Obstructive Sleep Apnea Diagnosis and Treatment

Last Review Date: October 9, 2015

Medical Guideline Disclaimer

Property of EmblemHealth. All rights reserved. The treating physician or primary care provider must submit to EmblemHealth the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request for prior authorization. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary. If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication. EmblemHealth Services Company LLC, ("EmblemHealth") has adopted the herein policy in providing management, administrative and other services to HIP Health Plan of New York, HIP Insurance Company of New York, Group Health Incorporated and GHI HMO Select, related to health benefit plans offered by these entities. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

Definitions

<table>
<thead>
<tr>
<th>Definition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apnea</td>
<td>The cessation of airflow for at least 10 seconds.</td>
</tr>
<tr>
<td>Hypopnea</td>
<td>An abnormal respiratory event lasting at least 10 seconds associated with at least a 30% reduction in thoracoabdominal movement or airflow as compared to baseline, and with at least a 4% decrease in oxygen saturation.</td>
</tr>
<tr>
<td>Apnea-hypopnea index (AHI)</td>
<td>The average number of apneas and hypopneas per hour of sleep without the use of a positive airway pressure device.</td>
</tr>
<tr>
<td>Respiratory disturbance index (RDI)</td>
<td>The average number of apneas plus hypopneas per hour of recording without the use of a positive airway pressure device and specifically does NOT include the number of RERAs (respiratory effort related arousals).</td>
</tr>
<tr>
<td>Obstructive sleep apnea (OSA)</td>
<td>Characterized by frequent episodes of hypopnea or apnea during sleep. The level of obstruction (retropalatal, retrolingual, nasal or nasopharyngeal) is variable.</td>
</tr>
<tr>
<td>Mild apnea</td>
<td>AHI or RDI of 5–14 episodes of apnea or slowed breathing per hour with ≥ 88% oxygen saturation in the blood. Symptoms may include drowsiness or falling asleep during activities that do not require much attention, such as watching TV or reading. These symptoms may cause only minor problems with work or social function.</td>
</tr>
<tr>
<td>Moderate apnea</td>
<td>AHI or RDI of 15–30 episodes of apnea or slowed breathing per hour with 80% to 85% oxygen saturation in the blood. Symptoms may include drowsiness or falling asleep during activities that require some attention, such as attending a concert or a meeting. These symptoms may cause moderate problems with work or social function.</td>
</tr>
<tr>
<td>Severe apnea</td>
<td>AHI or RDI of &gt; 30 episodes of apnea or slowed breathing per hour with ≤ 79% oxygen saturation in the blood. Symptoms may include drowsiness or falling asleep during activities that require active attention, such as eating, talking, driving or walking. These symptoms may cause severe problems with work or social function.</td>
</tr>
</tbody>
</table>
In-lab sleep facility polysomnography (PSG) (type I) — technician-attended comprehensive overnight diagnostic sleep test furnished in a sleep laboratory facility. A technologist supervises the recording during sleep time and has the ability to intervene if needed. Type 1 testing includes at least electroencephalography (EEG), electrophysiological (EOG), electromyography (EMG), heart rate or electrocardiography (ECG), airflow, breathing/respiratory effort and arterial oxygen saturation.

Portable sleep study monitor (home sleep test [HST]) (types II, III and IV) — three categories of portable monitors have been developed for the diagnosis of OSA. HSTs may be technician-attended or unattended.

1. Type II device — monitors and records a minimum of 7 channels (e.g., EEG, EOG, EMG, ECG-heart rate, airflow, respiratory movement/effort and oxygen saturation [SaO2]).

2. Type III device — monitors and records a minimum of 4 channels (e.g., respiratory movement/effort, airflow ECG-heart rate and SaO2.

3. Type IV device — 3 or more channels that allow measurement of AHI/RDI, and must include airflow, respiratory effort and oximetry.

(Note: Type IV devices that do not report AHI/RDI based on direct measurement or airflow or thoracoabdominal movements are excluded unless they are approved by CMS).

Guidelines and Appendix
(All sleep studies [including attended in-lab facility sleep studies] require prior authorization from Emblem)

<table>
<thead>
<tr>
<th>Criteria Title</th>
<th>Section</th>
<th>Page</th>
<th>Appendix</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>OSA diagnostic sleep testing</td>
<td>1</td>
<td>2</td>
<td>Epworth</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>sleepiness scale</td>
<td></td>
</tr>
<tr>
<td>Surgical management</td>
<td>2</td>
<td>4</td>
<td>OSA diagnosis</td>
<td>10</td>
</tr>
<tr>
<td>Oral appliance therapy</td>
<td>3</td>
<td>5</td>
<td>OSA treatment</td>
<td>11</td>
</tr>
<tr>
<td>Positive airway pressure (pap) devices</td>
<td></td>
<td></td>
<td>Coding</td>
<td>12</td>
</tr>
<tr>
<td>Bilevel (BiPAP), demand positive airway pressure (DPAP), variable positive airway pressure (VPAP), adaptive servoventilation (VPAP Adapt SV), auto-titrating positive airway pressure (AutoPap) and Continuous Positive (CPAP)</td>
<td>4</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post OSA treatment surveillance</td>
<td>5</td>
<td>6</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

SECTION 1: OSA DIAGNOSTIC SLEEP TESTING

Members are eligible for technician-attended or unattended sleep studies for the diagnosis of OSA when criteria A or B are met, as appropriate.

A. Unattended (portable monitor) HST — for members with a high pre-test probability of OSA who do not have atypical or complicating symptoms.

1. Presence of ≥ 3 of the most common symptoms:
   a. Loud snoring.
   b. Episodes of apnea, choking, gasping, as observed by bed partner.
   c. Excessive daytime fatigue.

2. Presence of both:
Obstructive Sleep Apnea Diagnosis and Treatment

Last review: October 9, 2015
Page 3 of 13

a. Loud snoring or witnessed episodes of apnea, choking or gasping.
b. Epworth Scale score ≥ 9 or loud snoring.

3. Epworth Scale score > 9 or loud snoring.

AND

a. One of the following:
   i. Body mass index (BMI) > 27
   ii. Coronary artery disease (angina or myocardial infarction)
   iii. Cognitive dysfunction
   iv. Depression
   v. Diabetes or metabolic syndrome
   vi. Erectile dysfunction
   vii. Headaches on awakening
   viii. Heart failure
   ix. Hypertension
   x. Mood disorder
   xi. Nighttime awakening with gastroesophageal reflux
   xii. Nocturia
   xiii. Pulmonary hypertension
   xiv. Stroke or TIA

4. Presence of both:
   a. Epworth Scale score > 9.
   b. Extreme daytime sleepiness.

B. Attended (in-lab sleep facility) PSG\(^1\) — for members with a high pre-test probability of OSA who present with atypical or complicating symptoms. (Criteria above must first be met in addition to either #s 1 or 2):

1. Significant co-morbidities that could degrade accuracy of testing such as either of the following:
   a. Severe heart failure: (EF ≤ 15 or NYHA Class IV).
   b. Chronic obstructive pulmonary disease and restrictive pulmonary disorders: (FEV1 < 30 or PCO2 > 45).
   c. Atrial fibrillation.
   d. Significant tachyarrhythmia or bradyarrhythmia.

2. Symptoms suggestive of sleep related disorders other than OSA:
   a. Abnormal and sudden loss of muscle tone suggestive of narcolepsy.
   b. Limb movements, tonic clonic activity or abnormal sleep behaviors suggesting epilepsy or parasomnia.

---

\(^1\) A Split-night PSG, whereby the final portion is utilized for CPAP titration, may be medically necessary. Occasionally, an additional full-night PSG may be necessary for CPAP titration if during the split-night study the vast majority of obstructive respiratory events remained present or if the prescribed CPAP treatment failed to control the member’s symptoms.

A video-EEG-PSG (PSG with video monitoring of body positions and extended EEG channels) may be medically necessary to differentiate a diagnosis of paroxysmal arousals or other sleep disruptions that are thought to be seizure related when the initial clinical evaluation and results of a standard EEG are inconclusive.
Cases where unattended monitoring is technically inadequate or fails to establish the diagnosis of OSA in patients with high pretest probability are subject to Medical Director review.

**Limitations/Exclusions**

Sleep studies are not medically necessary when snoring or extreme daytime sleepiness are the sole reported symptoms.

**SECTION 2: SURGICAL MANAGEMENT**

A. **Uvulopalatopharyngoplasty (UPPP)** — Member must meet all of the following criteria for coverage:

1. Diagnosed OSA.
2. One of the following:
   a. Members with moderate OSA (AHI/RDI 15–30) to severe OSA (AHI/RDI > 30).
   b. Members with mild OSA (AHI/RDI 5–14) to moderate OSA (AHI/RDI 15–30) with documented symptoms of either:
      i. Excessive daytime sleepiness, impaired cognition, mood disorders or insomnia.
      ii. Hypertension, ischemic heart disease or history of stroke.
   c. Failure to respond to or tolerate continuous positive airway pressure (CPAP) or any positive airway pressure (PAP) device, or other appropriate noninvasive treatment.
   d. Counseling from a physician with recognized training in sleep disorders about the potential benefits and risks of the surgery.
   e. Evidence of retropalatal or combination retropalatal/retrolingual obstruction as the OSA cause.

Genioglossal advancement, with or without resuspension of the hyoid bone, may be performed with or instead of UPPP.

**Limitations/Exclusions**

UPPP for the treatment of snoring in the absence of OSA is not considered medically necessary.

B. **Mandibular maxillary osteotomy and advancement** — Member must meet both of the following criteria for coverage:

1. Satisfaction of criteria a–d above.
2. Evidence of retrolingual obstruction as the OSA cause, or previous failure of UPPP to correct the OSA.

Separate repositioning of teeth is not considered necessary except under unusual circumstances, but is covered if necessary. Additionally, application of an interdental fixation device is occasionally necessary and is a covered service (see Section 2: Oral Appliance Therapy).

C. **Tracheostomy** — May be indicated for OSA if, in the judgment of the attending physician, the patient is unresponsive to other means of treatment, or in cases where other means of treatment would be ineffective or contraindicated.

When OSA is caused by discrete anatomic abnormalities of the upper airway (e.g., enlarged tonsils or enlarged tongue), surgery to correct these abnormalities is covered if medically necessary, based on adequate documentation in the medical record supporting the significant contribution.

**Limitations/Exclusions**

The following procedures are not considered medically necessary, as they are regarded as investigational:
1. Palatal implant or stiffening procedures.
2. Electro-sleep therapy.
3. Laser-assisted uvulopalatoplasty.
5. Tongue suspension/suturing procedures.
6. Hypoglossal stimulators.

SECTION 3: ORAL APPLIANCE THERAPY

Members are eligible for custom-fitted oral appliances for OSA for either of the following indications:

1. Members with mild asymptomatic OSA (AHI/RDI 5–14; see Section # 4 — CPAP, BiPAP).
2. Members with moderate OSA (AHI/RDI 15–30) to severe OSA (AHI/RDI > 30) who have had a trial of nasal CPAP or any PAP device but are intolerant to treatment.

Oral appliance therapy is also indicated for members who are not candidates for tonsillectomy and adenoidectomy, craniofacial operations or tracheostomy.

Limitations/Exclusions

Oral appliance therapy for members with primary snoring (characterized by loud upper-airway breathing sounds in sleep without episodes of apnea) is not considered medically necessary.

SECTION 4: POSITIVE AIRWAY PRESSURE (PAP) DEVICES — Bilevel (BiPAP), demand positive airway pressure (DPAP), variable positive airway pressure (VPAP), adaptive servoventilation (VPAP Adapt SV), auto-titrating positive airway pressure (AutoPAP) and Continuous Positive (CPAP)

Members with the DME benefit are eligible for PAP device coverage when the following criteria are applicable.

1. CPAP: Positive OSA diagnosis and either:
   a. Members with moderate OSA (AHI/RDI ≥15).
   b. Members with mild OSA (AHI/RDI 5–14) with documented symptoms of either:
      i. Excessive daytime sleepiness, impaired cognition, mood disorders or insomnia.
      ii. Hypertension, ischemic heart disease or history of stroke.

   Either an unheated or heated humidifier is covered when ordered by the treating physician for use with a covered PAP device.

2. BiPAP (or similar device): Can be used for sleep apnea instead of CPAP under either of the following circumstances:
   a. Documentation of failure to eliminate OSA with CPAP pressure of < 20 cm H2O.
   b. Failure to tolerate CPAP after both a clinical trial and a CPAP titration study.

Continued CPAP Coverage — Conversion from rental to purchase

CPAP compliance is defined as use of CPAP ≥4 hours per night on 70% of nights during a consecutive thirty (30) day period anytime during the first three (3) months of initial usage.

Adherence to therapy is evidenced by a CPAP Compliance Report detailing hours of usage per night based on actual nights used.

A CPAP device will be purchased if adherence to therapy within the (90) day period is demonstrated per the report. Failure to achieve compliance within this period will result in the denial of the device as not medically necessary.
Members should receive a face-to-face clinical re-evaluation by the treating physician within 2 months of initiating therapy.

**Accessories**

<table>
<thead>
<tr>
<th>Accessory Code</th>
<th>Coverage Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>A7032/A7033</td>
<td>2 per 1 month</td>
</tr>
<tr>
<td>A7034</td>
<td>1 per 3 months</td>
</tr>
<tr>
<td>A7035</td>
<td>1 per 6 months</td>
</tr>
<tr>
<td>A7036</td>
<td>1 per 6 months</td>
</tr>
<tr>
<td>A7037</td>
<td>1 per 1 month</td>
</tr>
<tr>
<td>A7038</td>
<td>2 per 1 month</td>
</tr>
<tr>
<td>A7039</td>
<td>1 per 6 months</td>
</tr>
</tbody>
</table>

CPAP accessories are covered when the coverage criteria for the device are met. The table represents the usual maximum amount of accessories expected to be medically necessary.

**Limitations/Exclusions**

1. A CPAP device that is obtained if the criteria have not been met will be denied as not medically necessary.
2. Accessories used with the CPAP device will be denied as not medically necessary if they are obtained when the CPAP criteria have not been met.
3. Quantities of supplies greater than those described in this guideline as the usual maximum amounts, in the absence of documentation clearly explaining the medical necessity of the excess quantities, will be denied as not medically necessary.

**SECTION 5: POST OSA TREATMENT SURVEILLANCE**

Repeat sleep studies may be considered medically necessary up to two times a year when any of the following are applicable:

1. To evaluate PAP treatment effectiveness.
2. To determine whether PAP treatment settings require adjustment.
3. To determine whether PAP treatment continuation is necessary.
4. To assess treatment response post upper airway surgical procedures and after initial treatment with oral appliances.

**Diagnostic and Procedure Coding** (pp. 12–13)

**Revision History**

10/9/2015: Added atrial fibrillation and significant tachyarrhythmia or bradyarrhythmia to list of co-morbidities that could degrade accuracy of testing in the attended sleep lab environment.

9/11/2015: Added hypoglossal nerve stimulators to list of investigational procedures.

**References**


Specialty-matched clinical peer review.

APPENDIX

Epworth Sleep Scale: Page 9

Clinical Pathway: OSA Diagnosis: Page 10

Clinical Pathway: OSA Treatment: Page 11

Coding: Page 12
**Epworth Sleepiness Scale**

Use the following scale to choose the most appropriate number for each situation:

- 0 = would **never** doze or sleep
- 1 = **slight** chance of dozing or sleeping
- 2 = **moderate** chance of dozing or sleeping
- 3 = **high** chance of dozing or sleeping

<table>
<thead>
<tr>
<th>Situation</th>
<th>Chance of sleeping or dozing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitting and reading</td>
<td></td>
</tr>
<tr>
<td>Watching TV</td>
<td></td>
</tr>
<tr>
<td>Sitting inactive in a public place</td>
<td></td>
</tr>
<tr>
<td>Being a passenger in a motor vehicle for an hour or more</td>
<td></td>
</tr>
<tr>
<td>Lying down in the afternoon</td>
<td></td>
</tr>
<tr>
<td>Sitting and talking to someone</td>
<td></td>
</tr>
<tr>
<td>Sitting quietly after lunch (no alcohol)</td>
<td></td>
</tr>
<tr>
<td>Stopped for a few minutes in traffic while driving</td>
<td></td>
</tr>
</tbody>
</table>

Total the points for your Epworth Scale

**Epworth Score =**
Part I: Diagnosis of Obstructive Sleep Apnea

Start

Does patient exhibit any of the following scenarios suggestive of a high pre-test probability of OSA or Primary Sleep Disorder?

- Epworth Sleep Scale** Score of >16
- Extreme daytime sleepiness

** Epworth Sleep Scale is a tool to assist clinicians in quantifying sleepiness which can be useful for assessing the need for OSA testing and the response to OSA interventions. It indicates the likelihood of falling asleep in commonly encountered situations. Another tool, the Berlin questionnaire includes questions regarding weight change, snoring loudness, snoring frequency, witnessed breathing pauses during sleep, day time fatigue and hypertension. These responses correlate with subsequently demonstrated OSA on sleep testing.

Does patient exhibit any of the following scenarios suggestive of a high pre-test probability of OSA or Primary Sleep Disorder?

** Presence of
1. Epworth Sleep Scale** score of >9
OR Loud Snoring

** PLUS
2. One of the following:
A. Depression
B. Hypertension
C. BMI>27
D. Mood Disorder
E. Cognitive Dysfunction
F. Nocturia
G. Heart Failure
H. Nighttime awakening with GERD
I. Headaches on awakening
J. Erectile Dysfunction
K. Pulmonary Hypertension
L. Diabetes or Metabolic Syndrome
M. CAD (angina or MI)
N. Stroke or TIA

Refer for Diagnostic Study to confirm diagnosis of OSA

1. Significant co-morbidities that could degrade accuracy of HST such as:
A. Severe Heart Failure: (EF ≤ 15 or NYHA Class IV)
B. COPD and Restrictive Pulmonary Disorders: (FEV1<30 or PCO2>45)
2. Symptoms suggestive of sleep related disorders other than OSA:
A. Abnormal & sudden loss of muscle tone suggestive of Narcolepsy
B. Limb Movements, tonic clonic activity or abnormal Sleep Behaviors Suggesting Epilepsy or Parasomnia

Does patient have snoring only?

YES

- Offer reassurance
- Offer conservative interventions for snoring
- Nasal constriction or TX for congestion

END

NO

Refer to PSG or Sleep Medicine Consultation

NO

Refer to Portable Monitoring

No Sleep Testing:

- Evaluate for causes other than OSA such as inadequate sleep time, anemia, hypothyroidism, depression, occult malignancy or infection
- Provide Sleep Hygiene counseling

Does patient have sleepiness only?

YES

No Sleep Testing:

- Offer reassurance
- Offer conservative interventions for snoring
- Nasal constriction or TX for congestion

END

NO

Patient has sleepiness only

Notes

* There is consensus that sleep testing is appropriate in patients who have signs and symptoms suggestive of OSA. Sleep testing is not appropriate for general population screening or for all patients who snore. There has not been universal agreement as to a minimal set of signs and symptoms that should trigger a sleep study.

The clusters of signs, symptoms, and associated conditions as listed on these pages represent typical and reasonable scenarios. Individual cases may require exceptions to this algorithm.

** The Epworth Sleepiness Scale is a tool to assist clinicians in quantifying sleepiness which can be useful for assessing the need for OSA testing and the response to OSA interventions. It indicates the likelihood of falling asleep in commonly encountered situations. Another tool, the Berlin questionnaire includes questions regarding weight change, snoring loudness, snoring frequency, witnessed breathing pauses during sleep, day time fatigue and hypertension. These responses correlate with subsequently demonstrated OSA on sleep testing.
Part II: Treatment of Obstructive Sleep Apnea

Patient referred for sleep testing to confirm diagnosis of OSA

Did patient use PM for diagnosis of OSA?

- AHI <5 regardless of testing source
  - Further evaluation if symptoms persist and interfere with function
  - More detailed evaluation for conditions other than OSA (Depression, occult malignancy, inadequate sleep time)
  - If symptoms persist beyond 6 months consider Sleep Medicine consultation

Testing results show AHI ≥ 5 per hour?

- AHI of >15 Events per hour (regardless of testing source)
  - AHI of >15 (regardless of testing source) AND
  - One of symptoms or conditions from box III listed on previous page.

Patient had PSG evaluation performed in sleep laboratory?

- Consider ENT evaluation regarding restriction and/or airway obstruction amenable to surgical intervention or dental device if indicated

Re-evaluate 2 months after beginning auto-titrating CPAP

Improvement in ESS?

A

- Determine if CPAP is being used and if not compliant, explore reasons

Continue CPAP
  *Continue weight reduction and lifestyle changes
  -Continue compliance & self management program
  -Assess opportunity to modify pharmacotherapy of associated conditions

Evaluate again at 6 months and annually

Intolerant to CPAP?

YES

- Apply enhanced compliance and desensitization techniques
- Re-evaluate frequently until usage goals or improvements are achieved

END

NO

- Assess if other conditions/OSA co-morbidities contributing to symptoms
- Consider Sleep medicine consultation to evaluate for complex Sleep Apnea1, REM Sleep Behavioral Disorders, Narcolepsy, PLMD/RLS, Nocturnal Seizure and other parasomnias

END

NO

- Consider ENT evaluation regarding restriction and/or airway obstruction amenable to surgical intervention or dental device if indicated

NO

- Consider ENT evaluation regarding restriction and/or airway obstruction amenable to surgical intervention or dental device if indicated

- Increase individualized compliance activities
  - Include Cognitive Behavioral interventions

Reassess impact on ESS. Go to A

END

NO

Is CPAP being used as prescribed?

YES

NO

- Assess if other conditions/OSA co-morbidities contributing to symptoms
- Consider Sleep medicine consultation to evaluate for complex Sleep Apnea1, REM Sleep Behavioral Disorders, Narcolepsy, PLMD/RLS, Nocturnal Seizure and other parasomnias

END

Is patient reluctant or need additional desensitization support?

YES

- Consider ENT evaluation regarding restriction and/or airway obstruction amenable to surgical intervention or dental device if indicated

NO

- Consider EN...
### Applicable Procedure Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>21121</td>
<td>Genioplasty; sliding osteotomy, single piece</td>
</tr>
<tr>
<td>21122</td>
<td>Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)</td>
</tr>
<tr>
<td>21141</td>
<td>Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft</td>
</tr>
<tr>
<td>21196</td>
<td>Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation</td>
</tr>
<tr>
<td>21198</td>
<td>Osteotomy, mandible, segmental</td>
</tr>
<tr>
<td>21199</td>
<td>Osteotomy, mandible, segmental; with genioglossus advancement</td>
</tr>
<tr>
<td>31600</td>
<td>Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft</td>
</tr>
<tr>
<td>31601</td>
<td>Tracheostomy, planned (separate procedure);</td>
</tr>
<tr>
<td>31602</td>
<td>Tracheostomy, planned (separate procedure); younger than two years</td>
</tr>
<tr>
<td>42145</td>
<td>Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty</td>
</tr>
<tr>
<td>94660</td>
<td>Continuous positive airway pressure ventilation (CPAP), initiation and management</td>
</tr>
<tr>
<td>95782</td>
<td>Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist</td>
</tr>
<tr>
<td></td>
<td><strong>Note: Service not included in Medicaid managed care benefit package</strong></td>
</tr>
<tr>
<td>95783</td>
<td>Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist</td>
</tr>
<tr>
<td></td>
<td><strong>Note: Service not included in Medicaid managed care benefit package</strong></td>
</tr>
<tr>
<td>95800</td>
<td>Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time</td>
</tr>
<tr>
<td>95801</td>
<td>Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)</td>
</tr>
<tr>
<td>95805</td>
<td>Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness</td>
</tr>
<tr>
<td>95806</td>
<td>Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)</td>
</tr>
<tr>
<td>95807</td>
<td>Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist</td>
</tr>
<tr>
<td>95808</td>
<td>Polysomnography; sleep staging with 1-3 additional parameters of sleep, attended by a technologist</td>
</tr>
<tr>
<td>95810</td>
<td>Polysomnography; sleep staging with 4 or more additional parameters of sleep, attended by a technologist</td>
</tr>
<tr>
<td>95811</td>
<td>Polysomnography; 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</td>
</tr>
<tr>
<td>A4604</td>
<td>Tubing with integrated heating element for use with positive airway pressure device</td>
</tr>
<tr>
<td>A7027</td>
<td>Combination oral/nasal mask, used with continuous positive airway pressure device, each</td>
</tr>
<tr>
<td>A7028</td>
<td>Oral cushion for combination oral/nasal mask, replacement only, each</td>
</tr>
<tr>
<td>A7029</td>
<td>Nasal pillows for combination oral/nasal mask, replacement only, pair</td>
</tr>
<tr>
<td>A7030</td>
<td>Full face mask used with positive airway pressure device, each</td>
</tr>
<tr>
<td>A7031</td>
<td>Face mask interface, replacement for full face mask, each</td>
</tr>
</tbody>
</table>
### Obstructive Sleep Apnea Diagnosis and Treatment

**Last review:** October 9, 2015

**Page 13 of 13**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A7032</td>
<td>Cushion for use on nasal mask interface, replacement only, each</td>
</tr>
<tr>
<td>A7033</td>
<td>Pillow for use on nasal cannula type interface, replacement only, pair</td>
</tr>
<tr>
<td>A7034</td>
<td>Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap</td>
</tr>
<tr>
<td>A7035</td>
<td>Headgear used with positive airway pressure device</td>
</tr>
<tr>
<td>A7036</td>
<td>Chinstrap used with positive airway pressure device</td>
</tr>
<tr>
<td>A7037</td>
<td>Tubing used with positive airway pressure device</td>
</tr>
<tr>
<td>A7038</td>
<td>Filter, disposable, used with positive airway pressure device</td>
</tr>
<tr>
<td>A7039</td>
<td>Filter, non disposable, used with positive airway pressure device</td>
</tr>
<tr>
<td>A7044</td>
<td>Oral interface used with positive airway pressure device, each</td>
</tr>
<tr>
<td>A7045</td>
<td>Exhalation port with or without swivel used with accessories for positive airway devices, replacement only</td>
</tr>
<tr>
<td>A7046</td>
<td>Water chamber for humidifier, used with positive airway pressure device, replacement, each</td>
</tr>
<tr>
<td>E0470</td>
<td>Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)</td>
</tr>
<tr>
<td>E0471</td>
<td>Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)</td>
</tr>
<tr>
<td>E0472</td>
<td>Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)</td>
</tr>
<tr>
<td>E0485</td>
<td>Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment</td>
</tr>
<tr>
<td>E0486</td>
<td>Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment</td>
</tr>
<tr>
<td>E0561</td>
<td>Humidifier, non heated, used with positive airway pressure device</td>
</tr>
<tr>
<td>E0562</td>
<td>Humidifier, heated, used with positive airway pressure device</td>
</tr>
<tr>
<td>E0601</td>
<td>Continuous airway pressure (CPAP) device</td>
</tr>
<tr>
<td>G0398</td>
<td>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</td>
</tr>
<tr>
<td>G0399</td>
<td>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</td>
</tr>
<tr>
<td>G0400</td>
<td>Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels</td>
</tr>
</tbody>
</table>

### Applicable ICD-10 Diagnosis Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>F51.11</td>
<td>Primary hypersomnia</td>
</tr>
<tr>
<td>F51.12</td>
<td>Insufficient sleep syndrome</td>
</tr>
<tr>
<td>G47.30</td>
<td>Sleep apnea, unspecified</td>
</tr>
<tr>
<td>G47.33</td>
<td>Obstructive sleep apnea (adult) (pediatric)</td>
</tr>
<tr>
<td>G47.8</td>
<td>Other sleep disorders</td>
</tr>
<tr>
<td>G47.9</td>
<td>Sleep disorder, unspecified</td>
</tr>
<tr>
<td>R06.81</td>
<td>Apnea, not elsewhere classified</td>
</tr>
<tr>
<td>R09.02</td>
<td>Hypoxemia</td>
</tr>
</tbody>
</table>