Medical Policy:

Obstructive Sleep Apnea Diagnosis and Treatment

POLICY NUMBER	LAST REVIEW
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The treating physician or primary care provider must submit to EmblemHealth, or ConnectiCare, as applicable (hereinafter jointly referred to as "EmblemHealth"), the clinical evidence that the member meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request preauthorization or post-payment review. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Health care providers are expected to exercise their medical judgment in rendering appropriate care.

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. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. 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 may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice. EmblemHealth Services Company, LLC, has adopted this policy in providing management, administrative and other services to EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) related to health benefit plans offered by these entities. ConnectiCare, an EmblemHealth company, has also adopted this policy. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

Definitions

Apnea	The cessation of airflow for at least 10 seconds.
Hypopnea	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 3% decrease in oxygen saturation.
Apnea-hypopnea index (AHI) Respiratory disturbance index (RDI)	The average number of apneas and hypopneas per hour of sleep without the use of a positive airway pressure device. 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).
Obstructive sleep apnea (OSA)	Characterized by frequent episodes of hypopnea or apnea during sleep. The level of obstruction (retropalatal, retrolingual, nasal or nasopharyngeal) is variable.
Mild apnea	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.
Moderate apnea	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.
Severe apnea	AHI or RDI of > 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.

Guidelines

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SECTION 1: TECHNICIAN ATTENDED SLEEP STUDIES

Clinical Indications for Procedure

Adult and Pediatric members are eligible for technician-attended sleep studies for the diagnosis of Obstructive Sleep Apnea (OSA) when 1 or more of the following

- Adult members are eligible for technician-attended sleep studies for the diagnosis of Obstructive Sleep Apnea (OSA) when ALL of the following
    - Please choose one symptom **1 or more** of the following
        - Presence of ≥ 3 of the most common symptoms: Loud snoring, episodes of apnea, choking, gasping, as observed by bed partner and/or excessive daytime fatigue
        - Presence of both: Loud snoring or witnessed episodes of apnea, choking or gasping and
        - Epworth Scale score ≥ 9 or loud snoring
        - Epworth Scale score > 9 or loud snoring and one of the following: Body mass index (BMI) >27, coronary artery disease (angina or myocardial infarction), cognitive dysfunction, depression, diabetes or metabolic syndrome, erectile dysfunction, headaches on awakening, heart failure, hypertension, mood disorder, nighttime awakening with gastroesophageal reflux, nocturia, pulmonary hypertension, stroke or TIA

        - Presence of both Epworth Scale score > 9 and extreme daytime sleepiness
        - Atrial fibrillation
        - Chronic insomnia (sleep onset or maintenance type)
    - Please choose one related condition **1 or more** of the following
        - Significant co-morbidities that could degrade accuracy of testing such as either of the following: Moderate–severe heart failure (EF < 45 or NYHA Class III or IV) if treatment of heart disease has been optimized, chronic obstructive pulmonary disease and restrictive pulmonary disorders: (FEV1
        - <30 or PCO2 > 45), atrial fibrillation or significant tachyarrhythmia or bradyarrhythmia
        - Cognitive impairment (inability to follow simple instructions) or physical impairment resulting in inability to apply the home sleep testing equipment when another individual is not available to assist with this task
        - Suspected or established diagnosis of either: Central Sleep Apnea, Periodic Limb Movement Disorder, Narcolepsy, Idiopathic Hypersomnia, Parasomnia or Nocturnal Seizures
        - Chronic opiate use
        - Member is oxygen dependent
        - Neuromuscular disease (e.g., Parkinson's disease, myotonic dystrophy, amyotrophic lateral sclerosis)
        - History of stroke that affected respiratory function
        - Epilepsy
        - BMI ≥ 45
        - Member has undergone placement of the Inspire® Upper Airway Stimulation (UAS) device
        - 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 splitnight study the vast majority of obstructive respiratory events remained present or if the prescribed CPAP treatment failed to control the member's symptoms
        - 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
- Pediatric members are eligible for technician-attended sleep studies for the diagnosis of Obstructive Sleep Apnea (OSA) when there is 1 or more of the following
    - Habitual snoring in association and one of the following: Restless or disturbed sleep, behavioral disturbance or learning disorders including deterioration in academic performance, attention

deficit disorder, hyperactivity disorder, frequent awakenings, enuresis (bedwetting), growth retardation, or failure to thrive

- Excessive daytime somnolence or altered mental status not explained by other conditions
- Polycythemia not explained by other conditions
- Cor pulmonale not explained by other conditions
- Witnessed apnea with duration > 2 respiratory cycles
- Labored breathing during sleep
- Hypertrophy of the tonsils or adenoids in members at significant surgical risk (in order to confirm the presence or absence of OSA) to facilitate clinical management decisions
- Suspected congenital central alveolar hypoventilation syndrome or sleep-related hypoventilation due to neuromuscular disease or chest wall deformities
- Clinical evidence of a sleep-related breathing disorder in infants who have experienced an apparent life-threatening event
- For exclusion of OSA in a member who has undergone adenotonsillectomy for suspected OSA > 8 weeks previously
- The initial study was inadequate, equivocal or non-diagnostic and the child's parents or caregiver report that the breathing patterns observed at home were different from those during testing
- BMI ≥ 45

- Post Obstructive Sleep Apnea (OSA) Treatment Surveillance for adult and pediatric repeat sleep studies may be considered medically necessary up to two times per year due to 1 or more of the following
  - To evaluate PAP treatment effectiveness
  - To determine whether PAP treatment settings require adjustment
  - To determine whether PAP treatment continuation is necessary
  - To assess treatment response post upper airway surgical procedures and after initial treatment with oral appliances

- **Limitations/Exclusions**
  The following are not considered medically necessary for diagnosing sleep disorders, as they are regarded as investigational:
  - Actigraphy (CPT 95803) (Covered for Medicare only)
  - Wheeze rate detectors

SECTION 2: SURGICAL MANAGEMENT

A. Tonsillectomy (See MCG #A-0181)

B. Uvulopalatopharyngoplasty (UPPP) (See MCG #A-0245):

C. Mandibular maxillary osteotomy and advancement (See MCG #A-0247)

D. Tracheostomy — may be indicated for OSA if, in the judgment of the attending physician, the member 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.

E. Hypoglossal nerve stimulation (HGNS)— may be considered if all the following are met:

Age ≥ 22

1. Moderate to severe obstructive sleep apnea, with apnea an overall AHI of up to 100/h with less than 25% central apneas on polysomnography
2. Failure of alternative therapies for the treatment of obstructive sleep apnea due to both:
    a. Inability or unwillingness to use CPAP and/or bilevel PAP after a minimum of a one-month trial, as demonstrated by documentation of subjective (i.e., side effects or device-related problems) and/or objective (i.e. titration study results and/or downloaded data reports) assessment of response to PAP
    b. Failure of other non-invasive treatments for obstructive sleep apnea, or documentation that alternative treatments were considered and deemed inappropriate, including oral appliance therapy
3. BMI ≤ 40
4. Absence of complete concentric collapse on drug induced endoscopy
5. Surgical consultation indicating absence of other anatomical findings that would interfere with performance or evaluation of the device

OR

Age 18 to 21 years

1. Moderate to severe OSA:
2. Do not have complete concentric collapse at the soft palate level
3. Are contraindicated for, or not effectively treated by, adenotonsillectomy
4. Have been confirmed to fail, or cannot tolerate, PAP therapy despite attempts to improve compliance
5. Have followed standard of care in considering all other alternative/adjunct therapies

Note: At least one attended sleep study will be needed approximately 4–8 weeks after therapy activation to titrate stimulation settings. Additional titration sleep studies may be needed to improve therapy effectiveness and patient comfort.

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
4. Radiofrequency tissue-volume reduction somnoplasty for upper airway obstruction

    Covered for **Medicaid members only** when **one** of the following criteria is met:

    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 retrolingual obstruction as the OSA cause

5. Tongue suspension/suturing procedures
6. Vagus nerve stimulation
7. eXciteOSA removable neuromuscular stimulation device for mild OSA and snoring (HCPCS K1028 and K1029)

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–severe 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.

A7031	1 per month
A7032/A7033	2 per 1 month
A7034	1 per 3 months
A7035	1 per 6 months
A7036	1 per 6 months
A7037	1 per 3months
A7038	2 per 1 month
A7039	1 per 6 months

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

Procedure Codes

21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
21198	Osteotomy, mandible, segmental
21199	Osteotomy, mandible, segmental; with genioglossus advancement
31600	Tracheostomy, planned (separate procedure);
31601	Tracheostomy, planned (separate procedure); younger than two years
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty
42820	Tonsillectomy and adenoidectomy; younger than age 12
42821	Tonsillectomy and adenoidectomy; age 12 or over[1]
42825	Tonsillectomy, primary or secondary; younger than age 12
42826	Tonsillectomy, primary or secondary; age 12 or over
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array (eff. 01/01/2022, note that ICD-10 code G47.33 is required as a primary diagnosis)
64583	Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator (eff. 01/01/2022)
64584	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array (eff. 01/01/2022, note that ICD-10 code G47.33 is required as a primary diagnosis)
95970	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming
94660	Continuous positive airway pressure ventilation (CPAP), initiation and management
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
95783	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
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

1

95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording) (cover for Medicare only)
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
A4604	Tubing with integrated heating element for use with positive airway pressure device
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each
A7028	Oral cushion for combination oral/nasal mask, replacement only, each
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair
A7030	Full face mask used with positive airway pressure device, each
A7031	Face mask interface, replacement for full face mask, each
A7032	Cushion for use on nasal mask interface, replacement only, each
A7033	Pillow for use on nasal cannula type interface, replacement only, pair
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap
A7035	Headgear used with positive airway pressure device
A7036	Chinstrap used with positive airway pressure device
A7037	Tubing used with positive airway pressure device
A7038	Filter, disposable, used with positive airway pressure device
A7039	Filter, non disposable, used with positive airway pressure device
A7044	Oral interface used with positive airway pressure device, each
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each
E0470	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)
E0471	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)
E0472	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)
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment

E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment
E0561	Humidifier, non heated, used with positive airway pressure device
E0562	Humidifier, heated, used with positive airway pressure device
E0601	Continuous positive airway pressure (CPAP) device
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

ICD-10 Diagnoses

E66.01	Morbid (severe) obesity due to excess calories
E66.2	Morbid (severe) obesity with alveolar hypoventilation
F10.182	Alcohol abuse with alcohol-induced sleep disorder
F10.282	Alcohol dependence with alcohol-induced sleep disorder
F10.982	Alcohol use, unspecified with alcohol-induced sleep disorder
F11.182	Opioid abuse with opioid-induced sleep disorder
F11.282	Opioid dependence with opioid-induced sleep disorder
F11.982	Opioid use, unspecified with opioid-induced sleep disorder
F13.182	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced sleep disorder
F13.282	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced sleep disorder
F13.982	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced sleep disorder
F14.182	Cocaine abuse with cocaine-induced sleep disorder
F14.282	Cocaine dependence with cocaine-induced sleep disorder
F14.982	Cocaine use, unspecified with cocaine-induced sleep disorder
F15.182	Other stimulant abuse with stimulant-induced sleep disorder
F15.282	Other stimulant dependence with stimulant-induced sleep disorder
F15.982	Other stimulant use, unspecified with stimulant-induced sleep disorder
F19.182	Other psychoactive substance abuse with psychoactive substance-induced sleep disorder
F19.282	Other psychoactive substance dependence with psychoactive substance-induced sleep disorder
F19.982	Other psychoactive substance use, unspecified with psychoactive substance-induced sleep disorder
F51	Sleep disorders not due to a substance or known physiological condition
F51.0	Insomnia not due to a substance or known physiological condition
F51.01	Primary insomnia
F51.02	Adjustment insomnia
F51.03	Paradoxical insomnia
F51.04	Psychophysiologic insomnia

F51.05	Insomnia due to other mental disorder
F51.09	Other insomnia not due to a substance or known physiological condition
F51.1	Hypersomnia not due to a substance or known physiological condition
F51.11	Primary hypersomnia
F51.12	Insufficient sleep syndrome
F51.13	Hypersomnia due to other mental disorder
F51.19	Other hypersomnia not due to a substance or known physiological condition
F51.3	Sleepwalking [somnambulism]
F51.4	Sleep terrors [night terrors]
F51.5	Nightmare disorder
F51.8	Other sleep disorders not due to a substance or known physiological condition
F51.9	Sleep disorder not due to a substance or known physiological condition, unspecified
G12.0	Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]
G12.1	Other inherited spinal muscular atrophy
G12.21	Amyotrophic lateral sclerosis
G12.22	Progressive bulbar palsy
G12.29	Other motor neuron disease
G12.8	Other spinal muscular atrophies and related syndromes
G20	Parkinson's disease
G25.3	Myoclonus
G25.81	Restless legs syndrome
G37.3	Acute transverse myelitis in demyelinating disease of central nervous system
G40.309	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, without status epilepticus
G40.311	Generalized idiopathic epilepsy and epileptic syndromes, intractable, with status epilepticus
G40.319	Generalized idiopathic epilepsy and epileptic syndromes, intractable, without status epilepticus
G40.401	Other generalized epilepsy and epileptic syndromes, not intractable, with status epilepticus
G40.409	Other generalized epilepsy and epileptic syndromes, not intractable, without status epilepticus
G40.411	Other generalized epilepsy and epileptic syndromes, intractable, with status epilepticus
G40.419	Other generalized epilepsy and epileptic syndromes, intractable, without status epilepticus
G40.42	Cyclin-Dependent Kinase-Like 5 Deficiency Disorder
G40.501	Epileptic seizures related to external causes, not intractable, with status epilepticus
G40.509	Epileptic seizures related to external causes, not intractable, without status epilepticus
G40.801	Other epilepsy, not intractable, with status epilepticus
G40.802	Other epilepsy, not intractable, without status epilepticus
G40.803	Other epilepsy, intractable, with status epilepticus
G40.804	Other epilepsy, intractable, without status epilepticus
G40.811	Lennox-Gastaut syndrome, not intractable, with status epilepticus
G40.812	Lennox-Gastaut syndrome, not intractable, without status epilepticus
G40.813	Lennox-Gastaut syndrome, intractable, with status epilepticus

G40.814	Lennox-Gastaut syndrome, intractable, without status epilepticus
G40.821	Epileptic spasms, not intractable, with status epilepticus
G40.822	Epileptic spasms, not intractable, without status epilepticus
G40.823	Epileptic spasms, intractable, with status epilepticus
G40.824	Epileptic spasms, intractable, without status epilepticus
G40.833	Dravet syndrome, intractable, with status epilepticus
G40.834	Dravet syndrome, intractable, without status epilepticus
G40.833	Dravet syndrome, intractable, with status epilepticus
G40.834	Dravet syndrome, intractable, without status epilepticus
G40.901	Epilepsy, unspecified, not intractable, with status epilepticus
G40.909	Epilepsy, unspecified, not intractable, without status epilepticus
G40.911	Epilepsy, unspecified, intractable, with status epilepticus
G40.919	Epilepsy, unspecified, intractable, without status epilepticus
G40.89	Other seizures
G47.00	Insomnia, unspecified
G47.01	Insomnia due to medical condition
G47.09	Other insomnia
G47.1	Hypersomnia
G47.10	Hypersomnia, unspecified
G47.11	Idiopathic hypersomnia with long sleep time
G47.12	Idiopathic hypersomnia without long sleep time
G47.13	Recurrent hypersomnia
G47.14	Hypersomnia due to medical condition
G47.19	Other hypersomnia
G47.2	Circadian rhythm sleep disorders
G47.20	Circadian rhythm sleep disorder, unspecified type
G47.21	Circadian rhythm sleep disorder, delayed sleep phase type
G47.22	Circadian rhythm sleep disorder, advanced sleep phase type
G47.23	Circadian rhythm sleep disorder, irregular sleep wake type
G47.24	Circadian rhythm sleep disorder, free running type
G47.25	Circadian rhythm sleep disorder, jet lag type
G47.26	Circadian rhythm sleep disorder, shift work type
G47.27	Circadian rhythm sleep disorder in conditions classified elsewhere
G47.29	Other circadian rhythm sleep disorder
G47.3	Sleep apnea
G47.30	Sleep apnea, unspecified
G47.31	Primary central sleep apnea
G47.32	High altitude periodic breathing
G47.33	Obstructive sleep apnea (adult) (pediatric)

G47.34	Idiopathic sleep related nonobstructive alveolar hypoventilation
G47.35	Congenital central alveolar hypoventilation syndrome
G47.36	Sleep related hypoventilation in conditions classified elsewhere
G47.37	Central sleep apnea in conditions classified elsewhere
G47.39	Other sleep apnea
G47.4	Narcolepsy and cataplexy
G47.41	Narcolepsy
G47.411	Narcolepsy with cataplexy
G47.419	Narcolepsy without cataplexy
G47.42	Narcolepsy in conditions classified elsewhere
G47.421	Narcolepsy in conditions classified elsewhere with cataplexy
G47.429	Narcolepsy in conditions classified elsewhere without cataplexy
G47.5	Parasomnia
G47.50	Parasomnia, unspecified
G47.51	Confusional arousals
G47.52	REM sleep behavior disorder
G47.53	Recurrent isolated sleep paralysis
G47.54	Parasomnia in conditions classified elsewhere
G47.59	Other parasomnia
G47.6	Sleep related movement disorders
G47.61	Periodic limb movement disorder
G47.62	Sleep related leg cramps
G47.63	Sleep related bruxism
G47.69	Other sleep related movement disorders
G47.8	Other sleep disorders
G47.9	Sleep disorder, unspecified
G71.0	Muscular dystrophy
G71.11	Myotonic muscular dystrophy
G71.2	Congenital myopathies
G71.9	Primary disorder of muscle, unspecified
G72.9	Myopathy, unspecified
G80.9	Cerebral palsy, unspecified
G82.50	Quadriplegia, unspecified
G90.1	Familial dysautonomia [Riley-Day]
G93.1	Anoxic brain damage, not elsewhere classified
I42.0	Dilated cardiomyopathy
I42.5	Other restrictive cardiomyopathy
I42.7	Cardiomyopathy due to drug and external agent
I42.8	Other cardiomyopathies

I42.9	Cardiomyopathy, unspecified
I48.0	Paroxysmal atrial fibrillation
I48.11	Longstanding persistent atrial fibrillation
I48.19	Other persistent atrial fibrillation
I48.20	Chronic atrial fibrillation, unspecified
I48.21	Permanent atrial fibrillation
I48.3	Typical atrial flutter
I48.4	Atypical atrial flutter
I48.91	Unspecified atrial fibrillation
I48.92	Unspecified atrial flutter
I50.2	Systolic (congestive) heart failure
I50.20	Unspecified systolic (congestive) heart failure
I50.21	Acute systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure
I50.23	Acute on chronic systolic (congestive) heart failure
I50.3	Diastolic (congestive) heart failure
I50.30	Unspecified diastolic (congestive) heart failure
I50.31	Acute diastolic (congestive) heart failure
I50.32	Chronic diastolic (congestive) heart failure
I50.33	Acute on chronic diastolic (congestive) heart failure
I50.4	Combined systolic (congestive) and diastolic (congestive) heart failure
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.9	Heart failure, unspecified
J35.3	Hypertrophy of tonsils with hypertrophy of adenoids
J96.1	Chronic respiratory failure
J96.10	Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia
J96.11	Chronic respiratory failure with hypoxia
J96.12	Chronic respiratory failure with hypercapnia
N52	Male erectile dysfunction
N52.0	Vasculogenic erectile dysfunction
N52.01	Erectile dysfunction due to arterial insufficiency
N52.02	Corporo-venous occlusive erectile dysfunction
N52.03	Combined arterial insufficiency and corporo-venous occlusive erectile dysfunction
N52.1	Erectile dysfunction due to diseases classified elsewhere
N52.2	Drug-induced erectile dysfunction
N52.3	Post-surgical erectile dysfunction

N52.31	Erectile dysfunction following radical prostatectomy
N52.32	Erectile dysfunction following radical cystectomy
N52.33	Erectile dysfunction following urethral surgery
N52.34	Erectile dysfunction following simple prostatectomy
N52.39	Other post-surgical erectile dysfunction
N52.8	Other male erectile dysfunction
N52.9	Male erectile dysfunction, unspecified
Q07.8	Other specified congenital malformations of nervous system
Q31.1	Congenital subglottic stenosis
Q31.2	Laryngeal hypoplasia
Q31.3	Laryngocele
Q31.5	Congenital laryngomalacia
Q31.8	Other congenital malformations of larynx
Q31.9	Congenital malformation of larynx, unspecified
Q32	Congenital malformations of trachea and bronchus
Q32.0	Congenital tracheomalacia
Q32.1	Other congenital malformations of trachea
Q32.2	Congenital bronchomalacia
Q32.3	Congenital stenosis of bronchus
Q32.4	Other congenital malformations of bronchus
Q75	Other congenital malformations of skull and face bones
Q75.0	Craniosynostosis
Q75.1	Craniofacial dysostosis
Q75.2	Hypertelorism
Q75.3	Macrocephaly
Q75.4	Mandibulofacial dysostosis
Q75.5	Oculomandibular dysostosis
Q75.8	Other specified congenital malformations of skull and face bones
Q75.9	Congenital malformation of skull and face bones, unspecified
Q77.0	Achondrogenesis
Q77.1	Thanatophoric short stature
Q77.4	Achondroplasia
Q77.5	Diastrophic dysplasia
Q77.7	Spondyloepiphyseal dysplasia
Q77.8	Other osteochondrodysplasia with defects of growth of tubular bones and spine
Q77.9	Osteochondrodysplasia with defects of growth of tubular bones and spine, unspecified
Q78.4	Enchondromatosis
Q78.9	Osteochondrodysplasia, unspecified
Q87.0	Congenital malformation syndromes predominantly affecting facial appearance

R06.00	Dyspnea, unspecified
R06.09	Other forms of dyspnea
R06.3	Periodic breathing
R06.81	Apnea, not elsewhere classified
R06.83	Snoring
R06.89	Other abnormalities of breathing
R09.02	Hypoxemia
R41.8	Other symptoms and signs involving cognitive functions and awareness
R41.9	Unspecified symptoms and signs involving cognitive functions and awareness
Z68.42	Body mass index [BMI] 45.0-49.9, adult
Z68.43	Body mass index [BMI] 50.0-59.9, adult
Z68.44	Body mass index [BMI] 60.0-69.9, adult
Z68.45	Body mass index [BMI] 70 or greater, adult
Z99.81	Dependence on supplemental oxygen

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Specialty matched clinical peer review.

Revision History

Company(ies)	DATE	REVISION
EmblemHealth ConnectiCare	Mar. 8, 2024	Updated API and BMI parameters for the Inspir hypoglossal nerve. stim. device
EmblemHealth ConnectiCare	Jan. 16, 2024	Added indication to technician-attended criteria, “Cases where unattended monitoring is technically inadequate or fails to establish the diagnosis of OSA in patients with high pretest probability” Added MCG cross referencing
EmblemHealth ConnectiCare	Sept. 9, 2022	Added BMI ≥ 45 as a covered indication for PSG
EmblemHealth ConnectiCare	Apr. 21, 2022	Added eXciteOSA neuromuscular stimulation device (HCPCS K1028 and K1029 eff. 4/1/2022) as investigational Removed genioplasty cosmetic procedure codes

EmblemHealth ConnectiCare	Mar. 11, 2022	Adult PSG criteria section: Amended “stroke” indication to read “stroke that affected respiratory function” Added indication for member who has undergone placement of the Inspire® Upper Airway Stimulation (UAS) device Added positive HGNS criteria for members 18–21 years of age
EmblemHealth ConnectiCare	Sept. 10, 2021	Edited writing style for unattended (portable monitor) HST criteria for members ≥ 19 years of age to communicate the requirement more clearly
EmblemHealth ConnectiCare	Apr. 22, 2021	Added indications to Unattended (portable monitor) criteria: Atrial fibrillation, Chronic insomnia (sleep onset or maintenance type) Added indications to Attended (in-sleep facility) criteria: Neuromuscular disease (e.g., Parkinson’s disease, myotonic dystrophy, amyotrophic lateral sclerosis), History of stroke, Epilepsy
EmblemHealth ConnectiCare	Jul. 12, 2019	Changed the decrease in oxygen saturation from 4% to 3% within the hypopnea definition Actigraphy coverage added for Medicare members eff. 10/12/19
EmblemHealth ConnectiCare	Apr. 12, 2019	Revised attended PSG section regarding factors that could degrade accuracy of testing; severe heart failure (EF ≤ 15) changed to moderate–severe heart failure (EF < 45 [if treatment of heart disease has been optimized])
EmblemHealth ConnectiCare	Feb. 8, 2019	Added the following indications to the attended PSG section for adults: Cognitive/ physical impairment; suspected/established diagnosis of central sleep apnea, periodic limb movement disorder, narcolepsy, idiopathic hypersomnia, parasomnia or nocturnal Seizures; chronic opiate use; and oxygen dependency Added positive coverage criteria for hypoglossal nerve stimulation (HGNS) eff. 4/8/2019
EmblemHealth ConnectiCare	Feb. 22, 2018	Added actigraphy and wheeze rate detectors to list of investigational procedures for diagnosing sleep disorders Added vagus nerve stimulation to list of investigational procedures for treatment
EmblemHealth ConnectiCare	Nov. 11, 2017	Removed suggestive symptom criteria from Attended (facility-based) sleep study section for members ≥ 19 years of age
EmblemHealth ConnectiCare	Mar. 17, 2017	Added pediatric PSG criteria
EmblemHealth ConnectiCare	Aug. 12, 2016	Added coverage criteria for radiofrequency tissue-volume reduction somnoplasty (Medicaid members only)
ConnectiCare	Jun. 11, 2018	Emblem Health Policy modified for ConnectiCare business rules
EmblemHealth ConnectiCare	Mar. 11, 2016	Added tonsillectomy (with or without adenoidectomy) to surgical management section

EmblemHealth	Oct. 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
EmblemHealth	Sept. 11, 2015	Added hypoglossal nerve stimulators to list of investigational procedures