

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 tan and white 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



Dear Provider,

This document provides detailed descriptions of CareCore National's basic criteria for sleep management arranged by CPT code. These criteria are used for the certification of requests for sleep studies. They have been carefully researched and are continually updated in order to be consistent with the most current evidence-based guidelines and recommendations for sleep management from national and international medical societies and evidence-based medicine research centers. In addition, the criteria are supplemented by information published in peer reviewed literature.

Our health plan clients review the development and application of these criteria. Every CareCore National, LLC health plan client develops a unique list of CPT codes that are part of their sleep utilization management programs. Health Plan medical policy supersedes CareCore National, LLC when there is conflict with the CareCore criteria and the health plan medical policy. If you are unsure of whether or not a specific health plan has made modifications to these basic criteria in their medical policy for sleep management please contact the plan or access the plan's website for additional information.

CareCore National works hard to make your clinical review experience a pleasant one. For that reason, we have peer reviewers available to assist you should you have specific questions about a procedure. For your convenience, CareCore National's Customer Service support is available from 7 a.m. to 7 p.m. Our toll free number is (800) 918-8924.

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95806	Sleep study, Unattended, Simultaneous Recording of, Heart Rate, Oxygen Saturation, Respiratory Airflow, and Respiratory Effort (e.g. Thoracoabdominal Movement)
G0398	Home Sleep Test Type II
G0399	Home Sleep Test Type III

I. Home Sleep Study (HST) (95806, G0398, G0399)

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

- A. Complaints
 1. Disruptive Snoring
 2. Disturbed or restless sleep
 3. Non Restorative sleep
 4. Excessive daytime sleepiness (EDS)
- B. Signs and Symptoms
 1. Witnessed apnea events during sleep
 2. Choking during sleep
 3. Gasping during sleep
 4. BMI \geq 30
 5. Frequent unexplained arousals from sleep
 6. Nocturia
 7. Epworth Sleepiness Scale \geq 10 (ESS)
 8. Non-ambulatory individual
- C. Duration of symptoms for more than one month
- D. Epworth Sleepiness Scale completed

- 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

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

- A. Complaints
 - 1. Disruptive Snoring
 - 2. Disturbed or restless sleep
 - 3. Non Restorative sleep
 - 4. Excessive daytime sleepiness (EDS)
- B. Symptoms
 - 1. Witnessed apnea events during sleep
 - 2. Choking during sleep
 - 3. Gasping during sleep
 - 4. BMI ≥ 30
 - 5. Frequent unexplained arousals from sleep
 - 6. Nocturia
 - 7. Epworth Sleepiness Scale ≥ 10 (ESS)
 - 8. Non-ambulatory individual
- C. Duration of symptoms for more than one month
- D. ESS Epworth Sleepiness Scale completed
- E. Complicating factors or Comorbidities
 - 1. Documented unexplained Pulmonary hypertension
 - 2. CHF (congestive 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. Neuromuscular weakness affecting respiratory function, or impairing activities of daily living such that a home sleep study is unable to be performed
 12. Neurodegenerative disorder resulting in neuromuscular weakness or cognitive impairment such that a home sleep study is unable to be performed
 13. 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)
 14. Age < 18 years of age
 15. Suspected narcolepsy – (Multiple Sleep Latency Test planned following the attended study)
- F. Attended study after unattended study
1. Non-diagnostic result of an adequately performed medically necessary HST with AHI < 5.
 2. Patient met A and B and C above and continues with symptoms.
 3. Sleep walking persists after positive HST with subsequent institution of PAP therapy
 4. HST unable to be completed due to interfering factors that cannot be reasonably remedied
- G. Second Study
1. Diagnosis of OSA with Abnormal Apnea Hypopnea Index (AHI) or Respiratory Disturbance Index (RDI)
 - a. AHI or RDI \geq 15
 - b. AHI or RDI between 5 and 14 and
 - 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
 2. Complicating factors or Comorbidities as in E above
 3. Plan to stop PAP therapy after a recent procedure to correct OSA
 - a. Tonsillectomy and/or adenoidectomy and/or uvulopalatoplasty
 - b. Implementation of an oral mandibular advancement appliance

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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); However, if only A, APAP Therapy, E0601, may be initiated if requested**

- A. Abnormal Apnea Hypopnea Index (AHI) or Respiratory Disturbance Index (RDI)
 - 1. AHI or RDI \geq 15
 - 2. AHI or RDI between 5 and 14 and
 - 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
 - 1. Documented unexplained Pulmonary hypertension
 - 2. CHF (congestive 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. Neuromuscular weakness affecting respiratory function, or impairing activities of daily living such that a home sleep study is unable to be performed
 - 12. Neurodegenerative disorder resulting in neuromuscular weakness or cognitive impairment such that a home sleep study is unable to be performed
 - 13. Sustained complex disruptive sleep behaviors not recalled by the patient that are suspicious of REM behavior sleep disorder (MD review required)
 - 14. Age < 18 years of age

II. **Attended Sleep Study with Re-titration of CPAP (95811)**

Second Study for Change in Symptoms

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)
 - 1. AHI or RDI \geq 15
 - 2. AHI or RDI between 5 and 14 and
 - 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
 - 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
 - a. Renewed/New Complaints
 - i. Disruptive Snoring
 - ii. Disturbed Restless Sleep
 - iii. Non Restorative Sleep
 - iv. EDS (Excessive Daytime Sleepiness)
 - b. Renewed/New Symptoms
 - 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
 - i. 1.CPAP used for \geq 2 months
 - ii. PAP use for 70% of nights with an average use of 4+ hours per night
- C. Co morbidities
 - 1. Documented unexplained Pulmonary hypertension
 - 2. CHF (congestive 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. Neuromuscular weakness affecting respiratory function, or impairing activities of daily living such that a home sleep study is unable to be performed
12. Neurodegenerative disorder resulting in neuromuscular weakness or cognitive impairment such that a home sleep study is unable to be performed
13. Sustained complex disruptive sleep behaviors not recalled by the patient that are suspicious of REM behavior sleep disorder (MD review required)
14. Age < 18 years of age

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95805 Multiple Sleep Latency Test or Maintenance of Wakefulness Test

I. Multiple Sleep Latency Testing (MSLT)

(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 -

1. Symptoms/Complaints
 - 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. 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

(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

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E 0601 Auto-Titration PAP Therapy- Unattended

For CPAP titration in an attended setting see 95811 above

I. APAP Therapy

- 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
 - 1. AHI or RDI \geq 15
 - 2. AHI or RDI between 5 and 14
 - 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

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E 0601 Continuous Airway Pressure Device

I. CPAP - First 90 days

- A. Abnormal Apnea Hypopnea Index (AHI) or Respiratory Disturbance Index (RDI)
 - 1. AHI or RDI \geq 15
 - 2. AHI or RDI between 5 and 14
 - 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. Renewal for 7 months (210 days)
 - 1. Compliant Use of CPAP Therapy from day 45 to day 83 after initiation of CPAP
 - 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. Borderline compliant and efficacious use from day 45 to day 83 after initiation of CPAP
 - a. 55% - 70% of nights with an average use of 4+ hour per nights used
 - b. Improvement of apneic events as captured via efficacy AHI improvement from the baseline AHI.

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

I. Bilevel Therapy after CPAP therapy – First 90 Days

- A. Diagnosis of Obstructive Sleep Apnea resulting from an Abnormal Apnea Hypopnea Index (AHI) or Respiratory Disturbance Index (RDI)
 - 1. AHI or RDI \geq 15
 - 2. AHI or RDI between 5 and 14
 - 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

- A. A facility based attended PSG (95808, 95810, 95811) has been performed
- B. Ordering physician documents the following:
 - 1. The diagnosis of central sleep apnea (CSA) or complex sleep apnea (CompSA);
 - 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 and 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. Renewal for 7 months (210 days)
 - 1. Compliant Use of BiPAP Therapy from day 45 to day 83 after initiation of BiPAP
 - 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. Borderline compliant and efficacious use from day 45 to day 83 after initiation of BiPAP
 - a. 55% - 70% of nights with an average use of 4+ hour per nights used

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

*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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