

---

<b>Subject:</b>	Selected Sleep Testing Services	<b>Publish Date:</b>	01/30/2025
<b>Document #:</b>	MED.00002	<b>Last Review Date:</b>	11/14/2024
<b>Status:</b>	Reviewed		

---

## Description/Scope

This document addresses selected services for the diagnosis of sleep disorders including:

- “Nap” studies
- Actigraphy, including use of static charge sensitive beds
- Diagnostic audio recording, with or without pulse oximetry to document sleep apnea
- Topographic brain mapping
- Acoustic pharyngometry

**Note:** For criteria related to other sleep testing services, refer to applicable guidelines used by the plan.

## Position Statement

### Investigational and Not Medically Necessary:

Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Medical Policy, which addresses medical efficacy, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.

© CPT Only – American Medical Association

The requirements below are specific to the Florida Medicaid Managed Care Plan and are not a part of the Medical Policy or Clinical UM guideline approved by Elevance Health’s Medical Policy and Technology Assessment Committee.

**If the Florida Medicaid Managed Care Plan intends to deny coverage on the basis that a diagnostic test, therapeutic procedure, or medical device or technology is experimental or investigational, the Managed Care Plan shall submit a request for coverage determination to the Agency in accordance with rule 59G-1.035, F.A.C and Core SMMC Contract, Attachment II, Section VI.G.4.d.**

**Below is a list of the materials the plans are required to submit when they deny coverage as experimental/investigational:**

- A. Include the CPT or HCPCS code(s)**
- B. Include a list of other state Medicaid agencies and private insurers who cover the service**
- C. Include information about the health service from the U.S. Food and Drug Administration**
- D. Include known risks of the service and health outcomes of others who have received it**
- E. Include a list of covered alternative services, if any, that could be used to treat the condition**
- F. Identify a specific recipient needing the service**
- G. Include the recipient’s health history**
- H. Include the disease information necessitating the requested service**
- I. Include a rationale for the immediacy of the review**

### Additional required information

- A. Submit the rationale used to preliminarily indicate the service is experimental/investigational**
  - 1. Include peer-reviewed journal articles in PDF format with links to the online articles**
  - 2. Include evidence-based clinical guidelines reviewed by the plan**
- B. Submit direct contact information (name, phone number, & email address) for the Medical Director**

## Medical Policy

### Selected Sleep Testing Services

“Nap” studies are considered **investigational and not medically necessary** either for screening purposes or as an alternative to polysomnography for the diagnosis of obstructive sleep apnea or narcolepsy.

The following diagnostic tests are considered **investigational and not medically necessary**:

- A. Diagnostic audio recording, with or without pulse oximetry, to document sleep apnea;
- B. Topographic brain mapping;
- C. Acoustic pharyngometry (Eccovision™ Acoustic Pharyngometer®);
- D. Actigraphy or static charge sensitive beds.

#### Rationale

Nap studies are diagnostic tests that track and record multiple body symptoms generally used to detect various sleep disorders. The evidence in the medical literature does not support the use of single nap studies. Nap studies are not considered equivalent to sleep studies conducted in a formal sleep laboratory. Wide deviations in the conditions and data collection methods available cause significant variability in the outcomes of these studies and do not allow for proper sleep assessment. Additionally, nap sleep is not physiologically the same as nighttime sleep and does not adequately reflect the range of sleep phases required for proper diagnosis, therefore, results are not accurate when compared to the current standard of a full polysomnography (PSG) (Kapur, 2017).

Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Medical Policy, which addresses medical efficacy, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.

© CPT Only – American Medical Association

The requirements below are specific to the Florida Medicaid Managed Care Plan and are not a part of the Medical Policy or Clinical UM guideline approved by Elevance Health's Medical Policy and Technology Assessment Committee.

**If the Florida Medicaid Managed Care Plan intends to deny coverage on the basis that a diagnostic test, therapeutic procedure, or medical device or technology is experimental or investigational, the Managed Care Plan shall submit a request for coverage determination to the Agency in accordance with rule 59G-1.035, F.A.C and Core SMMC Contract, Attachment II, Section VI.G.4.d.**

**Below is a list of the materials the plans are required to submit when they deny coverage as experimental/investigational:**

- A. Include the CPT or HCPCS code(s)
- B. Include a list of other state Medicaid agencies and private insurers who cover the service
- C. Include information about the health service from the U.S. Food and Drug Administration
- D. Include known risks of the service and health outcomes of others who have received it
- E. Include a list of covered alternative services, if any, that could be used to treat the condition
- F. Identify a specific recipient needing the service
- G. Include the recipient's health history
- H. Include the disease information necessitating the requested service
- I. Include a rationale for the immediacy of the review

#### Additional required information

- A. Submit the rationale used to preliminarily indicate the service is experimental/investigational
  - 1. Include peer-reviewed journal articles in PDF format with links to the online articles
  - 2. Include evidence-based clinical guidelines reviewed by the plan
- B. Submit direct contact information (name, phone number, & email address) for the Medical Director

## Medical Policy

### Selected Sleep Testing Services

---

While the use of actigraphy has been demonstrated to be useful in the detection of sleep, potential benefits for individuals with suspected sleep disorders have not been shown (Conley, 2019). The current body of evidence supporting the use of actigraphy for individuals with sleep disorders is insufficient to allow adequate conclusions regarding efficacy (Marino, 2013; Smith, 2018).

Circadian rhythm disorders are disruptions in an individual's circadian rhythm, which is set by the cycle of light and dark over 24 hours and regulates sleep-wake patterns. Actigraphy can be used to measure circadian rhythm cycles in individuals with suspected circadian rhythm sleep-wake disorders. It collects data on sleep and activity patterns, producing graphs that provide estimates comparable to those obtained by PSG (Smith, 2018).

The potential benefits of diagnostic audio recording, used alone or in conjunction with pulse oximetry, have not been demonstrated to provide clinical benefits equivalent to PSG. While such methods do potentially identify occurrences of sleep apnea, other aspects of physiological functioning are not recorded simultaneously, thus providing an incomplete clinical picture and allowing the possibility of misdiagnosis (Kapur, 2017).

The Eccovision Acoustic Pharyngometer (Hood Laboratories; Pembroke, MA) is a noninvasive testing device intended to measure the upper respiratory airway by means of acoustic reflection. Some studies have suggested a correlation between pharyngeal cross-sectional areas measured using acoustic pharyngometry and the presence of OSA. In addition, studies have suggested that acoustic pharyngometry may be useful in identifying sites of airway narrowing. However, the utility of acoustic pharyngometry measurement in the clinical setting of OSA has not been

---

Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Medical Policy, which addresses medical efficacy, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.

© CPT Only – American Medical Association

The requirements below are specific to the Florida Medicaid Managed Care Plan and are not a part of the Medical Policy or Clinical UM guideline approved by Elevance Health's Medical Policy and Technology Assessment Committee.

**If the Florida Medicaid Managed Care Plan intends to deny coverage on the basis that a diagnostic test, therapeutic procedure, or medical device or technology is experimental or investigational, the Managed Care Plan shall submit a request for coverage determination to the Agency in accordance with rule 59G-1.035, F.A.C and Core SMMC Contract, Attachment II, Section VI.G.4.d.**

**Below is a list of the materials the plans are required to submit when they deny coverage as experimental/investigational:**

- A. Include the CPT or HCPCS code(s)
- B. Include a list of other state Medicaid agencies and private insurers who cover the service
- C. Include information about the health service from the U.S. Food and Drug Administration
- D. Include known risks of the service and health outcomes of others who have received it
- E. Include a list of covered alternative services, if any, that could be used to treat the condition
- F. Identify a specific recipient needing the service
- G. Include the recipient's health history
- H. Include the disease information necessitating the requested service
- I. Include a rationale for the immediacy of the review

#### Additional required information

- A. Submit the rationale used to preliminarily indicate the service is experimental/investigational
  1. Include peer-reviewed journal articles in PDF format with links to the online articles
  2. Include evidence-based clinical guidelines reviewed by the plan
- B. Submit direct contact information (name, phone number, & email address) for the Medical Director

## Medical Policy

### Selected Sleep Testing Services

demonstrated, and it remains unclear how this test will impact treatment planning and clinical outcomes (Kamal, 2004).

Topographic brain mapping has been briefly described in the evaluation and diagnosis of OSA. However, the evidence is limited to small case series studies that do not allow adequate evaluation of this technology. At this time, the level of evidence supporting topographic brain mapping is insufficient to make any recommendations (Lucey, 2016).

#### Background/Overview

##### *Description of Sleep Disorders*

Sleep disorders are common and impact quality of life (QOL), productivity, and overall health. There are many different types of sleep-related disorders, including obstructive sleep apnea (OSA), upper airway resistance syndrome (UARS), insomnia, narcolepsy, nocturnal movement disorders, such as restless leg syndrome (RLS) and Periodic Limb Movement Disorder, unexplained excessive daytime sleepiness, and arousal disorders (parasomnias).

Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Medical Policy, which addresses medical efficacy, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.

© CPT Only – American Medical Association

The requirements below are specific to the Florida Medicaid Managed Care Plan and are not a part of the Medical Policy or Clinical UM guideline approved by Elevance Health's Medical Policy and Technology Assessment Committee.

**If the Florida Medicaid Managed Care Plan intends to deny coverage on the basis that a diagnostic test, therapeutic procedure, or medical device or technology is experimental or investigational, the Managed Care Plan shall submit a request for coverage determination to the Agency in accordance with rule 59G-1.035, F.A.C and Core SMMC Contract, Attachment II, Section VI.G.4.d.**

**Below is a list of the materials the plans are required to submit when they deny coverage as experimental/investigational:**

- A. Include the CPT or HCPCS code(s)
- B. Include a list of other state Medicaid agencies and private insurers who cover the service
- C. Include information about the health service from the U.S. Food and Drug Administration
- D. Include known risks of the service and health outcomes of others who have received it
- E. Include a list of covered alternative services, if any, that could be used to treat the condition
- F. Identify a specific recipient needing the service
- G. Include the recipient's health history
- H. Include the disease information necessitating the requested service
- I. Include a rationale for the immediacy of the review

#### **Additional required information**

- A. Submit the rationale used to preliminarily indicate the service is experimental/investigational
  1. Include peer-reviewed journal articles in PDF format with links to the online articles
  2. Include evidence-based clinical guidelines reviewed by the plan
- B. Submit direct contact information (name, phone number, & email address) for the Medical Director

## Medical Policy

### Selected Sleep Testing Services

Sleep disorder studies are used to determine or confirm a diagnosis related to sleep disturbances. These tests vary in the number and nature of sleep parameters that are measured, to gain an understanding of the conditions under which sleep disturbances occur.

Many portable tests have been proposed as alternatives to laboratory-based PSG for the diagnosis and follow-up of sleep disorders. These tests include, but are not limited, to: “nap studies,” actigraphy, diagnostic audiotaping, topographic brain mapping, and acoustic pharyngometry. However, none of these portable tests currently provide diagnostic information comparable to established Type III home portable monitors (HPM), which monitor and record a minimum of four parameters: respiratory movement/effort, airflow, ECG/heart rate, and oxygen saturation.

#### Definitions

**Acoustic Pharyngometer (Eccovision):** This is a device that analyzes sound waves that travel along a wave tube into an individual’s airways. The output of the wave signals results in a graphical display of the relationship between the cross-sectional area and distance down the airway. This allows individuals to measure pharyngeal airway size and stability.

**Actigraphy:** This is a method used to study sleep-wake patterns and circadian rhythms by assessing the subject’s movement over a period of time. Measurements usually involve the detection of wrist movements.

Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Medical Policy, which addresses medical efficacy, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.

© CPT Only – American Medical Association

The requirements below are specific to the Florida Medicaid Managed Care Plan and are not a part of the Medical Policy or Clinical UM guideline approved by Elevance Health’s Medical Policy and Technology Assessment Committee.

**If the Florida Medicaid Managed Care Plan intends to deny coverage on the basis that a diagnostic test, therapeutic procedure, or medical device or technology is experimental or investigational, the Managed Care Plan shall submit a request for coverage determination to the Agency in accordance with rule 59G-1.035, F.A.C and Core SMMC Contract, Attachment II, Section VI.G.4.d.**

**Below is a list of the materials the plans are required to submit when they deny coverage as experimental/investigational:**

- A. Include the CPT or HCPCS code(s)
- B. Include a list of other state Medicaid agencies and private insurers who cover the service
- C. Include information about the health service from the U.S. Food and Drug Administration
- D. Include known risks of the service and health outcomes of others who have received it
- E. Include a list of covered alternative services, if any, that could be used to treat the condition
- F. Identify a specific recipient needing the service
- G. Include the recipient’s health history
- H. Include the disease information necessitating the requested service
- I. Include a rationale for the immediacy of the review

#### Additional required information

- A. Submit the rationale used to preliminarily indicate the service is experimental/investigational
  1. Include peer-reviewed journal articles in PDF format with links to the online articles
  2. Include evidence-based clinical guidelines reviewed by the plan
- B. Submit direct contact information (name, phone number, & email address) for the Medical Director

## Medical Policy

### Selected Sleep Testing Services

---

Airflow and respiratory effort in conjunction with oxygen saturation: These terms are translated into the standard measures of apneic-hypopnea index (AHI) or respiratory disturbance index (RDI). Oxygen saturation measures the significance of respiratory events.

Apnea: A transient period where breathing ceases.

Apnea-Hypopnea index (AHI) or Respiratory disturbance index (RDI): A measure of apnea severity defined by the total number of episodes of apnea or hypopnea during a full period of sleep divided by the number of hours asleep.

Epworth sleepiness scale (ESS): A standardized measure of the degree of sleepiness.

Excessive daytime sleepiness: This refers to a condition where a person feels very drowsy during the day, even after getting adequate nighttime rest, and has a tendency to fall asleep or requires extra effort to avoid sleeping in inappropriate situations, such as at work or driving. This condition is also defined as a score greater than or equal to 10 on the Epworth Sleepiness Scale.

Hypopnea: Breathing that is shallower, and/or slower, than normal.

Nap study: This refers to a shorter daytime version of a PSG sleep study.

---

Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Medical Policy, which addresses medical efficacy, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.

© CPT Only – American Medical Association

The requirements below are specific to the Florida Medicaid Managed Care Plan and are not a part of the Medical Policy or Clinical UM guideline approved by Elevance Health's Medical Policy and Technology Assessment Committee.

**If the Florida Medicaid Managed Care Plan intends to deny coverage on the basis that a diagnostic test, therapeutic procedure, or medical device or technology is experimental or investigational, the Managed Care Plan shall submit a request for coverage determination to the Agency in accordance with rule 59G-1.035, F.A.C and Core SMMC Contract, Attachment II, Section VI.G.4.d.**

**Below is a list of the materials the plans are required to submit when they deny coverage as experimental/investigational:**

- A. Include the CPT or HCPCS code(s)
- B. Include a list of other state Medicaid agencies and private insurers who cover the service
- C. Include information about the health service from the U.S. Food and Drug Administration
- D. Include known risks of the service and health outcomes of others who have received it
- E. Include a list of covered alternative services, if any, that could be used to treat the condition
- F. Identify a specific recipient needing the service
- G. Include the recipient's health history
- H. Include the disease information necessitating the requested service
- I. Include a rationale for the immediacy of the review

#### Additional required information

- A. Submit the rationale used to preliminarily indicate the service is experimental/investigational
  1. Include peer-reviewed journal articles in PDF format with links to the online articles
  2. Include evidence-based clinical guidelines reviewed by the plan
- B. Submit direct contact information (name, phone number, & email address) for the Medical Director

## Medical Policy

### Selected Sleep Testing Services

**Narcolepsy:** This refers to a neurological condition, where individuals experience profound daytime sleepiness, which may also include sudden, periodic, and transient loss of muscle tone associated with extreme emotions, such as laughter or anger (cataplexy).

**Obstructive sleep apnea (OSA):** This is a form of sleep disturbance, which occurs as the result of a physical occlusion of the upper airway during sleep, which interferes with normal breathing. The occlusion is usually in the back of the tongue and/or flabby tissue in the upper airway. This condition is associated with frequent awakening and often with daytime sleepiness.

**Sleep disorder:** A disruptive pattern of sleep that may include difficulty falling or staying asleep, falling asleep at inappropriate times, excessive total sleep time, or abnormal behaviors associated with sleep.

**Upper airway:** The area of the upper respiratory system including the nose, mouth and throat.

#### Coding

*The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.*

Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Medical Policy, which addresses medical efficacy, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.

© CPT Only – American Medical Association

The requirements below are specific to the Florida Medicaid Managed Care Plan and are not a part of the Medical Policy or Clinical UM guideline approved by Elevance Health's Medical Policy and Technology Assessment Committee.

**If the Florida Medicaid Managed Care Plan intends to deny coverage on the basis that a diagnostic test, therapeutic procedure, or medical device or technology is experimental or investigational, the Managed Care Plan shall submit a request for coverage determination to the Agency in accordance with rule 59G-1.035, F.A.C and Core SMMC Contract, Attachment II, Section VI.G.4.d.**

**Below is a list of the materials the plans are required to submit when they deny coverage as experimental/investigational:**

- A. Include the CPT or HCPCS code(s)
- B. Include a list of other state Medicaid agencies and private insurers who cover the service
- C. Include information about the health service from the U.S. Food and Drug Administration
- D. Include known risks of the service and health outcomes of others who have received it
- E. Include a list of covered alternative services, if any, that could be used to treat the condition
- F. Identify a specific recipient needing the service
- G. Include the recipient's health history
- H. Include the disease information necessitating the requested service
- I. Include a rationale for the immediacy of the review

#### Additional required information

- A. Submit the rationale used to preliminarily indicate the service is experimental/investigational
  1. Include peer-reviewed journal articles in PDF format with links to the online articles
  2. Include evidence-based clinical guidelines reviewed by the plan
- B. Submit direct contact information (name, phone number, & email address) for the Medical Director

# Medical Policy

## Selected Sleep Testing Services

### When services are Investigational and Not Medically Necessary:

#### CPT

- 92700 Unlisted otorhinolaryngological service or procedure [when specified as acoustic pharyngometry]  
(Note: CPT code 92520 Laryngeal function studies; aerodynamic testing and acoustic testing is not considered appropriate for this service)
- 95803 Actigraphy testing, recording, analysis, interpretation, and report; (minimum of 72 hours to 14 consecutive days of recording)
- 95999 Unlisted neurological or neuromuscular diagnostic procedure [when specified as nap study]

#### HCPCS

- S8040 Topographic brain mapping [for evaluation of a sleep disorder]

#### ICD-10 Diagnosis

All diagnoses

### References

Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Medical Policy, which addresses medical efficacy, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.

© CPT Only – American Medical Association

The requirements below are specific to the Florida Medicaid Managed Care Plan and are not a part of the Medical Policy or Clinical UM guideline approved by Elevance Health's Medical Policy and Technology Assessment Committee.

**If the Florida Medicaid Managed Care Plan intends to deny coverage on the basis that a diagnostic test, therapeutic procedure, or medical device or technology is experimental or investigational, the Managed Care Plan shall submit a request for coverage determination to the Agency in accordance with rule 59G-1.035, F.A.C and Core SMMC Contract, Attachment II, Section VI.G.4.d.**

**Below is a list of the materials the plans are required to submit when they deny coverage as experimental/investigational:**

- A. Include the CPT or HCPCS code(s)
- B. Include a list of other state Medicaid agencies and private insurers who cover the service
- C. Include information about the health service from the U.S. Food and Drug Administration
- D. Include known risks of the service and health outcomes of others who have received it
- E. Include a list of covered alternative services, if any, that could be used to treat the condition
- F. Identify a specific recipient needing the service
- G. Include the recipient's health history
- H. Include the disease information necessitating the requested service
- I. Include a rationale for the immediacy of the review

#### Additional required information

- A. Submit the rationale used to preliminarily indicate the service is experimental/investigational
  1. Include peer-reviewed journal articles in PDF format with links to the online articles
  2. Include evidence-based clinical guidelines reviewed by the plan
- B. Submit direct contact information (name, phone number, & email address) for the Medical Director

# Medical Policy

## Selected Sleep Testing Services

### Peer Reviewed Publications:

1. Conley S, Knies A, Batten J, et al. Agreement between actigraphic and polysomnographic measures of sleep in adults with and without chronic conditions: a systematic review and meta-analysis. *Sleep Med Rev.* 2019; 46:151-160.
2. D'Andrea LA. Diagnostic studies in the assessment of pediatric sleep-disordered breathing: techniques and indications. *Pediatr Clin North Am.* 2004; 51(1):169-186.
3. Flemons WW. Clinical practice. Obstructive sleep apnea. *N Engl J Med.* 2002; 347(7):498-504.
4. Guilleminault C, Abad VC. Obstructive sleep apnea syndromes. *Med Clin North Am.* 2004; 8(3):611-630.
5. Hyde M, O'Driscoll DM, Binette S, et al. Validation of actigraphy for determining sleep and wake in children with sleep disordered breathing. *J Sleep Res.* 2007; 16(2):213-216.
6. Kamal I. Acoustic pharyngometry patterns of snoring and obstructive sleep apnea patients. *Otolaryngol Head Neck Surg.* 2004; 130(1):58-66.
7. Lucey BP, Mcleland JS, Toedebusch CD, et al. Comparison of a single-channel EEG sleep study to polysomnography. *J Sleep Res.* 2016; 25(6):625-635.
8. Levenson JC, Troxel WM, Begley A, et al. A quantitative approach to distinguishing older adults with insomnia from good sleeper controls. *J Clin Sleep Med.* 2013; 9(2):125-131.
9. Marino M, Li Y, Rueschman MN, et al. Measuring sleep: accuracy, sensitivity, and specificity of wrist actigraphy compared to polysomnography. *Sleep.* 2013; 36(11):1747-1755.
10. Monahan KJ, Larkin EK, Rosen CL, et al. Utility of noninvasive pharyngometry in epidemiologic studies of childhood sleep-disordered breathing. *Am J Respir Crit Care Med.* 2002; 165(11):1499-1503.

Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Medical Policy, which addresses medical efficacy, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.

© CPT Only – American Medical Association

The requirements below are specific to the Florida Medicaid Managed Care Plan and are not a part of the Medical Policy or Clinical UM guideline approved by Elevance Health's Medical Policy and Technology Assessment Committee.

**If the Florida Medicaid Managed Care Plan intends to deny coverage on the basis that a diagnostic test, therapeutic procedure, or medical device or technology is experimental or investigational, the Managed Care Plan shall submit a request for coverage determination to the Agency in accordance with rule 59G-1.035, F.A.C and Core SMMC Contract, Attachment II, Section VI.G.4.d.**

**Below is a list of the materials the plans are required to submit when they deny coverage as experimental/investigational:**

- A. Include the CPT or HCPCS code(s)
- B. Include a list of other state Medicaid agencies and private insurers who cover the service
- C. Include information about the health service from the U.S. Food and Drug Administration
- D. Include known risks of the service and health outcomes of others who have received it
- E. Include a list of covered alternative services, if any, that could be used to treat the condition
- F. Identify a specific recipient needing the service
- G. Include the recipient's health history
- H. Include the disease information necessitating the requested service
- I. Include a rationale for the immediacy of the review

### Additional required information

- A. Submit the rationale used to preliminarily indicate the service is experimental/investigational
  1. Include peer-reviewed journal articles in PDF format with links to the online articles
  2. Include evidence-based clinical guidelines reviewed by the plan
- B. Submit direct contact information (name, phone number, & email address) for the Medical Director

## Medical Policy

### Selected Sleep Testing Services

11. Mulgrew AT, Fox N, Ayas NT, Ryan CF. Diagnosis and initial management of obstructive sleep apnea without polysomnography: a randomized validation study. *Ann Intern Med.* 2007; 146(3):157-166.
12. O'Driscoll DM, Foster AM, Davey MJ, et al. Can actigraphy measure sleep fragmentation in children? *Arch Dis Child.* 2010; 95(12):1031-1033.
13. Strollo PJ Jr. Indications for treatment of obstructive sleep apnea in adults. *Clin Chest Med.* 2003, 24(2):307-313.
14. Werner H, Molinari L, Guyer C, Jenni OG. Agreement rates between actigraphy, diary, and questionnaire for children's sleep patterns. *Arch Pediatr Adolesc Med.* 2008; 162(4):350-358.
15. Westbrook PR, Levendowski DJ, Cvetinovic M, et al. Description and validation of the apnea risk evaluation system: a novel method to diagnose sleep apnea-hypopnea in the home. *Chest.* 2005; 128(4):2166-2175.
16. Young T, Skatrud J, Peppard PE. Risk factors for obstructive sleep apnea in adults. *JAMA.* 2004; 291(16):2013-2016.
17. Yavuz-Kodat E, Reynaud E, Geoffray MM, et al. Validity of actigraphy compared to polysomnography for sleep assessment in children with autism spectrum disorder. *Front Psychiatry.* 2019; 10:551.

#### Government Agency, Medical Society, and Other Authoritative Publications:

1. Berry RB, Quan SF, Abreu AR, et al. for the American Academy of Sleep Medicine. *The AASM Manual for the Scoring of Sleep and Associated Events: Rules, Terminology and Technical Specifications.* Version 2.6. Darien, IL: AASM; 2020.

Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Medical Policy, which addresses medical efficacy, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.

© CPT Only – American Medical Association

The requirements below are specific to the Florida Medicaid Managed Care Plan and are not a part of the Medical Policy or Clinical UM guideline approved by Elevance Health's Medical Policy and Technology Assessment Committee.

**If the Florida Medicaid Managed Care Plan intends to deny coverage on the basis that a diagnostic test, therapeutic procedure, or medical device or technology is experimental or investigational, the Managed Care Plan shall submit a request for coverage determination to the Agency in accordance with rule 59G-1.035, F.A.C and Core SMMC Contract, Attachment II, Section VI.G.4.d.**

**Below is a list of the materials the plans are required to submit when they deny coverage as experimental/investigational:**

- A. Include the CPT or HCPCS code(s)
- B. Include a list of other state Medicaid agencies and private insurers who cover the service
- C. Include information about the health service from the U.S. Food and Drug Administration
- D. Include known risks of the service and health outcomes of others who have received it
- E. Include a list of covered alternative services, if any, that could be used to treat the condition
- F. Identify a specific recipient needing the service
- G. Include the recipient's health history
- H. Include the disease information necessitating the requested service
- I. Include a rationale for the immediacy of the review

#### Additional required information

- A. Submit the rationale used to preliminarily indicate the service is experimental/investigational
  1. Include peer-reviewed journal articles in PDF format with links to the online articles
  2. Include evidence-based clinical guidelines reviewed by the plan
- B. Submit direct contact information (name, phone number, & email address) for the Medical Director

## Medical Policy

### Selected Sleep Testing Services

2. Centers for Medicare and Medicaid Services. National Coverage Determination for Sleep Testing for Obstructive Sleep Apnea. NCD #240.4.1. Effective March 3, 2009. Available at: [https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=330&ncdver=1&DocID=240.4.1&ncd\\_id=240.4&ncd\\_version=3&basket=ncd%25253A240%25252E4%25253A3%25253AContinuous+Positive+Airway+Pressure+%252528CPAP%252529+Therapy+For+Obstructive+Sleep+Apnea+%252528OSA%252529&bc=gAAAAAgAAAAA&](https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=330&ncdver=1&DocID=240.4.1&ncd_id=240.4&ncd_version=3&basket=ncd%25253A240%25252E4%25253A3%25253AContinuous+Positive+Airway+Pressure+%252528CPAP%252529+Therapy+For+Obstructive+Sleep+Apnea+%252528OSA%252529&bc=gAAAAAgAAAAA&). Accessed on August 19, 2024.
3. Collop NA, Anderson WM, Boehlecke B, et al. Portable Monitoring Task Force of the American Academy of Sleep Medicine. Clinical guidelines for the use of unattended portable monitors in the diagnosis of obstructive sleep apnea in adult patients. J Clin Sleep Med. 2007; 3(7):737-747.
4. Collop NA, Tracy SL, Kapur V, et al. American Academy of Sleep Medicine (AASM). Obstructive Sleep apnea Devices for Out-Of-Center (OOC) testing: Technology Evaluation. J Clin Sleep Med. 2011; 7(5):531-548.
5. Flemons WW, Littner MR, Rowley JA, et al. Home diagnosis of sleep apnea: a systematic review of the literature. An evidence review cosponsored by the American Academy of Sleep Medicine, the American College of Chest Physicians, and the American Thoracic Society. Chest. 2003; 124(4):1543-1579.
6. Iber C, Ancoli-Israel S, Chesson AL, Quan SF. The AASM manual for the scoring of sleep and associated events: rules, terminology and technical specifications. Westchester, IL: American Academy of Sleep Medicine; 2007.

Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Medical Policy, which addresses medical efficacy, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.

© CPT Only – American Medical Association

The requirements below are specific to the Florida Medicaid Managed Care Plan and are not a part of the Medical Policy or Clinical UM guideline approved by Elevance Health's Medical Policy and Technology Assessment Committee.

**If the Florida Medicaid Managed Care Plan intends to deny coverage on the basis that a diagnostic test, therapeutic procedure, or medical device or technology is experimental or investigational, the Managed Care Plan shall submit a request for coverage determination to the Agency in accordance with rule 59G-1.035, F.A.C and Core SMMC Contract, Attachment II, Section VI.G.4.d.**

**Below is a list of the materials the plans are required to submit when they deny coverage as experimental/investigational:**

- A. Include the CPT or HCPCS code(s)
- B. Include a list of other state Medicaid agencies and private insurers who cover the service
- C. Include information about the health service from the U.S. Food and Drug Administration
- D. Include known risks of the service and health outcomes of others who have received it
- E. Include a list of covered alternative services, if any, that could be used to treat the condition
- F. Identify a specific recipient needing the service
- G. Include the recipient's health history
- H. Include the disease information necessitating the requested service
- I. Include a rationale for the immediacy of the review

#### Additional required information

- A. Submit the rationale used to preliminarily indicate the service is experimental/investigational
  1. Include peer-reviewed journal articles in PDF format with links to the online articles
  2. Include evidence-based clinical guidelines reviewed by the plan
- B. Submit direct contact information (name, phone number, & email address) for the Medical Director

## Medical Policy

### Selected Sleep Testing Services

7. Kapur VK, Auckley DH, Chowdhuri S, et al. Clinical practice guideline for diagnostic testing for adult obstructive sleep apnea: an American Academy of Sleep Medicine clinical practice guideline. *J Clin Sleep Med.* 2017; 13(3):479–504.
8. Kirk V, Baughn J, D'Andrea L, et al. American Academy of Sleep Medicine Position Paper for the Use of a Home Sleep Apnea Test for the Diagnosis of OSA in Children. *J Clin Sleep Med.* 2017; 13(10):1199-1203.
9. Littner M, Hirshkowitz M, Kramer M, et al. American Academy of Sleep Medicine; Standards of Practice Committee. Practice parameters for using polysomnography to evaluate insomnia: an update. *Sleep.* 2003; 26(6):754-760.
10. Marcus CL, Brooks LJ, Draper KA, et al. American Academy of Pediatrics (AAP). Diagnosis and management of childhood obstructive sleep apnea syndrome. *Pediatrics.* 2012; 130(3):576-584.
11. Mysliwiec V, Martin JL, Ulmer CS, et al. The Management of Chronic Insomnia Disorder and Obstructive Sleep Apnea: Synopsis of the 2019 U.S. Department of Veterans Affairs and U.S. Department of Defense Clinical Practice Guidelines. *Annals Intern Med.* 2020; 172(5):325-336.
12. Smith MM, McCrae CC, Cheung JJ, et al. Use of actigraphy for the evaluation of sleep disorders and circadian rhythm sleep-wake disorders: an American Academy of Sleep Medicine Clinical Practice Guideline. *J Clin Sleep Med,* 2018; 14(7):1231-1237.
13. Thurnheer R, Bloch KE, Laube I, et al.; Swiss Respiratory Polygraphy Registry. Respiratory polygraphy in sleep apnea diagnosis. Report of the Swiss respiratory polygraphy registry and systematic review of the literature. *Swiss Med Wkly.* 2007; 137(5-6):97-102.

Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Medical Policy, which addresses medical efficacy, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.

© CPT Only – American Medical Association

The requirements below are specific to the Florida Medicaid Managed Care Plan and are not a part of the Medical Policy or Clinical UM guideline approved by Elevance Health's Medical Policy and Technology Assessment Committee.

**If the Florida Medicaid Managed Care Plan intends to deny coverage on the basis that a diagnostic test, therapeutic procedure, or medical device or technology is experimental or investigational, the Managed Care Plan shall submit a request for coverage determination to the Agency in accordance with rule 59G-1.035, F.A.C and Core SMMC Contract, Attachment II, Section VI.G.4.d.**

**Below is a list of the materials the plans are required to submit when they deny coverage as experimental/investigational:**

- A. Include the CPT or HCPCS code(s)
- B. Include a list of other state Medicaid agencies and private insurers who cover the service
- C. Include information about the health service from the U.S. Food and Drug Administration
- D. Include known risks of the service and health outcomes of others who have received it
- E. Include a list of covered alternative services, if any, that could be used to treat the condition
- F. Identify a specific recipient needing the service
- G. Include the recipient's health history
- H. Include the disease information necessitating the requested service
- I. Include a rationale for the immediacy of the review

#### Additional required information

- A. Submit the rationale used to preliminarily indicate the service is experimental/investigational
  1. Include peer-reviewed journal articles in PDF format with links to the online articles
  2. Include evidence-based clinical guidelines reviewed by the plan
- B. Submit direct contact information (name, phone number, & email address) for the Medical Director

# Medical Policy

## Selected Sleep Testing Services

14. Trikalinos TA, Ip S, Raman G, et al. Home diagnosis of obstructive sleep apnea-hypopnea syndrome. AHRQ Technology Assessment Program. Agency for Healthcare Research and Quality (AHRQ), Rockville, MD; August 8, 2007.

### Websites for Additional Information

1. American Academy of Sleep Medicine. Sleep education. Sleep Apnea. Available at: <https://sleepeducation.org/>. Accessed on August 21, 2024.

### Index

Actigraphy  
 Acoustic Pharyngometry  
 Apnea/Hypopnea Index (AHI)  
 Apnea Risk Evaluation System (ARES™)  
 Nap Study  
 Obstructive Sleep Apnea (OSA)  
 Quantitative EEG Mapping  
 SleepStrip® II (S.L.P. Ltd.; Israel)  
 SNAP Testing System (Snap Diagnostics, LLC; Vernon Hills, IL)

Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Medical Policy, which addresses medical efficacy, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.

© CPT Only – American Medical Association

The requirements below are specific to the Florida Medicaid Managed Care Plan and are not a part of the Medical Policy or Clinical UM guideline approved by Elevance Health's Medical Policy and Technology Assessment Committee.

**If the Florida Medicaid Managed Care Plan intends to deny coverage on the basis that a diagnostic test, therapeutic procedure, or medical device or technology is experimental or investigational, the Managed Care Plan shall submit a request for coverage determination to the Agency in accordance with rule 59G-1.035, F.A.C and Core SMMC Contract, Attachment II, Section VI.G.4.d.**

**Below is a list of the materials the plans are required to submit when they deny coverage as experimental/investigational:**

- A. Include the CPT or HCPCS code(s)
- B. Include a list of other state Medicaid agencies and private insurers who cover the service
- C. Include information about the health service from the U.S. Food and Drug Administration
- D. Include known risks of the service and health outcomes of others who have received it
- E. Include a list of covered alternative services, if any, that could be used to treat the condition
- F. Identify a specific recipient needing the service
- G. Include the recipient's health history
- H. Include the disease information necessitating the requested service
- I. Include a rationale for the immediacy of the review

### Additional required information

- A. Submit the rationale used to preliminarily indicate the service is experimental/investigational
  1. Include peer-reviewed journal articles in PDF format with links to the online articles
  2. Include evidence-based clinical guidelines reviewed by the plan
- B. Submit direct contact information (name, phone number, & email address) for the Medical Director

# Medical Policy

## Selected Sleep Testing Services

Static Charge Sensitive Beds  
Topographic EEG Mapping

**The use of specific product names is illustrative only. It is not intended to be a recommendation of one product over another, and is not intended to represent a complete listing of all products available.**

### Document History

Status	Date	Action
Reviewed	11/14/2024	MPTAC review. Revised Background/Overview, Definitions, References, and Websites for Additional Information.
Reviewed	11/09/2023	MPTAC review. Reformatted the Description/Scope. Revised Rationale, Definitions, References, Websites for Additional Information, and Index sections.
Reviewed	11/10/2022	MPTAC review. References were updated.
Reviewed	11/11/2021	MPTAC review. The Definitions and References were updated.
Reviewed	11/05/2020	MPTAC review. References were updated.
Reviewed	11/07/2019	MPTAC review. References were updated.
Reviewed	01/24/2019	MPTAC review. References were updated.

Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Medical Policy, which addresses medical efficacy, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.

© CPT Only – American Medical Association

The requirements below are specific to the Florida Medicaid Managed Care Plan and are not a part of the Medical Policy or Clinical UM guideline approved by Elevance Health's Medical Policy and Technology Assessment Committee.

**If the Florida Medicaid Managed Care Plan intends to deny coverage on the basis that a diagnostic test, therapeutic procedure, or medical device or technology is experimental or investigational, the Managed Care Plan shall submit a request for coverage determination to the Agency in accordance with rule 59G-1.035, F.A.C and Core SMMC Contract, Attachment II, Section VI.G.4.d.**

**Below is a list of the materials the plans are required to submit when they deny coverage as experimental/investigational:**

- A. Include the CPT or HCPCS code(s)
- B. Include a list of other state Medicaid agencies and private insurers who cover the service
- C. Include information about the health service from the U.S. Food and Drug Administration
- D. Include known risks of the service and health outcomes of others who have received it
- E. Include a list of covered alternative services, if any, that could be used to treat the condition
- F. Identify a specific recipient needing the service
- G. Include the recipient's health history
- H. Include the disease information necessitating the requested service
- I. Include a rationale for the immediacy of the review

### Additional required information

- A. Submit the rationale used to preliminarily indicate the service is experimental/investigational
  1. Include peer-reviewed journal articles in PDF format with links to the online articles
  2. Include evidence-based clinical guidelines reviewed by the plan
- B. Submit direct contact information (name, phone number, & email address) for the Medical Director

## Medical Policy

### Selected Sleep Testing Services

Reviewed	01/25/2018	MPTAC review. The document header wording was updated from “Current Effective Date” to “Publish Date.” References were updated.
Reviewed	02/02/2017	MPTAC review. Updated the formatting of the Position Statement section. References were updated.
Reviewed	02/04/2016	MPTAC review. References were updated. Removed ICD-9 codes from Coding section.
Reviewed	02/05/2015	MPTAC review. References were updated.
Reviewed	02/13/2014	MPTAC review. References were updated.
Revised	02/14/2013	MPTAC review. Document was revised to remove statements about MSLT and MWT which are now addressed in separate CG-MED-43. No other changes were made to statements or criteria. Title was revised to remove MSLT and retitle: Selected Sleep Testing Services. Coding section was updated.
Reviewed	11/08/2012	MPTAC review. References were updated.
Revised	11/17/2011	MPTAC review. The criteria for home portable monitors/sleep testing have been removed from this document and placed in CG-MED-01 Polysomnography and Home Portable Monitors. Other criteria are unchanged for MSLT and other services. The title was changed from: Diagnosis of Sleep Disorders to: Multiple Sleep Latency Testing and other Sleep Testing Services. The Rationale, Definitions and References were updated.

Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Medical Policy, which addresses medical efficacy, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.

© CPT Only – American Medical Association

The requirements below are specific to the Florida Medicaid Managed Care Plan and are not a part of the Medical Policy or Clinical UM guideline approved by Elevance Health’s Medical Policy and Technology Assessment Committee.

**If the Florida Medicaid Managed Care Plan intends to deny coverage on the basis that a diagnostic test, therapeutic procedure, or medical device or technology is experimental or investigational, the Managed Care Plan shall submit a request for coverage determination to the Agency in accordance with rule 59G-1.035, F.A.C and Core SMMC Contract, Attachment II, Section VI.G.4.d.**

**Below is a list of the materials the plans are required to submit when they deny coverage as experimental/investigational:**

- A. Include the CPT or HCPCS code(s)
- B. Include a list of other state Medicaid agencies and private insurers who cover the service
- C. Include information about the health service from the U.S. Food and Drug Administration
- D. Include known risks of the service and health outcomes of others who have received it
- E. Include a list of covered alternative services, if any, that could be used to treat the condition
- F. Identify a specific recipient needing the service
- G. Include the recipient’s health history
- H. Include the disease information necessitating the requested service
- I. Include a rationale for the immediacy of the review

#### Additional required information

- A. Submit the rationale used to preliminarily indicate the service is experimental/investigational
  1. Include peer-reviewed journal articles in PDF format with links to the online articles
  2. Include evidence-based clinical guidelines reviewed by the plan
- B. Submit direct contact information (name, phone number, & email address) for the Medical Director

## Medical Policy

### Selected Sleep Testing Services

Revised	11/18/2010	MPTAC review. No change to criteria except for the addition of “or” to the medically necessary indications for MSLT in place of the “and” for clarification. The medically necessary indications for home portable sleep testing were reordered placing the last criterion for OSA as the first criterion. References were updated. Updated Coding section with 01/01/2011 CPT changes; removed 0203T, 0204T deleted 12/31/2010.
Reviewed	11/19/2009	MPTAC review. The Rationale, Definitions and References have been updated. Updated Coding section with 01/01/2010 CPT changes.
Revised	11/20/2008	MPTAC review. Medically necessary criteria regarding Type III home portable devices were updated with information about newer models of the SNAP devices that are considered Type III devices. The Rationale, Definitions and Reference sections have also been updated. Updated Coding section with 01/01/2009 CPT changes; removed 0089T deleted 12/31/2008.
Revised	05/15/2008	MPTAC review. Addition of medically necessary criteria for home/portable sleep studies to confirm diagnosis of obstructive sleep apnea. References and Coding were updated.
	02/21/2008	The phrase "investigational/not medically necessary" was clarified to read "investigational and not medically necessary." This change was approved at the November 29, 2007 MPTAC meeting.

Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Medical Policy, which addresses medical efficacy, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.

© CPT Only – American Medical Association

The requirements below are specific to the Florida Medicaid Managed Care Plan and are not a part of the Medical Policy or Clinical UM guideline approved by Elevance Health's Medical Policy and Technology Assessment Committee.

**If the Florida Medicaid Managed Care Plan intends to deny coverage on the basis that a diagnostic test, therapeutic procedure, or medical device or technology is experimental or investigational, the Managed Care Plan shall submit a request for coverage determination to the Agency in accordance with rule 59G-1.035, F.A.C and Core SMMC Contract, Attachment II, Section VI.G.4.d.**

**Below is a list of the materials the plans are required to submit when they deny coverage as experimental/investigational:**

- A. Include the CPT or HCPCS code(s)
- B. Include a list of other state Medicaid agencies and private insurers who cover the service
- C. Include information about the health service from the U.S. Food and Drug Administration
- D. Include known risks of the service and health outcomes of others who have received it
- E. Include a list of covered alternative services, if any, that could be used to treat the condition
- F. Identify a specific recipient needing the service
- G. Include the recipient's health history
- H. Include the disease information necessitating the requested service
- I. Include a rationale for the immediacy of the review

#### Additional required information

- A. Submit the rationale used to preliminarily indicate the service is experimental/investigational
  1. Include peer-reviewed journal articles in PDF format with links to the online articles
  2. Include evidence-based clinical guidelines reviewed by the plan
- B. Submit direct contact information (name, phone number, & email address) for the Medical Director

## Medical Policy

### Selected Sleep Testing Services

Revised	08/23/2007	MPTAC review. Addition of acoustic pharyngometry to the testing considered investigational/not medically necessary. Rationale section was updated with information about acoustic pharyngometry <sup>®</sup> and SNAP <sup>™</sup> testing. References and Coding sections were also updated.
Reviewed	09/14/2006	MPTAC review. A clarification was made within the 'Definitions' section regarding severe OSA as being defined as an RDI/AHI of greater than 30 (not 40). The term RDI was also corrected to be Respiratory Disturbance Index (not Distress index) and the measure known as RERAS was also added to this definition.
Revised	03/23/2006	MPTAC review. A position statement regarding MWT was added. Information was added to the 'Rationale' section regarding MWT, taken from the 2005 updated guideline on Practice Parameters for Clinical Use of MSLT and MWT from the American Academy of Sleep Medicine. Revisions also made to Coding section for clarification of MWT coding.
	11/17/2005	Added reference for Centers for Medicare and Medicaid Services (CMS) – National Coverage Determination (NCD).
Revised	09/22/2005	MPTAC review.
Revised	04/28/2005	MPTAC review. Revision based on Harmonization: Pre-merger Anthem and Pre-merger WellPoint. Updated coding: Added CPT code 95806 and 0089T; removed CPT codes 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21685,

Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Medical Policy, which addresses medical efficacy, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.

© CPT Only – American Medical Association

The requirements below are specific to the Florida Medicaid Managed Care Plan and are not a part of the Medical Policy or Clinical UM guideline approved by Elevance Health's Medical Policy and Technology Assessment Committee.

**If the Florida Medicaid Managed Care Plan intends to deny coverage on the basis that a diagnostic test, therapeutic procedure, or medical device or technology is experimental or investigational, the Managed Care Plan shall submit a request for coverage determination to the Agency in accordance with rule 59G-1.035, F.A.C and Core SMMC Contract, Attachment II, Section VI.G.4.d.**

**Below is a list of the materials the plans are required to submit when they deny coverage as experimental/investigational:**

- A. Include the CPT or HCPCS code(s)
- B. Include a list of other state Medicaid agencies and private insurers who cover the service
- C. Include information about the health service from the U.S. Food and Drug Administration
- D. Include known risks of the service and health outcomes of others who have received it
- E. Include a list of covered alternative services, if any, that could be used to treat the condition
- F. Identify a specific recipient needing the service
- G. Include the recipient's health history
- H. Include the disease information necessitating the requested service
- I. Include a rationale for the immediacy of the review

#### Additional required information

- A. Submit the rationale used to preliminarily indicate the service is experimental/investigational
  1. Include peer-reviewed journal articles in PDF format with links to the online articles
  2. Include evidence-based clinical guidelines reviewed by the plan
- B. Submit direct contact information (name, phone number, & email address) for the Medical Director

# Medical Policy

## Selected Sleep Testing Services

42145, 95806, 95808, 95810, 95811, 99508; removed ICD-9 Procedure codes 76.62, 76.63, 76.64, 76.65, 76.66, 89.17; removed HCPCS codes E0561, E0562, E0601, K0183, K0189, K0268, K0531, K0532, K0533, S8260, D7940, D7944, D7946, D7947, D7948, D7949, D7950, D7950, D7995, D7996, S2080, 0088T.

Pre-Merger Organizations	Last Review Date	Document Number	Title
Anthem, Inc.	07/28/2004	MED.00002	Diagnosis of Sleep Disorders and Treatment of Obstructive Sleep Apnea
WellPoint Health Networks, Inc.	06/24/2004	2.03.10	Polysomnography and Other Sleep Studies in Adults
	09/23/2004	2.03.18	Polysomnography and Other Sleep Studies in Children
	06/24/2004	Clinical Guideline	Multiple Sleep Latency Test

Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Medical Policy, which addresses medical efficacy, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.

© CPT Only – American Medical Association

The requirements below are specific to the Florida Medicaid Managed Care Plan and are not a part of the Medical Policy or Clinical UM guideline approved by Elevance Health's Medical Policy and Technology Assessment Committee.

**If the Florida Medicaid Managed Care Plan intends to deny coverage on the basis that a diagnostic test, therapeutic procedure, or medical device or technology is experimental or investigational, the Managed Care Plan shall submit a request for coverage determination to the Agency in accordance with rule 59G-1.035, F.A.C and Core SMMC Contract, Attachment II, Section VI.G.4.d.**

**Below is a list of the materials the plans are required to submit when they deny coverage as experimental/investigational:**

- A. Include the CPT or HCPCS code(s)
- B. Include a list of other state Medicaid agencies and private insurers who cover the service
- C. Include information about the health service from the U.S. Food and Drug Administration
- D. Include known risks of the service and health outcomes of others who have received it
- E. Include a list of covered alternative services, if any, that could be used to treat the condition
- F. Identify a specific recipient needing the service
- G. Include the recipient's health history
- H. Include the disease information necessitating the requested service
- I. Include a rationale for the immediacy of the review

### Additional required information

- A. Submit the rationale used to preliminarily indicate the service is experimental/investigational
  1. Include peer-reviewed journal articles in PDF format with links to the online articles
  2. Include evidence-based clinical guidelines reviewed by the plan
- B. Submit direct contact information (name, phone number, & email address) for the Medical Director