

A photograph of an elderly man sleeping in a bed. He is wearing a clear CPAP mask over his nose and mouth, secured with black straps. A grey tube connects the mask to a CPAP machine on a dark wood nightstand to the left. The man is wearing a white t-shirt and is covered with a beige patterned blanket. The bed has white pillows and a dark wood headboard. The room has a warm, orange-toned wall. In the top left corner, there is a framed picture of a house.

**CareCore**  
SLEEP MANAGEMENT

## SLEEP MANAGEMENT CRITERIA

<b>95805</b>	<b>Multiple Sleep Latency Test or Maintenance of Wakefulness Test</b>
<b>95808</b>	<b>Polysomnography, Sleep Staging with 1-3 Additional Parameters of Sleep, Attended by a Technologist</b>
<b>95810</b>	<b>Polysomnography, Sleep Staging with 4 or More Additional Parameters of Sleep, Attended by a Technologist</b>
<b>95811</b>	<b>Polysomnography, Sleep Staging with 4 or More Additional Parameters of Sleep, Attended by a Technologist with Initiation of CPAP or Bi-level ventilation</b>
<b>G0398</b>	<b>Home Sleep Test Type II</b>
<b>G0399</b>	<b>Home Sleep Test Type III</b>

**I. Home Sleep Study (G0398 or G0399) [A+B+C]  
95810 or 95811 should be offered if [A+ B+ C + D] is satisfied and 95811  
should be offered if [A +B +C +D +E] is satisfied**

- A. Complaints [One]
1. Disruptive Snoring
  2. Disturbed or restless sleep
  3. Non Restorative sleep
  4. EDS (excessive daytime sleepiness)
- B. Symptoms [One]
1. Witnessed apnea events
  2. Choking
  3. Gasping
  4. Hypertension
  5. Diabetes
  6. GERD (gastroesophageal reflux)
  7. BMI  $\geq 30$

8. Frequent unexplained arousals from sleep
  9. Nocturia
  10. ESS  $\geq$  10 (Epworth Sleepiness Scale)
  11. Non-ambulatory individual
- C. Duration of symptoms for more than one month
- D. Comorbidities [One]
1. Pulmonary hypertension
  2. CHF (congestive heart failure)
  3. Polycythemia
  4. History of prior stroke or myocardial infarction (MI)
  5. Previous diagnosis of central or complex sleep apnea
  6. BMI  $\geq$  35
  7. Nocturnal seizures
  8. Neuromuscular weakness
  9. Neurodegenerative disorder
  10. Disruptive sleep behavior or parasomnias
    - a. Nightmares
    - b. Sleep walking
    - c. Restless leg syndrome
    - d. Periodic limb movement disorder
    - e. Sleep terrors
    - f. REM sleep behavior disorder
- E. Abnormal Apnea Hypoxia Index (AHI) or Respiratory Disturbance Index (RDI) [One]
1. AHI or RDI  $\geq$  15
  2. AHI or RDI between 4 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. Attended Sleep Study or Comprehensive Polysomnography( 95808 and 95810) [ A + B + C + D] if have [A+B +C+ D+ E] then criteria for 95811 are met and may have any of these procedures**

***95808 and 95810 may be repeated at after 60 days along with 95805 if a diagnosis of obstructive sleep apnea (OSA) has been previously established and the member has been compliant ( 7 hours of sleep per night with CPAP worn for 5 hours or more) with CPAP for at least 2 months***

- A. Complaints [One]
  - 1. Disruptive Snoring
  - 2. Disturbed or restless sleep
  - 3. Non Restorative sleep
  - 4. EDS (excessive daytime sleepiness)
  
- A. Symptoms [One]
  - 1. Witnessed apnea events
  - 2. Choking
  - 3. Gasping
  - 4. Hypertension
  - 5. Diabetes
  - 6. GERD (gastroesophageal reflux)
  - 7. BMI  $\geq 30$
  - 8. Frequent unexplained arousals from sleep
  - 9. Nocturia
  - 10. ESS  $\geq 10$  (Epworth Sleepiness Scale)
  - 11. Non-ambulatory individual
  
- B. Duration of symptoms for more than one month
  
- C. Comorbidities [One]
  - 1. Pulmonary hypertension
  - 2. CHF (congestive heart failure)
  - 3. Polycythemia
  - 4. History of prior stroke or myocardial infarction (MI)
  - 5. Previous diagnosis of central or complex sleep apnea
  - 6. BMI  $\geq 35$
  - 7. Nocturnal seizures
  - 8. Neuromuscular weakness
  - 9. Neurodegenerative disorder
  - 10. Disruptive sleep behavior or parasomnias
    - a. Nightmares
    - b. Sleep walking
    - c. Restless leg syndrome
    - d. Periodic limb movement disorder
    - e. Sleep terrors
    - f. REM sleep behavior disorder
  
- D. Abnormal Apnea Hypoxia Index (AHI) or Respiratory Disturbance Index (RDI) [One]
  - 1. AHI or RDI  $\geq 15$
  - 2. AHI or RDI between 4 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

### **III. Attended Sleep Study with Initiation of CPAP (95811) [All]**

#### **A. Complaints [One]**

- 1. Disruptive Snoring
- 2. Disturbed or restless sleep
- 3. Non Restorative sleep
- 4. EDS (excessive daytime sleepiness)

#### **B. Symptoms [One]**

- 1. Witnessed apnea events
- 2. Choking
- 3. Gasping
- 4. Hypertension
- 5. Diabetes
- 6. GERD (gastroesophageal reflux)
- 7. BMI  $\geq 30$
- 8. Frequent unexplained arousals from sleep
- 9. Nocturia
- 10. ESS  $\geq 10$  (Epworth Sleepiness Scale)
- 11. Non-ambulatory individual

#### **C. Duration of symptoms for more than one month**

#### **D. Comorbidities [One]**

- 1. Pulmonary hypertension
- 2. CHF (congestive heart failure)
- 3. Polycythemia
- 4. History of prior stroke or myocardial infarction (MI)
- 5. Previous diagnosis of central or complex sleep apnea
- 6. BMI  $\geq 35$
- 7. Nocturnal seizures
- 8. Neuromuscular weakness
- 9. Neurodegenerative disorder
- 10. Disruptive sleep behavior or parasomnias
  - a. Nightmares
  - b. Sleep walking
  - c. Restless leg syndrome
  - d. Periodic limb movement disorder
  - e. Sleep terrors
  - f. REM sleep behavior disorder

#### **E. Abnormal Apnea Hypoxia Index (AHI) or Respiratory Disturbance Index (RDI) [One]**

- 1. AHI or RDI  $\geq 15$

2. AHI or RDI between 4 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

#### **IV. Multiple Sleep Latency Testing (MSLT) [ALL]**

- A. Established diagnosis of obstructive sleep apnea (OSA)
- B. Excessive Daytime Sleepiness Scale  $\geq 15$
- C. Compliant with CPAP therapy for 2 months or more