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Sleep Studies: Attended Polysomnography and Portable Polysomnography Tests, Multiple Sleep Latency Testing and Maintenance of Wakefulness Testing

MP9132

Covered Service: Yes—when meets criteria below

Prior Authorization Required: Yes as indicated in 1.0, 3.0, 7.0, and 8.0

Additional Information: None

Prevea360 Health Plan Medical Policy:

PORTABLE OR HOME SLEEP STUDIES FOR ADULT PATIENTS:

1.0 Portable or Home Sleep Study requires a prior authorization and may be considered medically necessary for patients which meet ALL of the following criteria:

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

1.1.1 Epworth sleepiness score of 10 or greater; OR
1.1.2 Excessive daytime sleepiness, fatigue, or awakening with gasping or choking, and high risk for injury such as falling asleep while driving or being employed as a commercial vehicle driver; OR
1.1.3 Excessive daytime sleepiness, fatigue, or awakening with gasping or choking, and significant risk factor for sleep apnea such as BMI greater than 30 or Hypertension; OR
1.1.4 Hypertension that is uncontrolled despite 3-drug regimen; OR
1.1.5 Observed apnea or choking episode; OR
1.1.6 Postoperative assessment needed after performance of surgery to treat sleep apnea, as indicated by 1 or more of the following:

1.1.6.1 Apnea-hypopnea index (AHI) or respiratory disturbance index (RDI) of 20 or greater on preoperative PSG; OR
1.1.6.2 Persistent apnea witnessed after surgery.
1.1.7 Significant oxygen desaturation on overnight pulse oximetry
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1.2 Agency providing in-home sleep study testing uses equipment that has been tested and validated in literature and has well-described protocols and quality-assurance program and supported adequately by trained and qualified sleep specialist

2.0 Repeated unattended (unsupervised) home sleep studies may be considered medically necessary in adult patients for ANY of the following:

2.2 To assess the efficacy of surgery or oral appliances/devices; OR

2.3 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).

3.0 Home sleep studies are not appropriate for the following:

3.1 Previous negative or inadequate home studies when obstructive sleep apnea or upper airway resistance syndrome suspected

3.2 Chronic obstructive pulmonary disease or other lung disease requiring oxygen

3.3 Obesity-hypoventilation syndrome

3.4 Heart failure

3.5 History of complex sleep disorder such as narcolepsy, cataplexy, restless leg syndrome, parasomnias, periodic limb movement disorder.

3.6 Significant neurologic or neuromuscular disease such as ALS, multiple sclerosis, myotonic dystrophy or Parkinson’s.

3.7 Contraindication for home study due to co-morbid health conditions which would decrease the accuracy of the study, such as patient inability to manage equipment or cognitive or physical impairment.

SUPERVISED STUDIES FOR ADULT AND PEDIATRIC PATIENTS

4.0 Supervised polysomnography (PSG) performed in a healthcare facility 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 as a diagnostic test for patients which meet ANY of the following criteria:

4.1 Pediatric patients (under age 18) with symptoms suggestive of OSA; OR
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4.2 Adult patients with any of the symptoms suggestive of OSA mentioned in section 1.1 AND when;

4.2.1 A previous home study was technically inadequate; OR
4.2.2 A previous home study was inconclusive or failed to establish the diagnosis of OSA in a patient with a high pretest probability of OSA; OR
4.2.3 A home study is contraindicated due to co-morbid health conditions which decrease the accuracy of the study, including but not limited to conditions listed above in section 3.0

5.0 A split-night supervised study performed in a healthcare center, in which moderate to severe OSA is documented during the first portion of the study using polysomnography, followed by CPAP during the second portion of the study may be considered medically necessary in patients who have met the criteria mentioned under 4.0.

6.0 One supervised polysomnogram per lifetime is allowed for members with a diagnosis ANY of the following to evaluate for the presence of OSA. Additional testing may be appropriate if meets criteria mentioned under 4.0:

6.1 Neuromuscular disorder which significantly increases risk of OSA (eg. Down’s Syndrome, Prader Wili, myelomeningocele); OR

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

7.0 Supervised polysomnography may be considered medically necessary for testing to rule out other sleep disorders such as central sleep apnea, parasomnias, narcolepsy or periodic limb movement disorder (PLMD).

8.0 Supervised polysomnography may be considered medically necessary prior to Multiple Sleep Latency Testing and prior to Maintenance of Wakefulness testing.

MULTIPLE SLEEP LATENCY TESTING

9.0 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:

9.1 Initial test needed, as indicated by 1 or more of the following:
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9.1.1 Cataplexy (ie, sudden weakness or loss of muscle tone not accompanied by loss of consciousness); OR
9.1.2 Disturbed or fragmented sleep; OR
9.1.3 Excessive daytime sleepiness; OR
9.1.4 Hallucinations with sleep onset (hypnagogic) or upon awakening (hypnopompic); OR
9.1.5 Sleep paralysis

9.2 Repeat test needed, as indicated by 1 or more of the following:
9.2.1 Initial MSLT results indeterminate; OR
9.2.2 Initial MSLT results negative, but strong clinical suspicion of narcolepsy

9.3 MSLT is considered experimental and investigational for all other indications.

MAINTENANCE OF WAKEFULNESS TESTING

10.0 Maintenance of Wakefulness (MWT) testing 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:

10.1 Assessment of patient for whom inability to remain awake constitutes safety issue (eg, patient is airplane pilot) OR
10.2 Assessment of patient with narcolepsy or idiopathic hypersomnia to assess response to treatment.

Committee/Source | Date(s)
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Originated: Utilization Management Committee/ Medical Affairs | September 9, 1998
Revised: Utilization Management Committee/ Medical Affairs | December 9, 1998
 | April 11, 2001
 | April 10, 2002
 | April 14, 2004
 | March 9, 2005
 | April 12, 2006
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Reviewed: Health Services  
Managed Care Division/Medical Affairs Department  
Utilization Management Committee  

Reviewed: Utilization Management Committee/CMO/Director UM  
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Effective: 05/01/2017

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Underwritten by Dean Health Plan, Inc.