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## **1.0 Description of the Procedure, Product, or Service**

Sleep studies and polysomnography refer to attended services for the continuous and simultaneous monitoring and recording of various physiological and pathophysiological parameters of sleep for six or more hours. Sleep studies and polysomnography are performed with physician review, interpretation and report. Sleep studies and polysomnography are performed to diagnose a variety of sleep disorders and to evaluate a patient's response to therapies such as nasal continuous positive airway pressure (NCPAP).

### **1.1 Definitions**

#### **1.1.1 Polysomnography**

Polysomnography is the scientific evaluation of sleep that involves a physiologic recording in a specialized facility. Polysomnography is distinguished from sleep studies by the inclusion of sleep staging.

#### **1.1.2 Sleep Study**

A sleep study does not include sleep staging. A sleep study may involve simultaneous recording of ventilation, respiratory effort, electrocardiogram (EKG) or heart rate, and oxygen saturation.

##### **a. Multiple Sleep Latency Test**

1. Measures daytime sleepiness.
2. The instruction is to try to fall asleep.
3. Involves four to five, 20-minute recordings of sleep-wake states spaced at 2-hour intervals throughout the day.

##### **b. Maintenance of Wakefulness Test**

1. Measures daytime sleepiness.
2. Involves multiple trials throughout a day of low-demand activity when the instructions are to resist sleep.

## **2.0 Eligibility Requirements**

### **2.1 Provisions**

#### **2.1.1 General**

*(The term "General" found throughout this policy applies to all Medicaid and NCHC policies)*

- a. An eligible beneficiary shall be enrolled in either:
  1. the NC Medicaid Program (*Medicaid is NC Medicaid program, unless context clearly indicates otherwise*); or
  2. the NC Health Choice (*NCHC is NC Health Choice program, unless context clearly indicates otherwise*) Program on the date of service and shall meet the criteria in **Section 3.0 of this policy**.

- b. Provider(s) shall verify each Medicaid or NCHC beneficiary's eligibility each time a service is rendered.
- c. The Medicaid beneficiary may have service restrictions due to their eligibility category that would make them ineligible for this service.
- d. Following is only one of the eligibility and other requirements for participation in the NCHC Program under GS 108A-70.21(a): Children must be between the ages of 6 through 18.

### 2.1.2 Specific

*(The term "Specific" found throughout this policy only applies to this policy)*

- a. **Medicaid**  
None Apply.
- b. **NCHC**  
None Apply.

## 2.2 Special Provisions

### 2.2.1 EPSDT Special Provision: Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age

#### a. 42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid beneficiary under 21 years of age **if** the service is **medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (includes any evaluation by a physician or other licensed practitioner).

This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his or her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the beneficiary's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the beneficiary's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product or procedure:

1. that is unsafe, ineffective, or experimental or investigational.
2. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a

defect, physical or mental illness, or a condition” [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary’s health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

**b. EPSDT and Prior Approval Requirements**

1. If the service, product, or procedure requires prior approval, the fact that the beneficiary is under 21 years of age does **NOT** eliminate the requirement for prior approval.
2. **IMPORTANT ADDITIONAL INFORMATION** about EPSDT and prior approval is found in the *NCTracks Provider Claims and Billing Assistance Guide*, and on the EPSDT provider page. The Web addresses are specified below.

*NCTracks Provider Claims and Billing Assistance Guide:*

<https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html>

EPSDT provider page: <http://www.ncdhhs.gov/dma/epsdt/>

**2.2.2 EPSDT does not apply to NCHC beneficiaries**

**2.2.3 Health Choice Special Provision for a Health Choice Beneficiary age 6 through 18 years of age**

The Division of Medical Assistance (DMA) shall deny the claim for coverage for an NCHC beneficiary who does not meet the criteria within **Section 3.0** of this policy. Only services included under the NCHC State Plan and the DMA clinical coverage policies, service definitions, or billing codes are covered for an NCHC beneficiary.

**3.0 When the Procedure, Product, or Service Is Covered**

*Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.*

**3.1 General Criteria Covered**

Medicaid and NCHC shall cover the procedure, product, or service related to this policy when medically necessary, and:

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the beneficiary’s needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the beneficiary, the beneficiary’s caretaker, or the provider.

## 3.2 Specific Criteria Covered

### 3.2.1 Specific criteria covered by both Medicaid and NCHC

a. Supervised polysomnography or sleep study

A supervised polysomnography or sleep study performed in a sleep laboratory may be considered medically necessary as a diagnostic test in beneficiaries who present with one of the following:

1. Narcolepsy

Narcolepsy is a syndrome that is characterized by abnormal sleep tendencies (excessive daytime sleepiness, disturbed nocturnal sleep, inappropriate sleep episodes or attacks).

Polysomnography or sleep studies are covered as a diagnostic test for narcolepsy when the condition is severe enough to interfere with the beneficiary's well-being and health.

Ordinarily, a diagnosis of narcolepsy can be confirmed by three sleep naps.

2. Sleep Apnea

Sleep apnea is a potentially lethal condition where the beneficiary stops breathing during sleep. The three types are central, obstructive, and mixed.

Apnea is defined as a cessation of airflow for at least ten seconds. Hypopnea is defined as an abnormal respiratory event lasting at least ten seconds with at least a 30 percent reduction in thoracoabdominal movement or airflow with at least 4 percent oxygen desaturations.

3. Parasomnia

Parasomnia is a group of conditions that represent undesirable or unpleasant occurrences during sleep. These conditions may include the following:

A. Sleepwalking.

B. Sleep terrors.

C. Rapid eye movement (REM) sleep behavior disorders.

Suspected seizure disorders as possible cause of the parasomnia are appropriately evaluated by standard or prolonged sleep EEG studies.

4. Periodic Limb Movement Disorder (PLMD)

PLMD is an involuntary, repetitive movement disorder during sleep, primarily in the legs that may lead to arousals, sleep disruption, and corresponding daytime sleepiness.

5. Chronic Insomnia

At least one of the following conditions must be met.

A. Diagnosis is uncertain.

B. Sleep related breathing disorder or periodic limb movement disorder is suspected.

C. A beneficiary is refractory to treatment.

D. Violent behaviors are comorbid.

E. Circadian dysrhythmias complicate the clinical picture.

6. Snoring

At least one of the following conditions must be met.

A. Disturbed sleep patterns.

B. Excessive daytime sleepiness.

C. Unexplained awake hypercapnia.

D. Apneic breathing.

- E. Cognitive problems.
- F. Excessive fatigue.
- b. Unattended Sleep Studies  
Unattended sleep studies are covered when all of the following are met:
  - 1. Type II or Type III device is used as described below:
    - A. Type II: Comprehensive, portable sleep study Minimum of 7 parameters including EEG, EOG, chin EMG, ECG or heart rate, airflow, respiratory effort, oxygen saturation
    - B. Type III: Modified portable sleep apnea testing Minimum of 4 parameters, including ventilation (at least 2 channels of respiratory movement, or respiratory movement and airflow), heart rate or ECG, and oxygen saturation)
  - 2. Service shall be provided by a physician who meets all eligibility qualifications for participation in **Section 6.0**.  
The qualifications of the physician who interprets and bills the unattended sleep studies (HST-Type II or, III,) shall include at least one of the following:
    - A. Current certification in Sleep Medicine by the American Board of Sleep Medicine (ABSM), OR
    - B. Current subspecialty certification in Sleep Medicine by a member board of the American Board of Medical Specialties (ABMS), OR
    - C. Completed residency or fellowship training by an ABMS member board and has completed all the requirements for subspecialty certification in sleep medicine except the examination itself and only until the time of reporting of the first examination for which the physician is eligible, OR
    - D. Active staff membership of a sleep center or laboratory accredited by the American Academy of Sleep Medicine (AASM) or The Joint Commission (Formerly the Joint Commission on Accreditation of Healthcare).
  - 3. The test shall be interpreted by a physician qualified to read full sleep studies
  - 4. All of the raw data shall be examined by the reading physician
  - 5. The test shall gather a minimum of 6 hours of data collected during the beneficiary's usual sleeping period
  - 6. The Beneficiary meets the following criteria:
    - A. High pretest probability of OSA with at least 4 of the following symptoms are considered to be at high risk for OSA:
      - i. habitual snoring
      - ii. observed apneas
      - iii. wakes choking and gasping for air
      - iv. morning headaches
      - v. excessive daytime sleepiness
      - vi. a body mass index greater than 35
  - 7. OSA is suspected and in-laboratory PSG is not possible or diagnosis of OSA has been established, therapy has been initiated, and response to treatment is to be evaluated, and no significant co-morbid conditions exist that could impact the accuracy of the study (e.g., moderate to severe pulmonary disease, neuromuscular disease, congestive heart failure) or no sleep disorders other than OSA are suspected (e.g., central sleep apnea, periodic limb movement disorder, insomnia, parasomnias, circadian rhythm disorders, narcolepsy).

### **3.2.2 Medicaid Additional Criteria Covered**

None Apply.

### **3.2.3 NCHC Additional Criteria Covered**

None Apply.

## **4.0 When the Procedure, Product, or Service Is Not Covered**

*Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.*

### **4.1 General Criteria Not Covered**

Medicaid and NCHC shall not cover the procedure, product, or service related to this policy when:

- a. the beneficiary does not meet the eligibility requirements listed in **Section 2.0**;
- b. the beneficiary does not meet the criteria listed in **Section 3.0**;
- c. the procedure, product, or service duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental, investigational, or part of a clinical trial.

### **4.2 Specific Criteria Not Covered**

#### **4.2.1 Specific Criteria Not Covered by both Medicaid and NCHC**

Sleep studies and polysomnography are not considered medically necessary for the following indications:

- a. Impotence.
- b. Chronic insomnia, except when an underlying physiology exists, such as those listed under **Subsection 3.2.1**.
- c. Snoring, except when an underlying physiology exists, such as those listed under **Subsection 3.2.1**.

Unattended (unsupervised) sleep studies are considered investigational for the following indications:

- a. Beneficiaries who are considered at low to moderate risk for OSA.
- b. Unattended sleep studies utilizing fewer than 4 channels are considered investigational for the diagnosis of sleep apnea syndromes.
- c. In persons under 18 years of age.

#### **4.2.2 Medicaid Additional Criteria Not Covered**

None Apply.

#### **4.2.3 NCHC Additional Criteria Not Covered**

- a. NCGS § 108A-70.21(b) “Except as otherwise provided for eligibility, fees, deductibles, copayments, and other cost sharing charges, health benefits coverage provided to children eligible under the Program shall be equivalent to coverage provided for dependents under North Carolina Medicaid Program except for the following:
  1. No services for long-term care.
  2. No nonemergency medical transportation.
  3. No EPSDT.
  4. Dental services shall be provided on a restricted basis in accordance with criteria adopted by the Department to implement this subsection.”

### **5.0 Requirements for and Limitations on Coverage**

*Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for Medicaid Beneficiaries under 21 Years of Age.*

#### **5.1 Prior Approval**

Medicaid and NCHC shall require prior approval for unattended (unsupervised) sleep studies. Medical records documenting the criteria listed in **Subsection 3.2.1.b** shall be submitted with the request.

#### **5.2 Prior Approval Requirements**

##### **5.2.1 General**

The provider(s) shall submit to the Department of Health and Human Services (DHHS) Utilization Review Contractor the following:

- a. the prior approval request; and
- b. all health records and any other records that support the beneficiary has met the specific criteria in **Subsection 3.2** of this policy.

#### **5.3 Previous Testing**

Previous testing performed by the attending physician, to the extent the results are still pertinent, should not be duplicated.

#### **5.4 General Requirements**

Sleep studies and polysomnography must include recording, interpretation, and reporting.

#### **5.5 Polysomnography Requirements**

For a study to be reported as polysomnography, sleep must be recorded and staged. Sleep staging includes but is not limited to the following:

- a. 1- to 4-lead electroencephalogram (EEG).
- b. Electro-oculogram (EOG).
- c. Submental electromyogram (EMG).
- d. Electrocardiogram (EKG).
- e. Airflow, ventilation, and respiratory effort.
- f. Oximetry and/or CO<sub>2</sub> measurements.

- g. Extremity muscle activity.
- h. Extended EEG monitoring.
- i. Gastroesophageal reflux.
- j. Continuous blood pressure monitoring.
- k. Snoring.
- l. Body positions.

## **6.0 Provider(s) Eligible to Bill for the Procedure, Product, or Service**

To be eligible to bill for the procedure, product, or service related to this policy, the provider(s) shall:

- a. meet Medicaid or NCHC qualifications for participation;
- b. have a current and signed Department of Health and Human Services (DHHS) Provider Administrative Participation Agreement; and
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

### **6.1 Provider Qualifications and Occupational Licensing Entity Regulations**

None Apply.

### **6.2 Provider Certifications**

None Apply.

## **7.0 Additional Requirements**

*Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.*

### **7.1 Compliance**

Provider(s) shall comply with the following in effect at the time the service is rendered:

- a. All applicable agreements, federal, state and local laws and regulations including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements; and
- b. All DMA's clinical (medical) coverage policies, guidelines, policies, provider manuals, implementation updates, and bulletins published by the Centers for Medicare and Medicaid Services (CMS), DHHS, DHHS division(s) or fiscal contractor(s).

## 8.0 Policy Implementation/Revision Information

**Original Effective Date:** January 1, 1991

### Revision Information:

Date	Section Revised	Change
12/01/2006	Sections 2 through 5	A special provision related to EPSDT was added.
05/01/2007	Sections 2 through 5	EPSDT information was revised to clarify exceptions to policy limitations for recipients under 21 years of age
05/01/2007	Attachment A	Added UB-04 as an accepted claim form
09/01/2007	All sections and attachment(s)	Standardized requirements language.
09/01/2007	Section 5.1	Added statement that prior approval is not required.
09/01/2007	Attachment A, letter A	Added electronic transaction numbers.
09/01/2007	Attachment A, letter B	Removed general ICD-9-CM code 799.0 and added more specific codes 799.01 and 799.02.
09/01/2008	Section 3.2.6	Added criteria for snoring to be used as medical necessity for a sleep study.
09/01/2008	Section 4.2	Clarified that snoring must be accompanied by an underlying physiology in order to be used as a reason for a sleep study.
09/01/2008	Attachment A, letter B	Added diagnosis codes 327.23, 327.51, and 786.09.
07/01/2010	All sections and attachment(s)	Session Law 2009-451, Section 10.31(a) Transition of NC Health Choice Program administrative oversight from the State Health Plan to DMA in the NC Department of Health and Human Services.
03/12/2012	All sections and attachment(s)	To be equivalent where applicable to NC DMA's Clinical Coverage Policy # 1A-20 under Session Law 2011-145, § 10.41.(b)
03/12/2012	All sections and attachment(s)	Technical changes to merge Medicaid and NCHC current coverage into one policy.
02/01/2013	Section 3.2b	Added criteria for unattended sleep studies
02/01/2013	Section 4.2b	Clarified what was not covered for unattended sleep studies
02/01/2013	Section 5.1	Added PA criteria for unattended sleep studies
02/01/2013	Attachment A, letter C	Added CPT code for unattended sleep studies
02/01/2013	All sections and attachment(s)	Technical changes updating beneficiary language
04/01/2013	Attachment A, letter C	The American Medical Association (AMA) added new CPT codes 95782 and 95783 and amended 95808, 95810 and 95811 effective with date of service January 1, 2013
05/07/2013	Attachment A, letter C	Removed yellow highlighting
10/01/2015	All Sections and Attachments	Updated policy template language and added ICD-10 codes to comply with federally mandated 10/1/2015 implementation where applicable.

**Attachment A: Claims-Related Information**

Provider(s) shall comply with the, *NCTracks Provider Claims and Billing Assistance Guide*, Medicaid bulletins, fee schedules, DMA’s clinical coverage policies and any other relevant documents for specific coverage and reimbursement for Medicaid and NCHC:

**A. Claim Type**

Professional (CMS-1500/837P transaction)

**B. International Classification of Diseases, Tenth Revisions, Clinical Modification (ICD-10-CM) and Procedural Coding System (PCS)**

Provider(s) shall report the ICD-10-CM and Procedural Coding System (PCS) to the highest level of specificity that supports medical necessity. Provider(s) shall use the current ICD-10 edition and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for code description, as it is no longer documented in the policy.

ICD-10-CM Code(s)		
E66.01	G40.812	G47.33
E67.8	G40.813	G47.411
F51.12	G40.814	G47.419
F51.3	G40.821	G47.421
F51.4	G40.822	G47.429
F51.5	G40.823	G47.61
F51.8	G40.824	G47.8
F51.9	G40.89	R06.00
G40.101	G40.A01	R06.09
G40.109	G40.A09	R06.3
G40.111	G40.A11	R06.83
G40.119	G40.A19	R06.89
G40.501	G40.B01	R06.9
G40.509	G40.B09	R09.01
G40.801	G40.B11	R09.02
G40.802	G40.B19	R40.0
G40.803	G47.10	R40.1
G40.804	G47.20	
G40.811	G47.30	

**C. Code(s)**

Provider(s) shall report the most specific billing code that accurately and completely describes the procedure, product or service provided. Provider(s) shall use the Current Procedural Terminology (CPT), Health Care Procedure Coding System (HCPCS), and UB-04 Data Specifications Manual (for a complete listing of valid revenue codes) and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for the code description, as it is no longer documented in the policy.

If no such specific CPT or HCPCS code exists, then the provider(s) shall report the procedure, product or service using the appropriate unlisted procedure or service code.

CPT Code(s)
95805
95806
95807
95808
95810
95811
95782
95783

**Unlisted Procedure or Service**

**CPT:** The provider(s) shall refer to and comply with the Instructions for Use of the CPT Codebook, Unlisted Procedure or Service, and Special Report as documented in the current CPT in effect at the time of service.

**HCPCS:** The provider(s) shall refer to and comply with the Instructions For Use of HCPCS National Level II codes, Unlisted Procedure or Service and Special Report as documented in the current HCPCS edition in effect at the time of service.

**D. Modifiers**

Provider(s) shall follow applicable modifier guidelines.

**E. Billing Units**

The provider shall report the appropriate procedure code(s) used which determines the billing unit(s).

1. Polysomnography and sleep studies may be billed as a complete procedure or as professional and technical components.
  - a. Polysomnography and sleep studies are limited to one procedure per date of service by the same or different provider.
  - b. The technical or the professional component cannot be billed by the same or different provider on the same date of service as the complete procedure is billed.
  - c. The complete procedure is viewed as an episode of care that may start on one day and conclude on the next day. When billing for the complete procedure, the date that the procedure began is the date of service that should be billed. The complete procedure should not be billed with two dates of services.

- d. If components are billed, the technical and the professional components should be billed with the date the service was rendered as the date of service.
2. Separate reimbursement is not allowed for the following procedures on the same date of service by the same or different provider:
  - a. Electrocardiographic monitoring for 24 hours (CPT codes 93224 through 93272) with sleep studies and polysomnography (CPT codes 95805 through 95811).
  - b. Non-invasive ear or pulse oximetry single or multiple determinations (CPT codes 94760 and 94761) with sleep studies and polysomnography (CPT codes 95805 through 95811).
  - c. Circadian respiratory pattern recording (pediatric pneumogram), 12 to 24 hour, continuous recording, infant, (CPT code 94772) with sleep studies (CPT codes 95805 through 95806) (age six and under).
  - d. Continuous positive airway pressure ventilation, CPAP, initiation and management, (CPT code 94660) with polysomnography (CPT code 95811).
  - e. Electroencephalogram (CPT codes 95812 through 95827) with polysomnography (CPT codes 95808 through 95811).
  - f. Facial nerve function studies (CPT code 92516) with polysomnography (CPT codes 95808 through 95811).

**F. Place of Service**

Inpatient hospital, Outpatient hospital, Physician's office, home.

**G. Co-payments**

For Medicaid refer to Medicaid State Plan, Attachment 4.18-A, page 1, located at <http://www.ncdhhs.gov/dma/plan/sp.pdf>.

For NCHC refer to G.S. 108A-70.21(d), located at

[http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter\\_108A/GS\\_108A-70.21.html](http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_108A/GS_108A-70.21.html)

**H. Reimbursement Rate**

Providers shall bill their usual and customary charges.

For a schedule of rates, see: <http://www.ncdhhs.gov/dma/fee/>.