorization and may be considered medically necessary when ordered by a pulmonologist, neurologist, psychiatrist, otolaryngologist a physician board certified in sleep medicine or their advanced practitioners and is as indicated by **1 or more** of the following:

12.1 Assessment of member for whom inability to remain awake constitutes safety issue (e.g. member is airplane pilot)

12.2 Assessment of member with narcolepsy or idiopathic hypersomnia to assess response to treatment.

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