Sleep Studies and Polysomnography
Adjudication Guideline

Abstract

For Members
Billing Rules are the adjudication rules which are in compliance with official CPT, ICDCM and HAAD/CCSC coding guidelines. A billing rule defines the minimum requirements to be met when a service is claimed for a Daman beneficiary in terms of frequency, duration etc. It explains the minimum required documentation to claim a service. It also defines the coverage of a service under a particular insurance plan administered by Daman.

For Medical Professionals

Polysonmography study (PSG) requires the continuous recording of multiple physiological variables to measure sleep architecture and cardio-respiratory function during sleep. This type of study is the standard and should be performed in sleep laboratory service by certified sleep technician and supervised and interpreted by a sleep certified/trained physician a written report should be issued at the completion the sleep study by certified/ trained sleep physician.

Sleep laboratory services can be provided in:

- Hospital
- Day Surgical Centre
- Outpatient care facilities with one of the following services:
  a) Neurology;
  b) Otolaryngology;
  c) Paediatric Pulmonologist;
  d) Paediatric Sleep Medicine;
  e) Pulmonologist;
  f) Sleep Medicine.

Physicians who can operate and interpret sleep laboratory results are:

- Neurologist;
- Otolaryngologist;
- Paediatric Pulmonologist;
- Paediatric Sleep Medicine Specialist;
- Pulmonologist;
- Sleep Medicine Specialist.

Paediatric sleep medicine physicians diagnose, treat and manage paediatric patients with sleep disorders. They shall not manage adult patients with sleep disorders.

Rule Category: Billing

Ref: No: 2013-BR-0002

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Approved by: Daman

Responsible: Medical Standards & Research

Related Adjudication Guidelines: NA

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Sleep Studies and Polysomnography

Scope

The Scope of this adjudication rule is to highlight billing and documentation requirement for reporting sleep study & polysomnography.

Adjudication Policy

Eligibility / Coverage Criteria

Diagnostic sleep testing and polysomnography are covered by Daman for the diagnosis of the Following condition (s) listed below:

<table>
<thead>
<tr>
<th>Plan</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic</td>
<td>Obstructive sleep apnea</td>
</tr>
<tr>
<td>Enhanced with no psychiatric benefit</td>
<td>Obstructive sleep apnea</td>
</tr>
<tr>
<td>Thiqa &amp; Enhanced with psychiatric benefit</td>
<td>a) Narcolepsy: a disorder that causes periods of extreme daytime sleepiness</td>
</tr>
<tr>
<td></td>
<td>b) Sleep apnea: a common disorder in which one or more pauses (cessation) in breathing or shallow breaths while sleep for at least 10 sec</td>
</tr>
<tr>
<td></td>
<td>c) Parasomnias: are disruptive sleep-related disorders</td>
</tr>
</tbody>
</table>

Requirements for Coverage

ICD and CPT codes must be coded to the highest level of specificity.

Non-Coverage

Coverage will be limited if not compliant with payment and coding rule.

- As per the circular sent by Daman, effective February 5th, 2017 Daman does not cover the day stay (per diem code) billed along with sleep study test codes. The Overnight Stay in the sleep center or laboratory is considered an integral part of Polysomnography PSG, Multiple Sleep Latency Test (MSLT), Maintenance of wakefulness test (MWT) and Home Sleep Apnea Test (HST).

- Unattended sleep study will only be covered for Obstructive Sleep Apnea (OSA) diagnosis as narcolepsy or parasomnia patient needs continued sleep study monitoring.

- Multiple sleep latency OR Maintenance of wakefulness test is to measure day time sleepiness study is covered only for Narcolepsy diagnosis.
**Sleep Studies and Polysomnography**

### Payment and Coding Rules

Please apply HAAD payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

- **Unattended Sleep study** is recommended for the evaluation of suspected Obstructive Sleep Apnea (OSA).

- **Multiple sleep latency tests** study requires sleep and wake determinations (about 20 minutes throughout the day). Entire study may require about 12 hours.

- The study needs to be monitored by a trained and HAAD licensed technologist and all the physiological recordings similar to other polysomnography need to be made. The technologist should visually score MSLT.

- Polysomnography is reported only if sleep study is staged and recorded. Study involves an overnight (approximately ten hours) physiologic recording in a specialized facility. Study also includes:

  1. 1-4 lead electroencephalograms (EEG);
  2. An electro-oculogram (EOG);
  3. A sub-mental electromyogram (EMG).

  Additional parameters of sleep include:
  - a) Electrocardiogram (ECG);
  - b) Airflow;
  - c) Ventilation and respiratory effort;
  - d) Gas exchange by oximetry, transcutaneous monitoring, or end tidal gas analysis;
  - e) Extremity muscle activity, motor activity-movement;
  - f) Extended EEG monitoring;
  - g) Penile tumescence;
  - h) Gastro esophageal reflux;
  - i) Continuous blood pressure monitoring;
  - j) Snoring;
  - k) Body positions; etc.

**Billing rules:**

- The billing methodology of all requests and claims for Polysomnography and other sleep studies should include the CPT4 code only, without the SRVC code.

- MSLT- includes all the naps done in a single day. Only one (1) unit of service should be claimed.

- More than one sleep study in a year will be covered only if medically justified.

- Evaluation and management services on the same day of sleep study will be a part of sleep study unless significantly separately identifiable.
Sleep Studies and Polysomnography

Denial codes

<table>
<thead>
<tr>
<th>Code description</th>
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<tbody>
<tr>
<td>Service is not clinically indicated based on good clinical practice</td>
</tr>
<tr>
<td>Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities</td>
</tr>
<tr>
<td>Service/supply may be appropriate, but too frequent</td>
</tr>
<tr>
<td>Payment already made for same/similar service within set time frame</td>
</tr>
<tr>
<td>Payment is included in the allowance for another service</td>
</tr>
</tbody>
</table>

Appendices

A. References

4. CPT book 2011
5. HAAD coding manual 2012
11. http://www.entnet.org/content/clinical-practice-guideline-polysomnography-sleep-disordered-breathing-prior-tonsillectomy

B. Revision History

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>01/07/2013</td>
<td>Release of V1.0</td>
</tr>
<tr>
<td>15/07/2014</td>
<td>Updated V2.0</td>
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<tr>
<td>15/02/2018</td>
<td>Updated V3.0</td>
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<tr>
<td></td>
<td>- Updated V2.0</td>
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<tr>
<td></td>
<td>- Disclaimer updated as per system requirements</td>
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