Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and applicable state and/or federal laws.

Sleep Studies for Initial Diagnosis of Obstructive Sleep Apnea (OSA) MP9673

Covered Service: Yes. Coverage may vary according to the terms of the Member Certificate or Summary Plan Description (SPD).

Prior Authorization Required: Yes: Facility based polysomnography for members 18 years of age or older.
Prior Authorization is **not** required for Home-based studies **OR** for facility based studies for members less than 18 years of age.

Additional Information: Medical necessity criteria as found in the following MCG™ Care Guidelines, 28th Edition, 2024 are met: ACG: A-0145 (AC), Polysomnography (PSG), Sleep Center.

Members may contact the health plan's Customer Care Center at the phone number listed on their membership identification card with questions about coverage. Providers with questions about this policy may contact the Customer Care Center at 877-230-7555.

Refer to Facility-Based Polysomnography (PSG), Adults (Sleep Study) MP9676 and Home Use of Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) for Sleep Apnea MP9239 for specific medical necessity criteria.

Prevea360 Health Plan Medical Policy:

Attended facility-based polysomnography

Adults

Attended facility-based polysomnography (PSG) for the diagnosis of sleep apnea in members 18 years of age or older **requires** prior authorization through the Health Services Division. Refer to **Facility-Based Polysomnography (PSG), Adults (Sleep Study)** MP9676 for specific medical necessity criteria

Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and applicable state and/or federal laws.

Children and Adolescents

1.0 **Attended, full-night, full channel PSG** using a type I device performed in an overnight sleep center as part of comprehensive sleep evaluation **does not** require prior authorization and is considered medically necessary for initial diagnosis of OSA in **children and adolescents** under 18 years of age when the member presents with **at least ONE** of the following:

- 1.1 Initial clinical evaluation strongly suggestive of OSA
- 1.2 Habitual snoring is present and the member presents with at least **ONE** of the following:
  - 1.2.1 Excessive daytime sleepiness interfering with normal daytime activities
  - 1.2.2 Behaviors indicative of difficulty staying awake (e.g., aggressive or disruptive behavior; hyperactivity; lack of attentiveness)
  - 1.2.3 Failure to thrive
  - 1.2.4 Craniofacial anomalies obstructing the upper airway (e.g., Pierre Robin syndrome; choanal atresia; nasal glioma; severe mandibular hypoplasia)
  - 1.2.5 Obesity
  - 1.2.6 Pulmonary complications (e.g., chronic asthma; cystic fibrosis; pulmonary hypertension; bronchopulmonary dysplasia)
  - 1.2.7 Neurologic disorder (e.g. Down's syndrome; Prader-Willi syndrome; myelomeningocele)
  - 1.2.8 Neuromuscular disorder or chest wall deformity (e.g., congenital central alveolar hypoventilation syndrome; sleep related hypoventilation; kyphoscoliosis)
- 1.3 Parasomnia
- 1.4 Periodic limb movement disorder (PLMD)
- 1.5 Narcolepsy
- 1.6 Tracheostomy, prior to removal of the tracheostomy tube
- 1.7 Presurgical symptoms of OSA persisting following adenotonsillectomy to treat OSA
- 1.8 Residual symptoms of OSA persisting following adenotonsillectomy
- 1.9 Infant has survival of a life-threatening sleep-related breathing event (severe apnea event; sleep-related seizure).

2.0 **Attended, split-night, full-channel PSG with positive airway pressure (PAP) titration** using a Type 1 device performed in an overnight sleep center or healthcare facility as part of a comprehensive sleep evaluation **does not** require prior authorization and is considered medically necessary in **children and adolescents** under 18 years of age with symptoms of unconfirmed OSA when criteria outlined in (1.0) are met and standard titration protocols are performed.

Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and applicable state and/or federal laws.

3.0 **Attended, full-night or split night, full-channel PSG** performed in an overnight sleep center is considered **experimental and investigational**, and therefore not medically necessary for **initial diagnosis** in **children and adolescents** for all other device types (e.g., type II device) and indications not listed in (1.0 and 2.0), including but not limited to, restless limb syndrome; circadian rhythm disorders; and bruxism.

Home (Unattended/Unsupervised) Sleep Studies

Adults

4.0 A home (unattended/unsupervised) sleep study **does not** require prior authorization and is considered **medically necessary** for **adults** at least 18 years of age with symptoms of unconfirmed obstructive sleep apnea (OSA) when **ALL** of the following criteria are met:

- 4.1 The study is limited to one night or day (e.g., shift worker) sleep cycle, **AND**
- 4.2 The study is performed using either a Type II or Type III device with a minimum of four respiratory recording channels, including:
  - 4.2.1 Airflow
  - 4.2.2 Electrocardiogram (EKG) or heart rate
  - 4.2.3 Oxygen saturation
  - 4.2.4 Respiratory movement index, **AND**
- 4.3 The member displays signs or symptoms of unconfirmed OSA, including but not limited to chronic snoring, demonstrated apneas, excessive daytime sleepiness, change in behavior/attentiveness, or obesity, **AND**
- 4.4 The member has not been diagnosed with a complex sleep disorder requiring alternative means of treatment and/or ventilation, including but not limited to:
  - 4.4.1 Central apnea
  - 4.4.2 Congestive heart failure/significant cardiac disease
  - 4.4.3 Narcolepsy
  - 4.4.4 Neuromuscular or neuropulmonary disease, moderate to severe
  - 4.4.5 Obesity hypoventilation syndrome
  - 4.4.6 Parasomnia

5.0 A home (unattended/unsupervised) sleep study using a Type II or Type III device for **adults** at least 18 years of age with symptoms of unconfirmed OSA is considered **experimental and investigational**, and therefore not medically necessary for all other indications that do not meet the criteria outlined in (4.0), including but not limited to, device not measuring four respiratory parameters; circadian rhythm disorders, insomnia and depression.

Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and applicable state and/or federal laws.

6.0 A home (unattended/unsupervised) sleep study using a Type IV device for **adults** at least 18 years of age with symptoms of unconfirmed OSA is considered **experimental and investigational**, and therefore not medically necessary.

7.0 A home (unattended/unsupervised) sleep study using a portable device using peripheral artery tonometry (PAT®) (e.g., WatchPAT) **does not** require prior authorization and is considered **medically necessary** for **adults** at least 18 years of age with symptoms of unconfirmed OSA when **ALL** of the following criteria are met:

- 7.1 The study is limited to one night or day (e.g., shift worker) sleep cycle, **AND**
- 7.2 The member displays signs or symptoms of unconfirmed OSA, including but not limited to, chronic snoring, demonstrated apneas, excessive daytime sleepiness, change in behavior/attentiveness, or obesity, **AND**
- 7.3 The member has not been diagnosed with a complex sleep disorder requiring alternative means of treatment and/or ventilation, including but not limited to:
  - 7.3.1 Central apnea
  - 7.3.2 Congestive heart failure/significant cardiac disease
  - 7.3.3 Narcolepsy
  - 7.3.4 Neuromuscular or neuropulmonary disease, moderate to severe
  - 7.3.5 Obesity hypoventilation syndrome
  - 7.3.6 Parasomnia

8.0 A home (unattended/unsupervised) sleep study using a portable device using peripheral tonometry (PAT®) (e.g., WatchPAT) is considered **experimental and investigational**, and therefore not medically necessary for all other indications that do not meet the criteria outlined in (7.0), for **adults** at least 18 years of age.

Children and Adolescents

9.0 A home (unattended/unsupervised) sleep study for children and adolescents under 18 years of age is considered **experimental and investigational**, and therefore not medically necessary.

10.0 A home (unattended/unsupervised) sleep study using a portable device using peripheral arterial tonometry (PAT®) (e.g., WatchPAT) for children and adolescents under 18 years of age is considered **experimental and investigational**, and therefore not medically necessary.

Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and applicable state and/or federal laws.

	Committee/Source	Date(s)
Document Created:	Medical Policy Committee/Health Services Division	September 20, 2023
Revised:	Medical Policy Committee/Health Services Division	April 17, 2024
Reviewed:	Medical Policy Committee/Health Services Division	April 17, 2024

Published: 05/01/2024

Effective: 05/01/2024