Medical Coverage Policy
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Sleep studies

Definition

Sleep studies are tests performed to aid in the diagnosis of sleep disorders. These may be performed in a facility (attended or unattended) or at home. At a minimum, respiration (rate, rhythm, effort), ventilation or airflow, blood oxygen saturation, and heart rate and/or ECG are measured. In addition, EEG for sleep staging, eye movements, muscle activity can also be measured.

Polysomnography performed in a facility requires an overnight stay. Typically, these tests record blood pressure, brain waves, breathing patterns and heartbeat as an individual sleeps. It can also record eye and leg movements as well as muscle tension which can be useful in diagnosing parasomnias.

Polysomnography, when combined with a positive airway pressure machine, is used to titrate and determine the optimal levels of pressure and flow rate an individual requires from a Continuous Positive Airway Pressure (CPAP) or a bilevel positive airway pressure (BiPAP) device.

Facility-based PAP titration may be performed in conjunction with a PSG as part of a split night study if the diagnosis of moderate or severe OSA can be made within the first two hours of recorded sleep and at least three hours of PAP titration, including the ability of PAP to eliminate respiratory events during both rapid eye movement (REM) sleep and non-REM sleep, is demonstrated. If this is not possible, a second night in the sleep center may be necessary for the CPAP titration study.

Multiple Sleep Latency Test (MSLT) is a facility-based study that is used to measure levels of daytime sleepiness. During a routine MSLT, an individual is given five nap trials that are separated by two hour intervals; each trial consists of a twenty-minute session in which the individual attempts to fall asleep. Onset of sleep and rapid eye movement, along with heartbeat and chin movements are recorded. The test is typically performed on the night following a negative nocturnal PSG (where at least six hours of sleep were achieved and sleep apnea was not diagnosed) in order to rule out other sleep disorders as a cause of excessive daytime sleepiness. The results of the study are primarily used to confirm the suspected diagnosis of narcolepsy.

Maintenance of Wakefulness Test (MWT) is a facility-based study that is used to measure the ability to stay awake and alert. The procedure protocol involves four nap trials, each trial consisting of a forty minute session in which an individual attempts to fall asleep. The test is routinely performed in the daytime immediately following a negative nocturnal PSG and evaluates the ability to stay awake for a defined period of time. Results may be used to determine the efficacy of therapy for sleep disturbance disorders (such as narcolepsy) or to determine if the inability to stay awake is a public or personal safety concern.

Policy statement

Disclaimer: This policy is applicable to TRICARE Prime and Select beneficiaries and may not apply to Active Duty Service Members (ADSM) under Supplemental Health Care Program (SHCP) or TRICARE Prime Remote (TPR) in accordance with TRICARE Operations Manual (TOM) Chapter 17, Section 3. Please review TOM Chapter 17, Section 3, Paragraph 2.0 onwards, regarding SHCP coverage and any TRICARE-specific exclusions included in this coverage policy to accurately determine the benefit for ADSMs.

Home sleep testing may be covered if the following criteria are met:

I. Diagnosis of obstructive sleep apnea has been established, therapy has been initiated, and response to treatment is to be evaluated OR
II. Suspicion of obstructive sleep apnea AND all of the following criteria are met:
    a. Excessive daytime sleepiness and at least one of the following:
        i. Epworth Sleepiness Scale score of 10 or greater
        ii. Loud snoring
        iii. Witnessed nocturnal apnea
        iv. Awakening with gasping and/or choking
    b. Absence of the following comorbid conditions that would reduce the accuracy of a home sleep test:
        i. Moderate to severe pulmonary disease such as COPD or asthma
        ii. Neuromuscular disease
        iii. Congestive heart disease
        iv. Pulmonary hypertension
        v. Uncontrolled cardiac arrhythmia
    c. No sleep disorders other than obstructive sleep apnea are suspected

Facility-based sleep testing may be covered if ONE of the following criteria are met:

I. Suspicion of obstructive sleep apnea AND one of the following comorbid conditions:
    a. Moderate to severe pulmonary disease such as COPD or asthma
    b. Neuromuscular disease
    c. Congestive heart disease
    d. Pulmonary hypertension
    e. Uncontrolled cardiac arrhythmia
II. Suspicion of narcolepsy
III. Parasomnias such as sleep walking, bruxism, enuresis, nocturnal seizures, REM sleep behavior disorder
IV. Impotence
V. Suspicion of obesity hypoventilation syndrome
VI. Suspicion of central sleep apnea or sleep related hypoventilation

Limitations of coverage

Sleep studies are not covered for the following conditions:

I. Drug dependency
II. Hypersomnia
III. Insomnia
IV. Night terrors or dream anxiety attacks
V. Restless leg syndrome
VI. Nocturnal myoclonus
VII. Shift work and schedule disturbances
VIII. Migraine headaches

TRICARE Policy Manual (TPM) Chapter 7, Section 19.1

4.0 POLICY

Diagnostic testing can be covered only if the patient has the symptoms or complaints of one of the conditions listed below:

4.1 Narcolepsy. This term refers to a syndrome characterized by abnormal sleep tendencies, including excessive daytime sleepiness, disturbed nocturnal sleep and pathological manifestation of Rapid Eye Movement (REM) sleep. The most typical REM sleep manifestations are cataplexy and sleep-onset REM periods, but sleep paralysis and hypnagogic hallucinations may also be present. Related diagnostic testing (e.g., Multiple Sleep Latency Test (MSLT) or Maintenance of Wakefulness Test (MWT)) is covered if the patient has inappropriate sleep episodes, amnesiac episodes, or continuous agonizing drowsiness.

4.2 Impotence. Effective February 1, 1988.

4.3 Obstructive Sleep Apnea Syndrome (OSAS) is a covered benefit. A United States (U.S.) Food and Drug Administration (FDA) approved dental orthosis may be covered for the treatment of OSAS. The device must be used for the treatment of OSAS and not for adjunctive dental.

4.4 Parasomnias or abnormal sleep behavior, such as bruxism, sleepwalking, enuresis, and seizure disorder evaluations when the distinction between seizure activity and other forms of sleep disturbances is uncertain. Effective February 3, 1991.

5.0 HOME SLEEP TESTING (HST)

An HST is covered as an alternative to in-facility PSG for the diagnosis of OSA S in an adult when ALL of the following criteria are met:

5.1 When ordered by an authorized provider acting within the scope of his/her license .

5.2 When the patient meets all of the following criteria:

· High pretest probability of OSA S as evidenced by clinical features, signs and symptoms (e.g., age, sex, Body Mass Index (BMI), loud snoring, awakening with gasping or choking, excessive daytime sleepiness, observed cessation of breathing during sleep);

· The ordering authorized provider determines a home portable sleep study is an appropriate alternative to in-laboratory PSG;

· No significant co-morbid conditions exist that could impact the accuracy of the study (e.g., moderate to severe pulmonary disease, neuromuscular disease, congestive heart failure);

And either:

· No sleep disorders other than OSA S are suspected (e.g., central sleep apnea, periodic limb movement disorder, insomnia, parasomnias, circadian rhythm disorders, narcolepsy); or

· Diagnosis of OSA S has been established, therapy has been initiated, and response to treatment is to be evaluated.

5.3 When the following type of portable monitor is used:

· Type II monitor with a minimum of seven channels (e.g., EEG and EOG for sleep staging, ECG, chin EMG, airflow, breathing/respiratory effort, and oxygen saturation.

· Type III monitor with a minimum of four monitored channels including ventilation or airflow (at least two channels of respiratory movement or respiratory movement and airflow), heart rate or ECG, and oxygen saturation.

· Type IV monitors will not be covered.

5.4 When the portable monitor has been validated in a typical home environment.

5.5 When test results are reviewed and interpreted by a physician board eligible/board certified in sleep medicine.

5.6 All testing must be performed using an FDA approved portable monitoring device.

6.0 POLICY CONSIDERATIONS

6.1 Referral by Attending Physician. The patient must be referred to the sleep disorder center by the attending physician, and the center must maintain a record of the attending physician's referral. If a copy of the referral is not submitted with the claim, the contractor must develop for a referral.

6.2 Diagnostic Testing. The need for diagnostic testing is confirmed by medical evidence, e.g., physical examinations and laboratory tests.

6.3 For narcolepsy there must be documentation that the condition is severe enough to interfere with the patient's health and well-being. Ordinarily, a maximum of two clinic sleep sessions is sufficient for diagnosis. Claims in excess of two clinic sleep sessions must be referred to the contractor's medical review.

6.4 Claims for diagnostic sleep studies shall be processed and paid as outpatient services. Patients who undergo the testing are not considered inpatients, although they may come to the facility in the evening for testing and then leave after their tests are over.

6.5 Institutional and professional charges related to sleep diagnostic testing performed in a TRICARE-approved hospital are covered only for narcolepsy, sleep apnea, impotency, parasomnia, and suspected epilepsy when the distinction between seizure activity and other forms of sleep disturbances is uncertain on an outpatient cost-sharing basis.

6.6 Authorized-Freestanding Clinics. Payment may be made for sleep diagnostic testing performed by a freestanding clinic under the "physician-directed clinic" category.

Note: A "physician-directed clinic" is one where (a) a physician (or a number of physicians) is present to perform medical (rather than administrative) services at all times the clinic is open; (b) each patient is under the care of a clinic physician; and (c) the non-physician services are under medical supervision.

7.0 EXCLUSIONS

7.1 Electrosleep Therapy. Electrosleep therapy is the application of short duration, low-amplitude pulses of direct current to the patient's brain by externally placed occipital electrodes. Passage of the weak electric current through the tissues of the head induces sleep. This modality is considered unproven, as its efficacy has not been established in the U.S. Claims for electrosleep therapy must, therefore, be denied.

7.2 Study, Grant, or Research Programs. Payment may not be made for any services or supplies provided as a part of or under a grant or research program.

7.3 Sleep testing is not indicated for patients whose complaint is of short duration or for patients who do not experience functional disability during the day.

7.4 Diagnostic testing that is duplicative of previous testing done by the attending physician, to the extent the results are still pertinent, is not covered.

7.5 Payment may not be made for diagnostic sleep testing of the conditions listed below. These conditions can be diagnosed through other, more appropriate means:

- Drug dependency
- Hypersomnia (pathologically excessive sleep)
- Insomnia
- Night terrors or dream anxiety attacks
- Nocturnal myoclonus (muscle jerks)
- Restless leg syndrome
- Shift work and schedule disturbances
- Migraine headaches

7.6 If the patient has had documented episodes of cataplexy, diagnostic testing for narcolepsy would not be necessary and is, therefore, not covered.

7.7 Somnoplasty system for OSAS is unproven.

Coding information

95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness

95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist
95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist
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 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

References

1. TPM Chapter 7, Section 19.1 TRICARE Manuals - Manual Information (health.mil)
2. MCG Health. Polysomnography, Portable or Home Sleep Study. Ambulatory Care. 27th edition. ACG: A-0144 (AC). Last reviewed: 09/21/2023
3. MCG Health. Polysomnography, sleep Center. Ambulatory Care. 27th edition. ACG: A-0145 (AC). Last reviewed: 09/21/2023
4. MCG Health. CPAP Titration, Sleep Center. Ambulatory Care. 27th edition. ACG: A-0338 (AC). Last reviewed: 09/21/2023
5. Centers for Medicare and Medicaid Services. National Coverage Determination (NCD) 240.4.1 Sleep Testing for Obstructive Sleep Apnea. Effective date: 03/03/2009

Revision History

May 2024: Updated references

July 2023: Updated references

Approved by:

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Chief Medical Officer

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