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Contractor Name

CareFirst of Maryland INC., Medicare Part A

Contractor Number

00190

Contractor Type

Fiscal Intermediary

LCD Database ID Number

DL20690

LCD Title

Sleep Studies

Contractor's Determination Number

05-04-R1

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CMS National Coverage Policy

- Establishment of national policy supersedes all previous contractor policy statements, including Local Medical Policy coverage guidelines
- Title XVIII of the Social Security Act, section 1862 (a) (7). This section excludes routine physical examinations.
- Title XVIII of the Social Security Act, section 1862 (a) (1) (A). This section allows coverage and payment for only those services that are considered to be medically reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.
- Title XVIII of the Social Security Act, Section 1833(e). This section prohibits Medicare payment for any claim that lacks the necessary information to process the claim.

Primary Geographic Jurisdiction

Maryland

Washington, DC

Secondary Geographic Jurisdiction

Alabama, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Illinois, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Wisconsin, Washington state, and Wyoming

Oversight Region

Region III

CMS Consortium

Northeast

DMERC Region LCD Covers

N/A

Original Determination Effective Date

10/10/2005

Revision Effective Date

10/01/2005

Indications and Limitations of Coverage and/or Medical Necessity

Sleep studies are used to evaluate sleep disorders, obstructive airway disorders, and, in some cases, impotence.

A polysomnogram is a sleep study that includes sleep staging, incorporating EEG, EOG, and submental EMG monitoring at a minimum. It may also include chest plethysmography, ECG rhythm strip recording, nasal airflow monitoring, pulse oximetry, EMG of the legs, and/or other evaluations. One of its most common applications is in the diagnosis of obstructive sleep apnea. Oftentimes, once a diagnosis of sleep apnea has been made, a second polysomnogram will be performed to evaluate the response to an initiated therapy. Other times, a "split" sleep study may be performed. In a split sleep study, a therapeutic trial of continuous positive airway pressure (CPAP) or bi-level positive airway pressure (BiLevel PAP) is initiated in the second half of the study in response to a diagnosis of obstructive sleep apnea established or confirmed during the first half of the test.

Multiple sleep latency testing is done during the daytime over several two hour intervals to evaluate the onset of sleep, quantify sleepiness, and aid in establishing the diagnosis of narcolepsy.

Nocturnal penile tumescence is a test that can be employed to help substantiate a physiologic basis for impotence.

Indications

Medicare will consider the diagnostic tests of Sleep Disorder Clinics reasonable and necessary when performed for the medical conditions listed in this section and when the following criteria are met:

- The clinic is either affiliated with a hospital or is under the direction and control of physicians. Diagnostic testing routinely performed in sleep disorder clinics may be covered even in the absence of direct supervision by a physician.
- Patients are referred to the sleep disorder clinic by their attending physicians, and the clinic maintains a record of the attending physician's orders.
- The need for diagnostic testing is confirmed by medical evidence, e.g., clinical history, physician examination and laboratory tests.

Sleep studies should be attended, properly controlled, monitored, and recorded, and last for at least six hours. Direct physician supervision is not required for a sleep study to be performed.

Nocturnal penile tumescence - 54250: This test should be done on selected patients with impotence when the information obtained will be used to direct treatment options. The test should be performed over a maximum of two nights.

Multiple sleep latency test - 95805: This test is used primarily in the diagnosis of narcolepsy and to objectively quantify sleepiness..

Sleep study, attended - 95807: This test is usually done to evaluate a response to therapy.

Polysomnogram - 95808, 95810: This test is done to evaluate sleep architecture and determine any associated sleep abnormalities, including, but not limited to, sleep disordered breathing (e.g. obstructive sleep apnea), periodic limb movement disorder, REM sleep behavior disorder and other sleep related movement disorders.

Polysomnogram with CPAP or BiLevel PAP evaluation - 95811: This test is usually done as a therapeutic trial of continuous or bi-level positive airway pressure applied to minimize disordered breathing events. A "split night study" may be performed, in which the initial portion of the study occurs without PAP to establish or confirm the diagnosis of sleep disordered breathing, while the later portion of the study is used to apply and titrate positive airway pressure to the appropriate level.

Limitations

Unattended sleep studies - 95806 - are not covered by Medicare.

Sleep studies are not reasonable and necessary for the diagnosis of insomnia.

Sleep studies are not reasonable and necessary for the evaluation of snoring alone, unless the snoring is thought to be a manifestation of sleep disordered breathing. When the description of the snoring in the clinical history or the presence of other symptoms is suggestive of sleep disordered breathing (e.g. obstructive sleep apnea), a sleep study is considered reasonable and necessary.

Coverage Topics

Diagnostic Tests and X-rays

Bill Type Codes

13X, 21X, 85X

Revenue Codes

0519, 074X, 092X

CPT/HCPCS Codes

The AMA and CMS require the use of short descriptors for policies published on the Web. Refer to the CPT book for the long description of the following codes:

54250	Noct penile tumescence
95805	Mult sleep latency
95807	Sleep study, attended
95808	Polysomnography, 1-3 parameters
95810	Polysomnography, 4 or more parameters
95811	Polysomnography, CPAP or BiLevel PAP

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Does the "CPT 30% Coding Rule" Apply?

No

ICD-9 Codes that Support Medical Necessity

ICD-9-CM code listings may cover a range and include truncated codes. It is the provider's responsibility to avoid truncated codes by selecting a code(s) carried out to the highest level of specificity and selected from the ICD-9-CM book appropriate to the year in which the claim is submitted.

It is not enough to link the procedure code to a correct, payable ICD-9-CM code. The diagnosis or clinical suspicion must be present for the procedure to be paid.

Covered for:

Medicare is establishing the following limited coverage for 54250:

607.84	Impotence of organic origin
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Medicare is establishing the following limited coverage for 95805:

347.00	Narcolepsy without cataplexy
347.01	Narcolepsy with cataplexy
347.10	Narcolepsy in conditions classified elsewhere without cataplexy
347.11	Narcolepsy in conditions classified elsewhere with cataplexy
780.53	Hypersomnia with sleep apnea, unspecified

780.54 Hypersomnia, unspecified

Medicare is establishing the following limited coverage for 95807, 95808, and 95810:

307.43 Transient disorder of initiating or maintaining wakefulness
 307.44 Persistent disorder of initiating or maintaining wakefulness
 307.45 Circadian rhythm sleep disorder of nonorganic origin
 307.46 Somnambulism or night terrors
 307.47 Other dysfunctions of sleep stages or arousal from sleep
 307.48 Repetitive intrusions of sleep
 333.2 Myoclonus
 347.00 Narcolepsy without cataplexy
 347.01 Narcolepsy with cataplexy
 347.10 Narcolepsy in conditions classified elsewhere without cataplexy
 347.11 Narcolepsy in conditions classified elsewhere with cataplexy
 607.84 Impotence of organic origin
 780.50 Sleep disturbances, unspecified
 780.51 Insomnia with sleep apnea, unspecified
 780.52 Insomnia, unspecified
 780.53 Hypersomnia with sleep apnea, unspecified
 780.54 Hypersomnia, unspecified
 780.55 Disruption of 24-hour sleep-wake cycle, unspecified
 780.56 Dysfunctions associated with sleep stages or arousal from sleep
 780.57 Unspecified sleep apnea
 780.58 Sleep related movement disorder, unspecified
 780.59 Sleep disturbances, other

Medicare is establishing the following limited coverage for 95811:

780.51 Insomnia with sleep apnea, unspecified
 780.53 Hypersomnia with sleep apnea, unspecified
 780.57 Unspecified sleep apnea

Diagnoses that Support Medical Necessity

N/A

ICD-9 Codes that DO NOT Support Medical Necessity

N/A

Diagnoses that DO NOT Support Medical Necessity

N/A

Documentation Requirements

- Documentation supporting the medical necessity should be legible, maintained in the patient's

medical record, and available to Medicare upon request.

- ICD-9-CM diagnosis codes supporting medical necessity must be submitted with each claim. Claims submitted without such evidence will be denied as not medically necessary.

Utilization Guidelines

Medicare will monitor the utilization of this procedure through the Medical Review process.

Sources of Information and Basis for Decision

ACP Medicine

Blue Cross and Blue Shield of Alabama LCD

Blue Cross and Blue Shield of Arkansas LCD

Blue Cross and Blue Shield of Georgia LCD

TrailBlazer Health Services LCD

Standards of Practice Committee of the American Academy of Sleep Medicine. Practice Parameters for the the Clinical Use of the Multiple Sleep Latency Test and the Maintenance of Wakefulness Test. 2005. SLEEP, Vol. 28, No. 1. pp 113-121.

Standards of Practice Committee of the American Academy of Sleep Medicine. Practice Parameters for Using Polysomnography to Evaluate Insomnia: An Update. 2003. SLEEP, Vol. 26, No. 6. pp. 754-760.

Standards of Practice Committee of the American Academy of Sleep Medicine. 1997. Practice Parameters for the Indications for Polysomnography and Related Procedures. SLEEP, Vol. 20: 406-422.

Advisory Committee Notes

This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, which includes representatives from the appropriate specialty (ies).

Start Date of Comment Period

June 17, 2005

End Date of Comment Period

August 1, 2005

Start Date of Notice Period

August 26, 2005

Revision History Number

05-04-R1 09/16/2005

Revision History

Revision Number	Revision History Explanation
05-04-R1	ICD-9 Annual Update as follows: Code description change - coverage for 95805: 780.53 and 780.54; coverage for 95807, 95808, and 95810: 307.45, 780.51, 780.52, 780.53, 780.54, 780.55, 780.57 and 780.58; coverage for 95811: 780.51, 780.53 and 780.57 effective 10/01/2005.

Does this LCD contain a "Least Costly Alternative" provision?

No

THIS BULLETIN SHOULD BE SHARED WITH ALL HEALTH CARE PRACTITIONERS AND MANAGERIAL MEMBERS OF THE PROVIDER/SUPPLIER STAFF. BULLETINS ISSUED AFTER OCTOBER 1, 1999 ARE AVAILABLE FROM OUR WEBSITE AT www.marylandmedicare.com

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