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2025 Sleep Program

Sleep Studies and Devices

SLP-Sleep-HH

Guideline	Guideline Initiated	Previous Review Date	Last Review Date
Polysomnography (PSG)	06/02/2021	08/01/2024	3/21/2025
Multiple Sleep Latency Test (MSLT) and Maintenance of Wakefulness (MWT)	06/02/2021	07/01/2024	3/21/2025
Automatic Positive Airway Pressure (APAP), Biventricular Positive Airway Pressure (BPAP), Continuous Positive Airway Pressure (CPAP) Devices	05/01/2021	07/01/2024	3/21/2025
Oral Appliance	05/02/2021	07/01/2024	3/21/2025

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Table of Contents

Sleep Testing

Polysomnography (PSG)

Sleep Program: Sleep Studies

Last Review Date: 03/21/2025

Previous Review Date: 08/01/2024

Guideline Initiated: 06/02/2021

Contraindications or Exclusions to Unattended Home Sleep Study (HSS)

Contraindications or exclusions to home sleep testing may include **ANY** of the following:

1. Clinical condition includes **ANY** of the following:
    a. BMI more than 50 kg/m^2
    b. Heart failure, New York Heart Association (NYHA) Class III or IV, or LVEF is 45% or less.
    c. Neuromuscular disease or impairment
    d. Opioid use is chronic.
    e. Pulmonary disease is characterized by forced expiratory volume/forced vital capacity (FEV1/FVC) 0.7 and FEV1 less than 60% predicted, oxygen use or daytime hypercapnia or hypoxemia.
    f. Sleep disorder (other than OSA) is suspected (eg, central sleep apnea, idiopathic hypersomnia, narcolepsy, nocturnal seizure activity, parasomnia, periodic limb movement disorder, rapid-eye movement [REM] behavior disorder, sleep-related hypoventilation).
    g. "Recent stroke (less than six months) with residual neurological deficit(s)".
2. Individual or available caregiver is unable to carry out home instructions.
3. Obstructive sleep apnea (OSA) is asymptomatic, regardless of comorbidities.

References: [6] [8] [7] [1]

Contraindications or Exclusions to Attended In-Laboratory Polysomnography (PSG)

Contraindications or exclusions for an attended in-laboratory polysomnography (PSG) may include of **ANY** of the following:

1. Bruxism
2. Insomnia with **NO** other symptoms of obstructive sleep apnea or other sleep disorders (eg, restless leg, nocturia, fatigue, difficulty concentrating, heavy habitual snoring).
3. Restless leg syndrome (RLS) primary diagnostic testing[1]
4. Rhythmic movement disorder (RMD)
5. Sleep related leg cramps
6. Sleep related myoclonus

Reference: [6]

Polysomnography (PSG) Guideline

NCD 240.4.1
See also, **NCD 240.4.1**: Sleep Testing for Obstructive Sleep Apnea (OSA) at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

Attended In-Lab Polysomnography (PSG)

An attended, in-laboratory polysomnography (PSG) is considered medically appropriate when the documentation demonstrates **ANY** of the following:

1. Non-obstructive sleep apnea (OSA) disorder is suspected or known and **ANY** of the following:
    a. Central sleep apnea (CSA) (Types of CSA: Cheyne-Stokes breathing, drug-induced apnea, high-altitude periodic breathing, idiopathic central sleep apnea, medical condition-induced central sleep apnea, treatment-emergent central sleep apnea. Symptoms of CSA: difficulty falling asleep, excessive daytime sleepiness, frequent nighttime awakening, pause in breathing, snoring and waking up short of breath, etc.)
    b. Medications are used that predispose to central sleep apnea (eg, opioids).
    c. Narcolepsy or idiopathic hypersomnia
    d. Parasomnia, characterized by atypical or violent episodes.

[1]PSG is generally not a direct indication for diagnosing RLS. PSG is useful for measuring periodic limb movements (PLMS), which *contributes* to the RLS diagnosis.

e. Seizure activity, nocturnal, and electroencephalogram (EEG) is abnormal, non-diagnostic or indeterminate.

f. Periodic limb movement disorder (PLMD) and **ALL** of the following:

i. Clinical status includes **ANY** of the following:

A. Antidepressant medication usage

B. Antipsychotic medication usage

C. Hypersomnia persists **AND** prior home sleep study has ruled-out sleep disordered breathing.

D. Iron-deficiency anemia

E. Peripheral neuropathy

F. Pregnancy

G. Pulmonary hypertension

H. Renal failure

ii. Repetitive limb movement is reported.

iii. Sleep disruptions are characterized by **EITHER** of the following:

A. Difficulty remaining asleep/frequently waking.

B. Excessive daytime sleepiness (EDS)

2. Obstructive sleep apnea (OSA) is known and **ALL** of the following:

a. An attended study is required to support advanced positive airway pressure (PAP) titration (eg, adaptive servo ventilation [ASV]).

b. **Contraindication to an unattended home sleep study** (*see section:* Contraindications to Home Sleep Study [HSS]) **OR** prior sleep testing is negative, non-diagnostic, indeterminate or incomplete **AND** symptoms persist.

c. Sleep evaluation is complete (eg, body mass index (BMI), cardiopulmonary assessment, comorbidity evaluation, neck circumference, sleep history).

3. Obstructive sleep apnea is suspected and **ALL** of the following:

a. Evaluation of **ANY** of the following:

i. Excessive daytime sleepiness (EDS) (measured by a combination of tests including those for medical and psychiatric co-morbidities and the Epworth Sleepiness Scale [ESS]) **AND ANY TWO** of the following: [1]

A. BMI is 30 kg/m^2 or higher **OR** large neck circumference (17 inches or more in men or 16 inches or more in women).

B. Hypertension

C. Snoring is loud and habitual.

D. Symptoms of apnea, choking or gasping are present.

ii. High-risk with **EITHER** of the following:

A. Central sleep apnea (CSA) is suspected with comorbidities associated with respiratory impairment (eg, chronic opioid use, neurological disorders).

B. Heart failure with New York Heart Association (NYHA) Class III, NYHA Class IV or left ventricular ejection fraction (LVEF) is 45% or less.

iii. Safety evaluation for professions that have a direct impact on public-safety (eg, bus drivers, pilots, truck drivers).

b. **Contraindication to an unattended home sleep study** (*see section:* Contraindications to Home Sleep Study [HSS]) **OR** prior sleep testing is negative, non-diagnostic, indeterminate or incomplete **AND** symptoms persist.

c. Sleep evaluation is complete (eg, body mass index (BMI), cardiopulmonary assessment, comorbidity evaluation, neck circumference, sleep history).

4. Titration after a hypoglossal nerve stimulator (HNS) implant
References: [3] [6] [8] [1] [4]

Unattended Home Sleep Study (HSS)

An unattended home sleep study is considered medically appropriate when the documentation demonstrates that **ALL** of the following criteria are met:

1. **NO** contraindications to an unattended, home sleep study exist (see section Contraindications to Unattended, Home Sleep Study [HSS]).
2. Obstructive sleep apnea symptoms (eg, BMI 30 m^2 or higher, choking or gasping during sleep, habitual loud snoring, large neck circumference [17 inches or more in men, or 16 inches or more in women], observed apneas) **AND** fatigue and/or excessive daytime sleepiness (measured by a combination of test including those for medical and psychiatric co-morbidities and the Epworth Sleepiness Scale [ESS]).
3. Sleep evaluation is complete (eg, body mass index (BMI), cardiopulmonary assessment, comorbidity evaluation, neck circumference, sleep history).

References: [1] [6] [8]

Repeat In-Lab Polysomnography (PSG)

A repeat in-lab polysomnography (PSG) is considered medically appropriate when the documentation demonstrates **ANY** of the following:

1. Assessment of response to treatment with non-positive airway pressure (PAP) interventions, when clinically significant weight loss or gain has occurred since diagnosis of obstructive sleep apnea (OSA) or initiation of its treatment.
2. Attended study is required to support PAP titration.
3. Change in cardiovascular disease
4. Current treatment for OSA with development of unexplained symptoms of obstructive sleep apnea syndrome (OSAS).
5. Reassessment of sleep-related hypoxemia and/or sleep-related hypoventilation following initiation of treatment for OSA

Reference: [5]

Repeat Home Sleep Study (HSS)

A repeat home sleep study (HSS) is considered medically appropriate when the documentation demonstrates an unattended study is required for **ANY** of the following:

1. Obstructive sleep apnea (OSA) diagnosis re-evaluation when an assessment is needed for positive airway pressure adjustment or discontinuation (eg, weight or symptom changes)
2. Post-treatment evaluation for surgery or oral appliance device efficacy

Reference: [5]

Split-Night Study

A split-night attended in-lab sleep study is considered medically appropriate when the documentation demonstrates that **ALL** of the following criteria are met:

1. In-lab, attended polysomnography (PSG) indications are met (see section: Attended In-lab Polysomnography).
2. Sleep study is diagnostic and 3 hours are left to complete continuous positive airway pressure (CPAP) titration.

References: [6] [8]

LCD 33405
See also, **LCD 33405**: Polysomnography and Sleep Testing at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

LCD 34040
See also, **LCD 34040**: Polysomnography and Other Sleep Studies at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

LCD 35050
See also, **LCD 35050**: Outpatient Sleep Studies at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

LCD 36593
See also, **LCD 36593**: Polysomnography at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

LCD 36839
See also, **LCD 36839**: Polysomnography and Other Sleep Studies at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

LCD 36861
See also, **LCD 36861**: Polysomnography and Other Sleep Studies at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

LCD 36902
See also, **LCD 36902**: Polysomnography and Other Sleep Studies at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

Bilevel positive airway pressure/continuous positive airway pressure BPAP/CPAP Titration Guideline

BPAP/CPAP

An in-laboratory bilevel positive airway pressure/continuous positive airway pressure (BPAP/CPAP) titration study is considered medically appropriate when the documentation demonstrates **ANY** of the following:

1. BPAP or other advanced positive airway pressure (PAP) modalities (eg, adaptive servo-ventilation [ASV], average volume-assured pressure support [AVAPS] or intelligent volume assured pressure support [iVAPS]) are indicated.
2. CPAP therapy is adhered to and symptoms of sleep apnea remain or recur.
3. Oxyhemoglobin desaturation occurs while on PAP therapy.

Reference: [5]

Sleep Study, Pediatric/Young Adult Guideline

Attended In-Lab Polysomnography (PSG)

An attended, in-laboratory polysomnography is considered medically appropriate when the documentation demonstrates **ANY** of the following:

1. Adenotonsillectomy for peri-operative monitoring when obstructive sleep apnea (OSA) is suspected or known.
2. Apparent life-threatening event (ALTE) is suspected in an infant with a sleep related breathing disorder (eg, apnea, change in color or muscle tone, coughing, gagging).
3. Chest wall deformities are suspected.
4. Congenital central alveolar hypoventilation syndrome is suspected.
5. Neuromuscular disorders are known and hypoventilation is suspected.
6. Positive airway pressure (PAP) evaluation or titration
7. Symptom evaluation for **ANY** of the following:

a. Hypersomnia or parasomnia
b. Learning problems during the daytime (eg, behavioral issues, inattention, neurocognitive issues)
c. Periodic limb movement disorder (PLMD)
d. Restless leg syndrome
e. Seizures are nocturnal.
f. Sleep disturbance with frequent gasps, labored breathing, pauses or snorts

References: [2] [17]

In Home Sleep Study

An in home pediatric sleep study:

- The role of this therapy is uncertain/unclear in the current evidence. Requests for this therapy require review by a physician reviewer, medical director and/or the individual's healthplan.

References: [2] [17]

PSG Procedure Codes

Table 1. Sleep Studies, Polysomnography (PSG) Associated Procedure Codes

CODE	DESCRIPTION
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist
95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist

PSG Summary of Changes

The polysomnography (PSG) sleep clinical guidelines from 2024 to 2025 had the following version changes:

- Citations updated per the evidence.
- Evidence reviewed and indications remained the same.

Polysomnography References

[1] Avidan, A. (2022). Sleep and Its Disorder. *Bradley and Daroffs Neurology in Clinical Practice, 101* (2022), 1664-1744.e9.

[2] Baughn, J.M. (2025). Pediatric Sleep Disorders. R.D. Kellerman & D.P. Rakel (Eds.). *Conn's Current Therapy 2025*, (pp. 1416-1421). Philadelphia, PA: Elsevier.

[3] Blattner, M., Maski, K. (2023) Narcolepsy and Idiopathic Hypersomnia. *Sleep Medicine Clinics, 18*(2), 183-199.

[4] Brown, D.B. (2022). Legal Aspects of Fatigue- and Safety-Sensitive Professions. M. Kryger, T. Roth, . . . W.C. Dement (Eds.). *Principles and Practice of Sleep Medicine* (7), (pp. 723-726.e4). Philadelphia, PA: Elsevier.

[5] Caples, S.M., Anderson, W.M., . . . Hasmi, S.D. (2021). Use of polysomnography and home sleep apnea tests for the longitudinal management of obstructive sleep apnea in adults: an American Academy of Sleep Medicine clinical guideline statement. *Journal of Clinical Sleep Medicine, 17* (6), 1287-1293.

[6] Kimoff, R.J., Kaminska, M. & Pamidi, S. (2022). Obstructive Sleep Apnea. V.C. Broaddus. (Eds.). *Murray & Nadel's Textbook of Respiratory Medicine* (7), (pp. 1654-1669.e.14). Philadelphia: Elsevier.

[7] Mokhlesi, B., Tamisier, R. (2022). Obesity-Hypoventilation Syndrome. M. Kryger, T. Roth, . . . W.C. Dement (Eds.). *Principles and Practice of Sleep Medicine* (7), (pp. 1337-1348.e7). Philadelphia, PA: Elsevier, Inc.

[8] Sarber, K.M., Lam, D.J. & Ishman, S.L. (2021). Sleep Apnea and Sleep Disorders. P.W. Flint & H.W. Francis (Eds.). *Cummings Otolaryngology: Head and Neck Surgery* (7), (pp. 215-235 e4). Philadelphia, PA: Elsevier.

Multiple Sleep Latency Test (MSLT) and Maintenance of Wakefulness (MWT)

Sleep Program: Sleep Studies

Last Review Date: 03/21/2025
Previous Review Date: 07/01/2024
Guideline Initiated: 06/02/2021

Contraindications or Exclusions to Multiple Sleep Latency Test (MSLT)

Contraindications or exclusions to multiple sleep latency test (MSLT) include **ANY** of the following:

1. Circadian rhythm disorders
2. Insomnia

3. Neurological (other than narcolepsy) or medical disorders for the routine assessment of sleepiness.
4. Obstructive sleep apnea (OSA) is suspected, for initial evaluation.
5. OSA is known, for treatment planning (eg, positive airway pressure [PAP]).

Reference: [3]

Maintenance of Wakefulness Test (MWT) Guideline

IMPORTANT
Polysomnography (PSG) must be done on the night preceding MWT to rule out other sleep disorders and to document adequate nocturnal sleep time (6 hours).

MWT

An in-lab, supervised maintenance of wakefulness test (MWT) is considered medically appropriate when the documentation demonstrates **ANY** of the following:

1. Narcolepsy or idiopathic hypersomnia for monitoring of treatment response.
2. Safety concerns: assessment of ability to stay awake when being awake is necessary for personal or public safety.

Reference: [2]

LCD 33405
See also, **LCD 33405**: Polysomnography and Sleep Testing at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

LCD 34040
See also, **LCD 34040**: Polysomnography and Other Sleep Studies at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

LCD 35050
See also, **LCD 35050**: Outpatient Sleep Studies at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

LCD 36593
See also, **LCD 36593**: Polysomnography at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

LCD 36839
See also, **LCD 36839**: Polysomnography and Other Sleep Studies at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

LCD 36861
See also, **LCD 36861**: Polysomnography and Other Sleep Studies at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

LCD 36902
See also, **LCD 36902**: Polysomnography and Other Sleep Studies at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

Multiple Sleep Latency Test (MSLT) Guideline

NOTE
Polysomnography (PSG) must be done on the night preceding MSLT to rule out other sleep disorders and to document adequate nocturnal sleep time (6 hours).

MSLT

An in-lab supervised multiple sleep latency test (MSLT) to evaluate hypersomnia is considered medically appropriate when the documentation demonstrates that **ANY** of the following criteria are met:

1. Idiopathic hypersomnia, that is characterized by excessive daytime sleepiness or hypersomnolence that has been present for 8 weeks or more, and **ANY** of the following: ***NOTE:** *The American Academy of Sleep Medicine (*AASM*) Clinical Practice Guideline recommends actigraphy to monitor total sleep time prior to testing with* MSLT *in patients with suspected central disorders of hypersomnolence.*
    a. Prior testing did **NOT** include polysomnography confirmation.
    b. Prior testing is non-diagnostic or indeterminate.
    c. Symptoms persist and/or narcolepsy is suspected.
2. Narcolepsy is characterized by **ANY** of the following :
    a. Cataplexy (weakness/muscle tone loss without consciousness loss)
    b. Excessive daytime sleepiness (EDS)
    c. Hypnogogic hallucinations (sleep-related hallucinations when falling asleep)
    d. Hypnopompic hallucinations (sleep-related hallucinations when awakening)
    e. Sleep paralysis
    f. Sleep is disrupted or fragmented.

References: [2] [3]

LCD 33405

See also, **LCD 33405**: Polysomnography and Sleep Testing at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

LCD 34040

See also, **LCD 34040**: Polysomnography and Other Sleep Studies at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

LCD 35050
See also, **LCD 35050**: Outpatient Sleep Studies at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

LCD 36593
See also, **LCD 36593**: Polysomnography at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

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See also, **LCD 36839**: Polysomnography and Other Sleep Studies at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

LCD 36861
See also, **LCD 36861**: Polysomnography and Other Sleep Studies at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

LCD 36902
See also, **LCD 36902**: Polysomnography and Other Sleep Studies at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

MSLT/MWT Procedure Codes

Table 1. Multiple Sleep Latency Testing (MSLT) or Maintenance of Wakefulness Testing (MWT) Associated Procedure Codes

CODE	DESCRIPTION
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness

MSLT/MWT Summary of Changes

The MSLT/MWT clinical guidelines from 2024 to 2025 had the following version changes:

- Citations updated per the evidence.
- Evidence reviewed and indications remained the same.

MWT/MLT References

[1] Blattner, M., Maski, K. (2023) Narcolepsy and Idiopathic Hypersomnia. *Sleep Medicine Clinics, 18*(2), 183-199.

[2] Krahn, L.E., Arand, D.L., . . . Harrod, C.G. (2021). Recommended protocols for the Multiple Sleep Latency Test and Maintenance of Wakefulness Test in adults: guidance from the American Academy of Sleep Medicine. *Journal of Clinical Sleep Medicine, 17*(12), 2489-2498.

[3] Johnson, T., Gurubhagavatula, I. (2023). Assessment of Vigilance and Fatigue. *Sleep Medicine Clinics, 18*(3), 349-359.

Sleep Devices

Automatic Positive Airway Pressure (APAP) • Bilevel Positive Airway Pressure (BPAP) • Continuous Positive Airway Pressure (CPAP) Devices

Sleep Program: Airway Pressure Devices

Last Review Date: 03/21/2025

Previous Review Date: 07/01/2024

Guideline Initiated Date: 05/01/2021

Contraindications or Exclusions to Automatic Positive Airway Pressure (APAP)

Contraindications or exclusions to automatic positive airway pressure (APAP) may include **ANY** of the following:

1. Age is less than 18 years.
2. Chronic obstructive pulmonary disease (COPD)
3. Heart failure with NYHA Class III, NYHA Class IV, or left ventricular ejection fraction (LVEF) is 45% or less.

4. Neuromuscular disorder with elevated daytime pCO_2
5. Obesity hypoventilation syndrome
6. Opioid/narcotic use is chronic.

References: [5] [8]

Contraindications or Exclusions to Continuous or Bi-Level Positive Airway Pressure (CPAP) or (BPAP)

Contraindications or exclusions to continuous positive airway pressure (CPAP) or bilevel positive airway pressure (BPAP) may include **ANY** of the following:

1. Air leak syndrome (eg, pneumothorax with bronchopleural fistula)
2. Anastomoses, esophageal, gastric or duodenal that are recent (positive pressure can increase upper gastrointestinal [GI] insufflation).
3. Facial deformities that prevent application of CPAP mask.
4. Mental status is altered and unable to protect the airway.
5. Post-procedure facial, esophageal or gastric transsphenoidal surgery
6. Vomiting copious emesis or excessive secretions complicating use.

Reference: [4]

Automatic Positive Airway Pressure (APAP) • Bilevel Positive Airway Pressure (BPAP) • Continuous Positive Airway Pressure (CPAP) Guideline

NCD 240.4
See also, **NCD 240.4**: Continuous Positive Airway Pressure (CPAP) Therapy for Obstructive Sleep Apnea (OSA) at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

Automatic Positive Airway Pressure (APAP)

An automatic positive airway pressure (APAP) treatment is considered medically appropriate when the documentation demonstrates **ALL** the following:

I. Age is 18 years or older.

II. Obstructive sleep apnea is known from in-person, clinical evaluation.

III. Sleep study demonstrates **ANY** of the following:

A. Apnea-hypopnea index (AHI) or respiratory disturbance index (RDI) is 15 events or more per hour, with a minimum of 30 events.

B. AHI (or RDI) is 5 or more events and less than 15 events per hour, with a minimum of 10 events **AND** documentation includes **ANY** of the following:

1. Cognition impaired or mood disorders
2. Excessive daytime sleepiness (Epworth Sleepiness Scale more than 10) or daytime somnolence/fatigue interfering with daily activities
3. Hypertension, arrhythmia, ischemic heart disease or stroke history
4. Pulmonary hypertension

References: [6] [5]

CPAP Initial Treatment

Continuous positive airway pressure (CPAP) treatment is considered medically appropriate when the documentation demonstrates **ANY** of the following:

I. Polysomnography (PSG), diagnostic, is completed and **ANY** of the following:

A. Automatic positive airway pressure (APAP) **FAILURE**

B. Obstructive sleep apnea (OSA) is mild (eg, Apnea-hypopnea index [AHI] is between 5 and 15 events) and **ANY** of the following: [8]

1. Excessive daytime sleepiness (EDS)
2. Hypertension
3. Quality of life decline due to sleep-related symptoms (eg, headaches, insomnia, snoring).

C. OSA is moderate to severe (eg, AHI is 15 or more events). [8]

II. Prior split night study does **NOT** support moderate or severe OSA (eg, AHI is 15 or more events) **AND** additional apnea events are noted later in the study.

***References*:** [5] [6]

BPAP Initial Treatment

Bilevel positive airway pressure (BPAP) treatment is considered medically appropriate when the documentation demonstrates **ANY** of the following:

1. Central sleep apnea (CSA) treatment during titration study[2].
2. Continuous positive airway pressure (CPAP) is **NOT** tolerated due to high pressures.

3. Polysomnography (PSG), diagnostic, is completed and **ANY** of the following:
    a. Automatic positive airway pressure (APAP) **FAILURE**
    b. Obstructive sleep apnea (OSA) is mild (eg, Apnea-hypopnea index [AHI] is between 5 and 15 events) and **ANY** of the following: [8]
        i. Excessive daytime sleepiness (EDS)
        ii. Hypertension
        iii. Quality of life decline due to sleep-related symptoms (eg, snoring, insomnia, headaches).
    c. OSA is moderate to severe (eg, AHI is 15 or more events). [8]
4. Prior split night study does **NOT** support moderate or severe OSA (eg, AHI is 15 or more events) **AND** additional apnea events noted later in the study.

References: [5] [6]

BPAP/CPAP Continuation of Treatment

An evaluation to continue bilevel positive airway pressure/continuous positive airway pressure (BPAP/CPAP) is considered medically appropriate when the documentation demonstrates **ANY** of the following conditions:

1. Evaluation for effectiveness and adherence (at least 4 hours use per night for at least 70% of all nights within one month)
2. Prior home sleep study is positive (eg, Apnea-hypopnea index [AHI] is over 15 events) **AND** an attended, in-lab sleep study is required to support BPAP/CPAP titration.

Reference: [5]

Positive Airway Pressure (PAP) Device Guideline

Positive airway pressure (PAP) device (only) **AND following an in-lab study**[3], is considered medically appropriate when the documentation demonstrates **ANY** of the following:

1. Automatic positive airway pressure/bilevel positive airway pressure/continuous positive airway pressure (APAP/BPAP/CPAP) treatment is adhered to, and sleep apnea symptoms persist or recur.
2. APAP treatment is **NOT** tolerated or **FAILED**.
3. CPAP control of obstructive apneas and hypopneas, and oxyhemoglobin desaturations persist.

[2]BPAP is used with back-up rate for the treatment of CSA.

[3]In-lab study must be completed prior to initial device authorization.

4. CPAP treatment is **NOT** tolerated due to high pressure, and BPAP or other advanced modalities are indicated.
5. Obstructive sleep apnea (OSA) is moderate/severe (eg, Apnea-hypopnea index [AHI] of 15 or more events).
6. Prior split night study does **NOT** support moderate or severe OSA (eg, AHI is 15 or more events) **AND** additional apnea events noted later in the study.
7. Professional physical evaluation requirement for jobs involving public safety (eg, Department of Transportation physical for truck-drivers or pilots)
8. Titration study demonstrated at 15 cm of H_2O of CPAP with continued respiratory events.

References: [5] [5] [6] [4]

LCD 33800
See also, **LCD 33800**: Respiratory Assist Devices at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

APAP/BPAP/CPAP Procedure Codes

Table 1. PAP Associated Procedure Codes

CODE	DESCRIPTION
E0601	Continuous positive airway pressure (CPAP) device
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface , e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
E0471	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)

APAP/BPAP/CPAP Summary of Changes

The APAP/BPAP/CPAP clinical guidelines from 2024 to 2025 had the following version changes:

- Citations updated per the evidence.
- Evidence reviewed and indications remained the same.
- Added: LCD 33800: Respiratory Assist Devices

APAP/BPAP/CPAP References

[1] Brown, D.B. (2022). Legal Aspects of Fatigue- and Safety-Sensitive Professions. M. Kryger, T. Roth, . . . W.C. Dement (Eds.). *Principles and Practice of Sleep Medicine* (7), (pp. 723-726.e4). Philadelphia, PA: Elsevier.

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Oral Appliance

Sleep Program: Sleep Devices

Last Review Date: 03/21/2025
Previous Review Date: 07/01/2024
Guideline Initiated: 05/01/2021

Contraindications or Exclusions to Mandibular Repositioning Appliance (MRA)

Contraindications or exclusions to mandibular advancement device (MAD) include **ANY** of the following:

- Teeth are insufficient to support the device.
- Teeth/oral health problems (eg, loose teeth, periodontitis, significant cavities)

References: [11] [2]

Oral Appliance Guideline

Oral Appliance

An oral device (mandibular advancement device [MAD] or tongue retaining device [TRD]) is considered medically appropriate when the documentation demonstrates the following:

1. OSA is known **AND** continuous positive airway pressure (CPAP) intolerant or preference is an alternative to CPAP.

Reference: [5]

LCD 33428
See also, **LCD 33428**: **Cosmetic and Reconstructive Surgery** at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

LCD 33611
See also, **LCD33611**: Oral Appliances for Obstructive Sleep Apnea at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

Oral Appliance Procedure Codes

Table 1. Oral Devices Associated Procedure Codes

CODE	DESCRIPTION
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment

Oral Appliance Summary of Changes

The Oral Appliance clinical guideline from 2024 to 2025 had the following version changes:

- Citations updated per the evidence.
- Evidence reviewed and indications remained the same.
- Added: LCD 33611: Oral Appliances for Obstructive Sleep Apnea

Oral Appliance References

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Sleep Definitions

Adaptive servo-ventilation (ASV) is a type of positive airway pressure (PAP) device. For some people with sleep apnea, especially central sleep apnea, ASV machines can promote stable and consistent breathing during sleep by sending pressurized air through a mask and into the upper airway. Distinct from other PAP devices, ASV machines make real-time adjustments to air pressure based on built-in sensors that track breathing

Apnea is the temporary cessation of breathing, especially during sleep.

Apnea/Hypopnea Index (AHI) is the number of apneas and hypopneas per hour (hr) of sleep, and is used to classify obstructive sleep apnea (OSA) severity. AHI may be interpreted as follows:

- AHI less than 15/hr is mild OSA.
- AHI 16-30/hr is moderate OSA.
- AHI over 30/hr is severe OSA.

Apparent life-threatening event (ALTE) refers to a sudden event often characterized by apnea or other abrupt changes in a child’s behavior. Symptoms of an ALTE include: apnea, change in color or muscle tone, coughing or gagging.

Average volume-assured pressure support (AVAPS) is a modality of noninvasive ventilation that provides a targeted tidal volume by automatically adjusting the inspiratory pressure support within a set range. AVAPS provides the advantage of delivering a fixed tidal volume, which is kept constant due to changes in the levels of inspiratory pressures.

Automatic positive airway pressure (APAP) is one of the three main forms of positive airway pressure that opens the airway during sleep. Instead of operating at a set pressure, APAP monitors respiratory activity in order to provide the lowest level of PAP necessary to eliminate respiratory disturbances.

Body Mass Index (BMI) is a weight to height ratio, calculated by dividing one's weight in kilograms by the square of one's height in meters and used as an indicator of obesity and underweight.

Bi-level positive airway pressure (BiPAP) is one of the three main forms of positive airway pressure. It senses inspiration and expiration. It is able to provide a different pressure during inspiration and it cycles between two levels of continuous positive airway pressure.
Bruxism is a condition characterized by repetitive clenching or grinding of the teeth, typically occurring during sleep but sometimes while awake. It involves involuntary jaw movements that can cause damage to teeth, gums, and the temporomandibular joint (TMJ).
Cataplexy is a sudden and involuntary loss of muscle control that occurs during wakefulness. It is typically triggered by strong emotions, such as laughter, excitement, surprise, or anger.
Central sleep apnea (CSA) is a breathing disorder that causes the body to decrease or stop the effort of breathing during sleep. It is usually caused by an issue in the brain or heart. Certain medications (like pain medications) can cause this breathing pattern too. It is different from obstructive sleep apnea (OSA) because the problem is not caused by a blockage of the airway. Types of central sleep apnea include Cheyne-Stokes breathing, drug-induced apnea, high-altitude periodic breathing, idiopathic central sleep apnea, medical condition-induced central sleep apnea and treatment-emergent central sleep apnea. Symptoms of central sleep apnea include difficulty falling asleep, excessive daytime sleepiness (EDS), frequent nighttime awakening, pause in breathing, and waking up short of breath.
Cheyne-Stokes breathing is a type of breathing disorder characterized by cyclical episodes of apnea and hyperventilation.
Chronic opiate use is the filling of three or more sequential prescriptions for opioid medicine, or tolerance/dependence/addiction to opiate substances.
Circadian rhythm disorders occur when your body's internal clock is out of sync with your environment. This can lead to poor sleep quality and daytime sleepiness.
Congenital central hypoventilation syndrome (CCHS) is a rare neurological disorder characterized by inadequate breathing during sleep and in more severely affected individuals, during waking periods as well. This disorder is associated with a malfunction of the nerves that control involuntary body functions and abnormal development of early embryonic cells that form the spinal cord.
Continuous positive airway pressure (CPAP) is one of the three main forms of positive airway pressure that opens the airway during sleep. It provides a continuous, steady flow of air at a single pressure. This pressure setting is the exact level of air pressure required to keep the airway clear of obstructions.
Electroencephalogram (EEG) is a recording of electrical activity in the brain.
Epworth sleepiness scale (ESS) is a self-administered tool to evaluate the severity of excessive daytime sleepiness (EDS) on a subjective scale. An ESS score of 10 or higher indicates a possible sleep disorder. ESS scores may be interpreted as follows:

- 0-5 is Lower Normal Daytime Sleepiness.
- 6-10 is Higher Normal Daytime Sleepiness.
- 11-12 is Mild Excessive Daytime Sleepiness.

- 13-15 is Moderate Excessive Daytime Sleepiness.
- 16-24 is Severe Excessive Daytime Sleepiness.

Excessive daytime sleepiness (EDS) is sleepiness that occurs during normal wake-hours that may have a number of causes including, but not limited to, insufficient sleep, a sleep disorder, and/or a circadian rhythm disorder or circadian misalignment. It is measured by tools such as the Epworth Sleepiness Scale (ESS).

Forced expiratory volume in 1 second (FEV1) is the amount of air a person can forcefully exhale in one second after taking a deep breath. It's a key measurement in spirometry tests, used to assess lung function and diagnose conditions like asthma and COPD.

Hypersomnia is a sleep disorder characterized by excessive daytime sleepiness and an increased need for sleep, despite getting adequate or even excessive amounts of sleep at night. It is a persistent condition that can significantly interfere with daily functioning.

Hypnagogic hallucinations are vivid sensory experiences that occur during the transition from wakefulness to sleep. They are a type of sleep-related hallucination.

Hypnopompic hallucinations are brief, vivid experiences that occur when you wake up in the morning. They can feel like a dream and can involve seeing, hearing, or feeling things that aren't real.

Hypopnea: a short period during which a person experiences a reduction in breathing as they sleep. Different technical definitions of hypopnea have been used over time. Currently, the American Academy of Sleep Medicine (AASM) outlines three criteria that must be met for a breathing event to be considered a hypopnea:

- Airflow must decrease by at least 30%.
- This decrease must last for 10 or more seconds.
- Blood oxygen levels must drop by at least 3% or 4% during this event, or brain waves must demonstrate an arousal, which signals a brief awakening or a transition to a lighter sleep stage.

Reference: [https://www.sleepapnea.org/hypopnea/]

Idiopathic hypersomnia is a central disorder of hypersomnolence causing a state of constant and severe excessive sleepiness with unrefreshing naps, and often with post-awakening confusion (sleep drunk). Idiopathic hypersomnia with long sleep time includes a sleep episode of at least 10 hours and is considered uncommon.

Insomnia is a sleep disorder characterized by persistent difficulty falling or staying asleep, despite having adequate opportunity and circumstances to do so. It results in daytime impairment, such as fatigue, drowsiness, difficulty concentrating, and irritability.

Insufflation: the act of blowing something (such as a gas, powder, or vapor) into a body cavity.

Intelligent volume assured pressure support definition (iVAPS) is a mode of non-invasive ventilation (NIV), which relies on applying an alveolar target volume and adjusts pressure and respiratory rate automatically to achieve optimal ventilatory support.

Iron deficiency anemia is a type of anemia caused by a lack of iron in the body, which leads to reduced red blood cell production or reduced hemoglobin levels. This means the body can't adequately deliver oxygen to tissues and organs, resulting in symptoms like fatigue, weakness, and shortness of breath.

Narcolepsy is a chronic neurological disorder that affects the brain's ability to control sleep-wake cycles. People with narcolepsy may feel rested after waking, but then feel very sleepy throughout much of the day.

Neuromuscular disease is a disease (eg, amyotrophic lateral sclerosis [ALS], muscular dystrophy, myasthenia gravis) that affects the function of muscles due to problems with the nerves and muscles in the body. The most common finding of these diseases is muscle weakness.

Table 1. New York Heart Association (NYHA) Functional Classification for Heart Failure

CLASS	SYMPTOMS EXPERIENCED
Class I (Mild)	Cardiac disease, but no symptoms and no limitation in ordinary physical activity (eg, shortness of breath when walking, climbing stairs).
Class II (Mild)	Mild symptoms (eg, mild shortness of breath and/or angina) and slight limitation during ordinary activity.
Class III (Moder-ate)	Marked limitation in activity due to symptoms, even during less-than-ordinary activity, (eg, walking short distances [20–100 m]). Comfortable only at rest. Class IIIa: no dyspnea at rest. Class IIIb: recent dyspnea at rest.
Class IV (Severe)	Severe limitations. Experience symptoms while at rest. Unable to carry on any physical activity with-out discomfort.

Obesity hypoventilation syndrome is the presence of a body mass index (BMI) over 30 kg/m2 and elevated pCO2 45 mmHg or greater, which cannot be solely attributed to other conditions (eg, pulmonary disease, skeletal restriction, neuromuscular weakness, hypothyroidism, pleural pathology or medications).

Obstructive sleep apnea (OSA) is a sleep-related breathing disorder that involves a decrease or complete halt in airflow despite an ongoing effort to breathe. It occurs when the muscles and soft tissues in the upper airway relax during sleep, causing soft tissue in the back of the throat to collapse and block the upper airway. Some common symptoms of sleep apnea include: daytime sleepiness or fatigue, gasping for breath during sleep, silent pauses in breathing, snoring and snorting.

Oxyhemoglobin saturation: Oxygen saturation is a measure of how much hemoglobin is currently bound to oxygen compared to how much hemoglobin remains unbound.

Parasomnia Parasomnia is a "catchall" term for unusual behaviors that people experience either as they are falling asleep, while asleep, or during the arousal period between sleep and

wakefulness. Some examples include sleepwalking, sleep talking, REM sleep behavior disorder and night terrors.

Periodic limb movement disorder (PLMD) is characterized by periodic episodes of repetitive limb movements during sleep that are **NOT** caused by another sleep disorder (such as obstructive sleep apnea [OSA]), and cause daytime symptoms such as excessive daytime sleepiness.

Peri-operative relates to the time before, during, and after a surgical operation.

Polysomnogram (PSG) or sleep study/test is a test that electronically transmits and records specific physical activities during sleep. The recordings are analyzed to determine whether a sleep disorder exists.

Positive airway pressure (PAP) treatment uses a machine to pump air under pressure into the lungs. The forced air delivered by continuous positive airway pressure (CPAP) prevents episodes of upper airway collapse that block the breathing in people with obstructive sleep apnea and other breathing problems.

Pulmonary hypertension is a type of high blood pressure that affects the arteries in the lungs and the right side of the heart.

Respiratory distress index (RDI) is the number of respiratory disturbances (apneas, hypopneas, and respiratory effort related arousals [RERAs]) per hour of sleep.

Restless leg syndrome (RLS) is a condition that causes an uncontrollable urge to move the legs, usually because of an uncomfortable sensation. It typically happens in the evening or nighttime hours while sitting or lying down. Moving eases the unpleasant feeling temporarily.

Rhythmic movement disorder (RMD) is a sleep disorder that involves repetitive body movements while drowsy or sleeping. It's common in infants and toddlers, but most outgrow it.

Sleep disorders are conditions that impact the quality, timing, and amount of sleep. They can be caused by a number of factors, including mental health conditions, medications, and aging.

Sleep paralysis is a temporary condition that occurs when a person is either falling asleep or waking up. During an episode, the individual is conscious but unable to move or speak for a few seconds to several minutes.

A **"split-night attended in-lab sleep study"** refers to a sleep study conducted in a sleep lab where the first part of the night is used to diagnose a sleep disorder, like sleep apnea, and if significant issues are detected, the second half of the night is used to titrate (find the correct pressure setting) for a Continuous Positive Airway Pressure (CPAP) machine to treat the disorder, all while being monitored by a sleep technologist throughout the night.

Sleep References

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Disclaimer section

Purpose

The purpose of the HealthHelp's clinical guidelines is to assist healthcare professionals in selecting the medical service that may be appropriate and supported by evidence to safely improve outcomes. Medical information is constantly evolving, and HealthHelp reserves the right to review and update these clinical guidelines periodically. HealthHelp reserves the right to include in these guidelines the clinical indications as appropriate for the organization's program objectives. Therefore the guidelines are not a list of all the clinical indications for a stated procedure, and associated Procedure Code Tables may not represent all codes available for that state procedure or that are managed by a specific client-organization.

Clinician Review

These clinical guidelines neither preempt clinical judgment of trained professionals nor advise anyone on how to practice medicine. Healthcare professionals using these clinical guidelines are responsible for all clinical decisions based on their assessment. All Clinical Reviewers are instructed to apply clinical indications based on individual patient assessment and documentation, within the scope of their clinical license.

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The use of these clinical guidelines does not provide authorization, certification, explanation of benefits, or guarantee of payment; nor do the guidelines substitute for, or constitute, medical advice. Federal and State law, as well as member benefit contract language (including definitions and specific contract provisions/exclusions) take precedence over clinical guidelines and must be considered first when determining eligibility for coverage. All final determinations on coverage and payment are the responsibility of the health plan. Nothing contained within this document can be interpreted to mean otherwise.

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National and Local Coverage Determination (NCD and LCD)

NOTICE
To ensure appropriate review occurs to the most current NCD and/or LCD, always defer to https://www.cms.gov/medicare-coverage-database/search.aspx.

Background

National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) are payment policy documents outlined by the Centers for Medicare and Medicaid Services (CMS) and the government's delegated Medicare Audit Contractors (MACs) that operate regionally in jurisdictions.
CMS introduced variation between different jurisdictions/Medicare Audit Contractors (MACs) and their associated covered code lists with the transition to ICD 10. The variation resulted in jurisdictions independently defining how codes are applied for exclusions, limitations, groupings, ranges, etc. for the medical necessity indications outlined in the NCD and LCD. Due to this variation, there is an inconsistent use/application of codes and coverage determinations across the United States between the different MACs.
In addition, **WITHOUT** notice, CMS can change the codes that indicate medical necessity and the format of the coverage determinations/associated documents (eg, Articles). This is an additional challenge for organizations to keep up with ongoing, unplanned changes in covered codes and medical necessity indications.

Medical Necessity Codes

Due to the variation in code application between jurisdictions/MACs and that updates can happen without notification, HealthHelp is not able to guarantee full accuracy of the codes listed for any Coverage Determination, and advises that prior to use, the associated Coverage Determination Articles are reviewed to ensure applicability to HealthHelp's programs and any associated NCDs and LCDs.

For Internal Use Only:

11248 11249 11253 11282 11325 11328 11333 11349 11350 11351 11352 11354 11355 11356 11358 11359 11360 11361 11362 11365 11366 11367 11368 11369 11370 11374 11375 11394 11395 11396 11565