

 Texas Children's	<h2 style="margin: 0;">Sleep Studies</h2>	
Guideline # 6235	Categories Clinical → Care Management CM	This Guideline Applies To: Texas Children's Health Plan
		Document Owner Bhavana Babber

GUIDELINE STATEMENT:

Texas Children's Health Plan (TCHP) performs authorization of all Sleep Studies, including polysomnography, multiple sleep latency tests, actigraphy, and pneumocardiograms.

Abbreviations:

AASM: American Academy of Sleep Medicine

BMI: Body Mass Index

CPT: Current Procedural Terminology

MSLT: Multiple Sleep Latency Test

TCHP: Texas Children's Health Plan

Definitions:

Polysomnography is distinguished from sleep studies by the inclusion of sleep staging that includes a 1-to 4- lead electroencephalogram, electro-oculogram, and a limb or submental electromyogram.

Additional parameters of sleep that are evaluated in polysomnography include, but are not limited to, the following:

- Electrocardiogram
- Airflow (by thermistor or intra-nasal pressure monitoring)
- Respiratory effort
- Adequacy of oxygenation by oximetry or transcutaneous monitoring
- Extremity movement or motor activity
- Electroencephalogram (EEG) monitoring for sleep staging
- Nocturnal penile tumescence

- Esophageal pH or intraluminal pressure monitoring
- Continuous blood pressure monitoring
- Snoring
- Body positions
- Adequacy of ventilation by end-tidal or transcutaneous CO2 monitoring

For a sleep study to be reported as a polysomnography, sleep must be recorded and staged

Interpretation and treatment recommendations must be completed by a sleep specialist. The physician's professional interpretation and report must include inspection of the entire recording, examination of the technologist's analysis and observations, and integration of the information gathered from all physiological systems.

Home sleep apnea test: Home sleep study tests are unattended studies that are performed in the client's home using a portable monitoring device. The portable monitoring device must meet American Academy of Sleep Medicine (AASM) practice parameters and clinical guidelines.

Prior Authorization GUIDELINE

1. All requests for prior authorization for sleep studies in children are received via fax, phone or mail by the Utilization Management Department and processed during normal business hours.
2. The Utilization Management professional receiving the request evaluates the submitted information to determine if the documentation supports the sleep study as an eligible service.
3. To request prior authorization for a sleep study, the facility providing the services must be accredited by the American Academy of Sleep Medicine (AASM) or the Joint Commission of Accreditation of Healthcare Organizations. The physician providing supervision of the sleep facility and the specialist interpreting the sleep study must be board-certified or board-eligible, as outlined in the AASM guidelines.
4. To request prior authorization for a sleep study, the following documentation must be submitted by the ordering provider:

4.1. Completed Prior Authorization form

4.2. Clinical documentation supporting the medical necessity of the requested study

5. Sleep studies (polysomnography) may be considered for any of the diagnoses listed in **Table 1** and/or:
- 5.1. Clinical assessment suggests the diagnosis of congenital central alveolar hypoventilation syndrome
 - 5.2. Clinical concern of risk for sleep disordered breathing due to severe neuromuscular or genetic disorders (e.g. Down syndrome, Prader-Willi syndrome, mucopolysaccharidosis (Hunter, Hurler, Morquio, and Scheie syndromes), Muscular Dystrophies, Spinal Muscular Atrophy, Chiari malformations, myelomeningocele) or severe chest wall deformities (severe scoliosis, severe restrictive lung disease); **Or**
 - 5.3. Craniofacial anomalies that obstruct the upper airway (eg, craniofacial anomalies (cleft palate status post repair, Treacher Collins Syndrome, Pierre Robin Sequence), Achondroplasia, severe Laryngomalacia); **Or**
 - 5.4. Clinical concern of risk for sleep disordered breathing and any of the following complaints or associated features of obstructive sleep apnea (OSA):
 - 5.4.1. Obesity
 - 5.4.2. Hypotonia/Neuromuscular weakness
 - 5.4.3. Hypertension; **Or**
 - 5.5. Adenotonsillectomy is being considered for treatment of obstructive sleep apnea (preoperative indication); **Or**
 - 5.6. Suspected narcolepsy or suspected idiopathic hypersomnia when a Multiple Sleep Latency Test (MSLT) is planned and adequate amount of sleep is documented; **Or**
 - 5.7. Suspected of having periodic limb movement disorder (PLMD); **Or**
 - 5.8. Positive airway pressure (PAP) titration with a diagnosis of obstructive sleep apnea (OSA) and/or central sleep apnea (CSA) requiring positive airway pressure therap; **Or**
 - 5.9. Frequent snoring > 3 nights per week and any of the following complaints or associated features of obstructive sleep apnea (OSA):
 - 5.9.1. Labored breathing during sleep; **Or**
 - 5.9.2. Gasps/snorting noises/observed episodes of apnea; **Or**
 - 5.9.3. Cyanosis; **Or**
 - 5.9.4. Daytime sleepiness (interferes with daily activities and is not explained by other conditions, or member exhibits behavior that may indicate increased efforts to stay awake such as difficulty in attentiveness, hyperactivity, aggressive or disruptive behavior); **Or**

- 5.9.5. Headaches on awakening; **Or**
 - 5.9.6. Sleep enuresis after at least six months of continence (secondary enuresis in children > 5 years, which is when nocturnal bladder continence is developmentally expected); **Or**
 - 5.9.7. Attention-deficit/hyperactivity disorder (ADHD); **Or**
 - 5.9.8. Learning problems associated to poor school performance due to excessive daytime sleepiness; **Or**
 - 5.9.9. Overweight (BMI percentile: > the 95th percentile for age and gender); **Or**
 - 5.9.10. Underweight (BMI percentile: less than the 5th percentile for age and gender); **Or**
 - 5.9.11. Failure to thrive; **Or**
 - 5.9.12. Tonsillar hypertrophy; **Or**
 - 5.9.13. Adenoidal Facies (dentofacial growth anomaly caused by long term adenoid hypertrophy); **Or**
 - 5.9.14. High arched palate; **Or**
 - 5.9.15. Micrognathia (jaw is undersized)/retrognathia (abnormal posterior positioning of the maxilla or mandible); **Or**
 - 5.9.16. Other significant oromaxillofacial anomaly suspected of having a potential adverse impact on breathing with sleep; **Or**
 - 5.9.17. Hypertension
- 5.11 Members on long term mechanical ventilation may benefit from periodic evaluation with polysomnography to adjust ventilator settings.
- 5.12 Members with tracheostomy may benefit from polysomnography as part of the evaluation prior to decannulation.
6. **Repeat** supervised facility/laboratory sleep study in children may be considered less than or equal to 18 years of age medically necessary when any one of the following are met:
- 6.1 Initial sleep study is inadequate or non-diagnostic and the accompanying caregiver reports that the child's sleep and breathing patterns during the testing were not representative of the child's sleep at home; **Or**
 - 6.2 A child with previously diagnosed and treated obstructive sleep apnea who continues to exhibit persistent snoring or other symptoms of sleep disordered breathing; **Or**
 - 6.3 Children on chronic PAP support to evaluate whether pressure requirements have changed as a result of the child's growth and development, progression of the underlying severe chronic progressive disease, or the presence of recurrent symptoms while on PAP support; **Or**

- 6.4 If obesity was a major contributing factor and significant weight loss (10% of body weight or greater) has been achieved, repeat testing may be indicated to determine the need for continued therapy; **Or**
- 6.5 Six weeks or more post adenotonsillectomy or other pharyngeal surgery for obstructive sleep apnea (OSA) if severe obstructive sleep apnea (OSA) was present on pre-operative sleep study or if symptoms related to pre-operative sleep disordered breathing persist or recur.

7 Multiple Sleep Latency Testing (MSLT)

7.1 Multiple Sleep Latency Testing (MSLT) may be considered medically necessary for any of the diagnosis codes in Table 4 in order to evaluate for

- 7.1.1 For the evaluation of symptoms of narcolepsy, to confirm the diagnosis; **Or**
- 7.1.2 Suspected idiopathic hypersomnia; **Or**
- 7.1.3 Morbid (severe) obesity with alveolar hypoventilation (E662)
- 7.1.4 6.1.4. Psychophysiologic insomnia (F5104)
- 7.1.5 Insomnia due to other mental disorder (F5105)

7.2 Multiple Sleep Latency Testing (MSLT) must be performed in conjunction with polysomnography procedure code 95782, 95783, 95808, 95810, or 95811. Polysomnography must be performed on the date before MSLT. MSLT that is not performed in conjunction with polysomnography will be denied, but may be considered on appeal with documentation that explains why the polysomnography did not occur.

8 Home sleep apnea testing may be considered for members 18 years and over who are suspected of having moderate to severe obstructive sleep apnea based on clinical evaluation.

8.1 A home sleep apnea test must be performed in conjunction with a comprehensive sleep evaluation that has been performed by a physician who is board-certified or board-eligible, as outlined in the AASM guidelines.

- 8.1.1 The evaluation must indicate probability of moderate to severe obstructive sleep apnea to support medical necessity for home sleep study testing.

8.2 Procedure codes G0398, G0399, and G0400 (home sleep study test) are limited to members who are 18 years of age and older with ICD-10 diagnosis code G4733 and suspected or proven simple, uncomplicated obstructive sleep apnea.

8. Actigraphy may be considered medically necessary when objective information is needed to aid in the diagnosis and treatment of insomnia, circadian-rhythm disorders, and excessive sleepiness.

8.1 Actigraphy can be performed as a stand-alone procedure or as an adjunct to polysomnography or multiple sleep latency test (MSLT).

8.2 Actigraphy may be considered for any of the diagnosis codes in Table 2

8.2.1 Under the following conditions, actigraphy may be a useful adjunct to a detailed history, examination, and subjective sleep diary for the diagnosis and treatment of insomnia, circadian-rhythm disorders, and excessive sleepiness:

8.2.1.1 When demonstration of multiday rest-activity patterns is necessary to diagnose, document severity, and guide the proper treatment.

8.2.1.2 When more objective information regarding the day-to-day timing or the amount or patterns of a member's sleep is necessary for optimal clinical decision-making.

8.2.1.3 When the severity of a sleep disturbance reported by the member or caretaker seems inconsistent with clinical impressions or laboratory findings.

8.2.1.4 To clarify the effects of, and under some instances, compliance with pharmacologic, behavioral, phototherapeutic, or chronotherapeutic treatment.

8.2.1.5 In symptomatic patients for whom an accurate history cannot be obtained and at least one of the following is true:

8.2.1.6 A polysomnographic study has already been conducted.

8.2.1.7 A polysomnographic study is considered unlikely to be of much diagnostic benefit.

8.2.1.8 A polysomnographic study is not yet clearly indicated (because of the absence of accurate historical data).

8.2.1.9 A polysomnographic study is not immediately available.

8.2.2 Actigraphy may be useful in the assessment of specific aspects of the following disorders:

8.2.2.1 Insomnia. Assessment of sleep variability, measurement of treatment effects, and detection of sleep phase alterations in insomnia secondary to circadian rhythm disturbance.

9. Pneumocardiograms (procedure code 95807) are limited to members who are birth through 12 months of age and may be considered medically necessary with any of the diagnosis codes in Table 3.

10. Additional considerations:

10.1 All sleep studies (polysomnography, pneumocardiogram, actigraphy) are limited to one per day, and two per rolling year by any provider.

10.2 The following CPT codes may be used when reporting sleep study services:

10.2.1 95803 Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)

10.2.2 95805 Multiple sleep latency or maintenance of wakefulness

10.2.3 95807 (Pneumocardiogram) Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist.

10.2.4 95808 Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist

10.2.5 95810 Polysomnography Age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist

10.2.6 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 bi-level ventilation, attended by a technologist

10.2.7 95782 Polysomnography younger than 6 years, sleep staging 4 or more additional parameters of sleep, attended by technologist

10.2.8 95783 Polysomnography younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by technologist

10.2.9 Home Sleep Apnea Tests (Procedure codes G0398, G0399, and G0400) are restricted to members 18 years and over who have a diagnosis code of G4733 (Obstructive sleep apnea)

10. Requests that do not meet the criteria established by this guideline will be referred to a TCHP Medical Director/Physician Reviewer for review and the Denial Policy will be followed.

11. Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to the medical necessity of treatment or service. All services are subject to benefit limitations and exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.

REFERENCES:**Peer Reviewed Publications:**

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Government Agency, Medical Society, and Other Publications:

Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook section 9.2.67.3 July 2021

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American Academy of Pediatrics Policy:

Diagnosis and management of childhood obstructive sleep apnea syndrome. Marcus CL, Brooks LJ, Draper KA, Gozal D, Halbower AC, Jones J, Schechter MS, Sheldon SH, Spruyt K, Ward SD, Lehmann C, Shiffman RN; American Academy of Pediatrics. *Pediatrics*. 2012 Sep;130(3):576-84. doi: 10.1542/peds.2012-1671`

RELATED DOCUMENTS:

Table 1: Diagnosis codes for indications for consideration of Polysomnography:

E6601 Morbid (severe) obesity due to excess calories

E662 Morbid (severe) obesity with alveolar hypoventilation

F10182 Alcohol abuse with alcohol-induced sleep disorder

F10282 Alcohol dependence with alcohol-induced sleep disorder

F10982 Alcohol use, unspecified with alcohol-induced sleep disorder

F11182 Opioid abuse with opioid-induced sleep disorder

F11282 Opioid dependence with opioid-induced sleep disorder

F11982 Opioid use, unspecified with opioid-induced sleep disorder

F13182 Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced sleep disorder

F13282 Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced sleep disorder

F13982 Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced sleep disorder

F14182 Cocaine abuse with cocaine-induced sleep disorder

- F14282 Cocaine dependence with cocaine-induced sleep disorder
- F14982 Cocaine use, unspecified with cocaine-induced sleep disorder
- F15182 Other stimulant abuse with stimulant-induced sleep disorder
- F15282 Other stimulant dependence with stimulant-induced sleep disorder
- F15982 Other stimulant use, unspecified with stimulant-induced sleep disorder
- F19182 Other psychoactive substance abuse with psychoactive substance-induced sleep disorder
- F19282 Other psychoactive substance dependence with psychoactive substance-induced sleep disorder
- F19982 Other psychoactive substance use, unspecified with psychoactive substance-induced sleep disorder
- F5101 Primary insomnia
- F5102 Adjustment insomnia
- F5103 Paradoxical insomnia
- F5104 Psychophysiological insomnia
- F5105 Insomnia due to other mental disorder
- F5109 Other insomnia not due to a substance or known physiological condition
- F5111 Primary hypersomnia
- F5112 Insufficient sleep syndrome
- F5113 Hypersomnia due to other mental disorder
- F5119 Other hypersomnia not due to a substance or known physiological condition
- F513 Sleepwalking [somnambulism]
- F514 Sleep terrors [night terrors]
- F515 Nightmare disorder
- F518 Other sleep disorders not due to a substance or known physiological condition
- F519 Sleep disorder not due to a substance or known physiological condition, unspecified
- G120 Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]
- G121 Other inherited spinal muscular atrophy

G1221 Amyotrophic lateral sclerosis

G128 Other spinal muscular atrophies and related syndromes

G2581 Restless legs syndrome

G373 Acute transverse myelitis in demyelinating disease of central nervous system

G4700 Insomnia, unspecified

G4701 Insomnia due to medical condition

G4710 Hypersomnia, unspecified

G4711 Idiopathic hypersomnia with long sleep time

G4712 Idiopathic hypersomnia without long sleep time

G4713 Recurrent hypersomnia

G4719 Other hypersomnia

G4720 Circadian rhythm sleep disorder, unspecified type

G4721 Circadian rhythm sleep disorder, delayed sleep phase type

G4722 Circadian rhythm sleep disorder, advanced sleep phase type

G4723 Circadian rhythm sleep disorder, irregular sleep wake type

G4724 Circadian rhythm sleep disorder, free running type

G4725 Circadian rhythm sleep disorder, jet lag type

G4726 Circadian rhythm sleep disorder, shift work type

G4727 Circadian rhythm sleep disorder in conditions classified elsewhere

G4729 Other circadian rhythm sleep disorder

G4730 Sleep apnea, unspecified

G4731 Primary central sleep apnea

G4732 High altitude periodic breathing

G4733 Obstructive sleep apnea (adult) (pediatric)

G4734 Idiopathic sleep related nonobstructive alveolar hypoventilation

G4735 Congenital central alveolar hypoventilation syndrome

G4736 Sleep related hypoventilation in conditions classified elsewhere

G4737 Central sleep apnea in conditions classified elsewhere

G4739 Other sleep apnea

G47411 Narcolepsy with cataplexy

G47419 Narcolepsy without cataplexy

G47421 Narcolepsy in conditions classified elsewhere with cataplexy

G47429 Narcolepsy in conditions classified elsewhere without cataplexy

G4750 Parasomnia, unspecified

G4751 Confusional arousals

G4752 REM sleep behavior disorder

G4753 Recurrent isolated sleep paralysis

G4754 Parasomnia in conditions classified elsewhere

G4759 Other parasomnia

G4761 Periodic limb movement disorder

G4762 Sleep related leg cramps

G4763 Sleep related bruxism

G4769 Other sleep related movement disorders

G478 Other sleep disorders

G479 Sleep disorder, unspecified

G7100 Muscular dystrophy, unspecified

G7101 Duchenne or Becker muscular dystrophy

G7102 Facioscapulohumeral muscular dystrophy

G7109 Other specified muscular dystrophies

G7120 Congenital myopathies

G7121 Nemaline myopathy

G71220 X-linked myotubular myopathy

G71228 Other centronuclear myopathy

G7129 Other congenital myopathy

G809 Cerebral palsy, unspecified

G8250 Quadriplegia, unspecified

G901 Familial dysautonomia [Riley-Day]

G931 Anoxic brain damage, not elsewhere classified

J353 Hypertrophy of tonsils with hypertrophy of adenoids

J9610 Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia

J9611 Chronic respiratory failure with hypoxia

J9612 Chronic respiratory failure with hypercapnia

N5201 Erectile dysfunction due to arterial insufficiency

N5202 Corporo-venous occlusive erectile dysfunction

N5203 Combined arterial insufficiency and corporo-venous occlusive erectile dysfunction

N521 Erectile dysfunction due to diseases classified elsewhere

N5235 Erectile dysfunction following radiation therapy

N5236 Erectile dysfunction following interstitial seed therapy

N5237 Erectile dysfunction following prostate ablative therapy

Q040 Congenital malformations of corpus callosum

Q041 Arhinencephaly

Q042 Holoprosencephaly

Q078 Other specified congenital malformations of nervous system

Q308 Other congenital malformations of nose

Q311 Congenital subglottic stenosis

Q312 Laryngeal hypoplasia

Q313 Laryngocele

Q315 Congenital laryngomalacia

Q318 Other congenital malformations of larynx

Q320 Congenital tracheomalacia

Q321 Other congenital malformations of trachea

Q322 Congenital bronchomalacia

Q323 Congenital stenosis of bronchus

Q324 Other congenital malformations of bronchus

Q672 Dolichocephaly

Q673 Plagiocephaly

Q674 Other congenital deformities of skull, face and jaw

Q750 Craniosynostosis

Q751 Craniofacial dysostosis

Q752 Hypertelorism

Q753 Macrocephaly

Q754 Mandibulofacial dysostosis

Q755 Oculomandibular dysostosis

Q758 Other specified congenital malformations of skull and face bones

Q759 Congenital malformation of skull and face bones, unspecified

Q770 Achondrogenesis

Q771 Thanatophoric short stature

Q773 Chondrodysplasia punctata

Q774 Achondroplasia

Q775 Diastrophic dysplasia

Q777 Spondyloepiphyseal dysplasia

Q778 Other osteochondrodysplasia with defects of growth of tubular bones and spine

Q779 Osteochondrodysplasia with defects of growth of tubular bones and spine, unspecified

Q781 Polyostotic fibrous dysplasia

Q789 Osteochondrodysplasia, unspecified

Q870 Congenital malformation syndromes predominantly affecting facial appearance

R0681 Apnea, not elsewhere classified

R0902 Hypoxemia

Table 1a: Additional Diagnosis codes for indications for consideration of Polysomnography

E7601 Hurler's syndrome

E7602 Hurler-Scheie syndrome

E7603 Scheie's syndrome

E761 Mucopolysaccharidosis, type II

E76210 Morquio A mucopolysaccharidosis

E76211 Morquio B mucopolysaccharidosis

E76219 Morquio mucopolysaccharidosis, unspecified

E7622 Sanfilippo mucopolysaccharidosis

Q0700 Arnold-Chiari syndrome without spina bifida or hydrocephalus

Q0701 Arnold-Chiari syndrome with spina bifida

Q0702 Arnold-Chiari syndrome with hydrocephalus

Q0703 Arnold-Chiari syndrome with spina bifida and hydrocephalus

Q8711 Prader-Willi syndrome

Q909 Down syndrome, unspecified

Table 2: Diagnosis codes for indications for consideration of Actigraphy

F5104 Psychophysiologic insomnia

F5105 Insomnia due to other mental disorder

F5113 Hypersomnia due to other mental disorder

G2581 Restless legs syndrome

G4700 Insomnia, unspecified

G4701 Insomnia due to medical condition

G4709 Other insomnia

G4710 Hypersomnia, unspecified

G4711 Idiopathic hypersomnia with long sleep time

G4712 Idiopathic hypersomnia without long sleep time

G4713 Recurrent hypersomnia

G4714 Hypersomnia due to medical condition

G4719 Other hypersomnia

G4720 Circadian rhythm sleep disorder, unspecified type

G4721 Circadian rhythm sleep disorder, delayed sleep phase type

G4722 Circadian rhythm sleep disorder, advanced sleep phase type

G4723 Circadian rhythm sleep disorder, irregular sleep wake type

G4724 Circadian rhythm sleep disorder, free running type

G4725 Circadian rhythm sleep disorder, jet lag type

G4726 Circadian rhythm sleep disorder, shift work type

G4727 Circadian rhythm sleep disorder in conditions classified elsewhere

G4729 Other circadian rhythm sleep disorder

G4761 Periodic limb movement disorder

Table 3: Diagnosis codes for indications for consideration of Pneumocardiogram:

G4731 Primary central sleep apnea

G4733 Obstructive sleep apnea

G4734 Idiopathic sleep related nonobstructive alveolar hypoventilation

G4735 Congenital central alveolar hypoventilation syndrome

G4736 Sleep related hypoventilation in conditions classified elsewhere

G4737 Central sleep apnea in conditions classified elsewhere

P282 Cyanotic attacks of newborn

P283 Primary sleep apnea of newborn

P284 Other apnea of newborn

P285 Respiratory failure of newborn

P2911 Neonatal tachycardia

P2912 Neonatal bradycardia

R063 Periodic breathing

R0681 Apnea, not elsewhere classified

R0902 Hypoxemia

R230 Cyanosis

R6813 Apparent life threatening event in infant (ALTE)

Table 4: Diagnosis codes for indications for consideration of Multiple Sleep Latency Test (MSLT)

E662 Morbid (severe) obesity with alveolar hypoventilation

G47411 Narcolepsy with cataplexy

F5104 Psychophysiologic insomnia

G47419 Narcolepsy without cataplexy

F5105 Insomnia due to other mental disorder

G47421 Narcolepsy in conditions classified elsewhere with cataplexy

G2581 Restless legs syndrome

G47429 Narcolepsy in conditions classified elsewhere without cataplexy

G4700 Insomnia, unspecified

G4753 Recurrent isolated sleep paralysis

G4701 Insomnia due to medical condition

G4709 Other insomnia

G4730 Sleep apnea, unspecified

G4761 Periodic limb movement disorder

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