



Sleep Disorder Treatment

State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other:	LOB(s): <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid
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Enterprise Policy

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determination are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

The term "sleep disorders" includes a wide variety of conditions resulting from the following health-related conditions:

- Behavioral health conditions associated with insomnia due to anxiety.
- Mixed sleep apnea is a combination of OSA and central sleep apnea.
- Neurological related sleep disorders also referred to as "central sleep apnea", such as narcolepsy or cataplexy.
- Organic related sleep disorders, such as Obstructive Sleep Apnea (OSA) or Upper Airway Resistance Syndrome (UARS).

Classification of Obstructive Sleep Apnea - The American Academy of Sleep Medicine (AASM) classifies OAS into 3 categories:

- Mild - AHI or RDI ≥ 5 and ≤ 15 episodes per hour of sleep
- Moderate - AHI or RDI ≥ 15 and ≤ 30 episodes per hour of sleep
- Severe - AHI or RDI > 30 episodes per hour of sleep

Non-surgical Treatment Options for Sleep Disorders Coverage Criteria

Commercial

Prior authorization is required.

Oral appliances

PacificSource considers oral appliances for the treatment of sleep disorders to be medically necessary when **ALL** of the following are met:

- A PSG or HST sleep study documented AHI, REI or RDI ≥ 15 episodes per hour of sleep.

OR

- An AHI, REI or RDI ≥ 5 and ≤ 14 plus any **one** of the following associated symptoms:
 - Excessive daytime sleepiness, as documented by either a score of ≥ 10 on the Epworth Sleepiness Scale or inappropriate daytime napping (e.g., during driving, conversation, or eating) or sleepiness that interferes with daily activities
 - Documentation of one of the following:
 - Impaired cognition
 - Mood disorders
 - Hypertension
 - Ischemic heart disease
 - History of stroke

AND

- Requests from orthodontists or dentists require documentation of a recent examination (within the last 12 months) and a prescription or referral from one of the following:
 - Internal Medicine Physician
 - Neurologist
 - Otolaryngologist
 - Pulmonologist
 - Primary Care Provider
 - Eligible Certified Sleep Specialist, who must be one of the following:
 - Diplomats of the American Board of Sleep Medicine (D, ABSM)
 - An individual member of the American Academy of Sleep Medicine (AASM)
 - Certified by the American Academy of Dental Sleep Medicine
 - Subspecialty certification from the American Board of Pediatrics, the American Board of Family Medicine or the American Board of Psychiatry and Neurology.

Note: PacificSource requires that the sleep study used to determine coverage for sleep disorder treatment be within the last 5 years.

Note: Member follow up with their dental provider for adjustment of their sleep apnea oral appliance is covered.

The following is not separately reimbursed when billed with oral device/appliance cusfab (E0486):

- AM aligner (Morning Repositioner)

Surgical Treatment of OSA and UARS Criteria

Commercial

Coverage of surgical treatment for sleep disorders is considered medically necessary when **ALL** of the following are met:

- The diagnosis of OSA has been documented by a PSG with an AHI or RDI of at least 15, and/or sustained oxygen desaturation of 85% or less during apneic episodes;
- Documentation that nonsurgical alternatives such as CPAP or oral tongue-retaining devices have at least been discussed with the patient; and
- The planned surgery is not one of the excluded E/I/U or contract procedures listed below.

The following may be a contract exclusion and not covered:

- Snoring treatment for snoring and/or upper airway resistance disorders may be contractually excluded from coverage. Any surgical procedure for a diagnosis of snoring alone may not be covered depending on group contract.
- Orthognathic procedures are subject to contract language.

Medicaid

PacificSource Community Solutions follows Guideline Notes 27 & 118 of the OHP Prioritized List of Health Services and per Oregon Administrative Rules (OAR) 410-122-0202 & 410-122-0205 for coverage of Sleep Disorder Treatment.

Medicare

PacificSource Medicare follows Local Coverage Determination L33611 for Oral Appliances and L33718 for Positive Airway Pressure Devices for treatment of obstructive sleep apnea.

Experimental/Investigation/Unproven

PacificSource considers the following device for non-surgical treatment to be Experimental/Investigational/Unproven and is not covered:

- Disposable nasal expiratory positive airway pressure (EPAP) device (Provent Sleep Apnea Therapy).

PacificSource considers the following procedures to be Experimental/Investigational/Unproven and are not covered:

- Actigraphy testing.
- AIRvance Tongue Suspension (formerly named The Repose System)
- Cautery-Assisted Palatal Stiffening Operation (CAPSO).
- Coblation (RF volumetric tissue reduction).
- Encore Tongue Base Suspension
- Hypoglossal Nerve Stimulator.
- Laser-assisted uvulopalatoplasty (LAUP).

- Pilar Palatal Implant.
- Radiofrequency tissue volume reduction (RFTVR).
- Somnoplasty (RF volumetric tissue reduction).
- Uvulectomy for treating obstructive sleep apnea.

Definitions

Apnea - cessation of airflow for at least 10 seconds. Apnea is considered obstructive if there is effort to breathe during the episode.

Apnea Hypopnea Index (AHI) - the average number of episodes of apnea and hypopnea per hour as documented in a sleep study. This term is used synonymously with "Respiratory Disturbance Index" (RDI) in the American Academy of Sleep Medicine (AASM) Practice Parameters.

Auto-titrating Positive Airway Pressure (APAP) - also called auto PAP, auto-set, and auto adjusting CPAP. APAP devices change treatment pressure based on feedback from several patient measures such as airflow, pressure fluctuations, or measures of airway resistance. APAP machines are coded as CPAP (E0601).

Bilevel Positive Airway Pressure (BiPAP or BPAP) - modality which provides higher ventilatory pressure airflow than CPAP. Lower pressure is applied to during the expiratory phase so that the total pressure applied to the airway is reduced when compared to CPAP. BiPAP may be used as an alternative to CPAP in patients who have OSA and coexisting respiratory conditions such as chronic obstructive pulmonary disease (COPD).

Continuous Positive Airway Pressure (CPAP) - modality in which pressurized airflow is delivered using a nasal mask held tight to the face with straps or other headgear. Full face masks or nasal pillows may be used if nasal masks are unsatisfactory to the patient (E0601).

Adaptive servo-ventilation (ASV) - modality provided by the VPAP Adapt SV™ which uses a small, varying amount of inspiratory pressure superimposed on a low level of CPAP. The VPAP is a BiPAP machine.

Hypopnea - an abnormal respiratory event lasting at least 10 seconds with at least a 30% reduction in thoracoabdominal movement or airflow as compared to baseline, and with at least a 4% oxygen desaturation.

Obstructive Sleep Apnea (OSA) – is characterized by frequent episodes of hypopnea or apnea during sleep.

Respiratory Disturbance Index (RDI) - the average number of respiratory disturbances (obstructive apneas, hypopneas, and respiratory event–related arousals [RERAs]) per hour as documented in a sleep study.

Respiratory Event Index (REI) - the average number of respiratory disturbances (obstructive apneas and hypopneas) per hour of recording time in a sleep study.

Sleep Studies - Some contracts require sleep studies to be ordered by a pulmonologist, neurologist, otolaryngologist, or certified sleep medicine specialist. Sleep studies ordered by family practice or internal medicine physicians, nurse practitioners and physicians assistants are coverable per this policy.

Types of Sleep Studies:

- **Home Sleep Study Testing (HST)** is done using unattended portable monitoring devices. Home sleep studies may be appropriate for patients when an in-laboratory polysomnogram is not possible (e.g., home-bound patients). Home sleep studies are not considered appropriate for patients with chronic obstructive pulmonary disease or suspected sleep complications, such as central apnea or narcolepsy.
- **Multiple Sleep Latency Tests (MSLT)** measures the time it takes for the subject to fall asleep and is used primarily in cases of suspected narcolepsy.
- **Nocturnal Polysomnogram (PSG)** is usually done in a hospital setting with a technician present throughout and includes electroencephalography (EEG), electromyography (EMG), electro-oculography (EOG), oral and nasal airflow, chest movements, oxygen saturation, heart rate and rhythm, and snoring intensity measurements. This test is considered to gold standard for diagnosing sleep apnea and distinguishing obstructive from non-obstructive sleep apnea.
- **Overnight Oximetry** can be done at home or in a hospital setting. It is used primarily to screen for sleep apnea in selected patients. Results may be limited and additional testing may be indicated.

Upper Airway Resistance Syndrome (UARS) - partial collapse of the upper airway results in decreased oxygen uptake but does not interrupt breathing.

Coding Information:

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Codes Requiring Preauthorization after the initial 3 months of use for rental extension or purchase of replacement

- E0485 Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, prefabricated, includes fitting and adjustment
- E0486 Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment
- E1399 Durable Medical Equipment Mi

Codes Requiring Preauthorization

- 42145 Palatopharyngoplasty, uvulopalatopharyngoplasty (UPPP), etc.
- 94799 unlisted Pulmonary Service/Procedure

Codes Denied as Unbundled when billed with E0486

- 21085 Impression & Custom Preparation; Oral Surgical Splint
- S8262 Mandibular Orthopedic repositioning Device, Each

Non-Covered Codes

- 21085 Impression & Custom Preparation; Oral Surgical Splint when billed with E0486
- 21120 Genioplasty
- 21121 Genioplasty; sliding osteotomy, single piece
- 21122 Genioplasty; sliding osteotomies, two or more, wedge excision
- 21123 Genioplasty; sliding, augmentation w/bone grafts

21125 Augmentation, mandibular
21127 Augmentation, mandibular, with bone graft
21198 Osteotomy, mandible, segmental
21199 Osteotomy, mandible, with genioglossus advancement
21685 Hyoid myotomy and suspension
41512 Tongue base suspension, permanent suture technique
41530 Submucosal radiofrequency tissue/volume reduction/sleep apnea
41599 Unlisted Proc, Tongue, Mouth Floor
42140 Uvulectomy, excision of uvula
95803 Actigraphy testing, recording, analysis, interpretation, and report
C9727 Insertion of implants into the soft palate; minimum of 3 implants
E1399 Durable Medical Equipment Miscellaneous
S2080 Laser-assisted uvulopalatoplasty (LAUP)

Codes Covered without Preauthorization

95800 Sleep Study, Unattended, Simultaneous Recording; Heart Rate, Oxygen Saturation, Respiratory Analysis, and Sleep Time
95801 Sleep Study, Unattended, Simultaneous Recording; Minimum of Heart Rate, Oxygen Saturation, and Respiratory Analysis
G0398 Home sleep study test (HST) with Type II portable monitor, unattended: minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort and oxygen saturation
G0399 Home sleep study test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation
G0400 Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels

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HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare and Medicaid Services (CMS).

Related Policies

Care of the Surgical Patient

Documentation Requirements for Health Practitioners

New and Emerging Technologies_ Coverage Status

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Appendix

Policy Number:

Effective: 1/1/2021

Next review: 1/1/2022

Policy type: Enterprise

Author(s):

Depts: Health Services, Claims, Customer Service

Applicable regulation(s):

Commercial Ops: 4/2021

Government Ops: 4/2021