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
- Electroenccephalogram (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.

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**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 (e.g. 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 therapy; 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:


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


American Academy of Sleep Medicine Guidelines:


Practice parameters for clinical use of the multiple sleep latency test and the maintenance of wakefulness test. Littner MR, Kushida C, Wise M, Davila DG, Morgenthaler T, Lee-Chiong T, Hirshkowitz M, Daniel LL, Bailey D, Berry RB, Kapen S, Kramer M; Standards of Practice Committee

Practice parameters for the respiratory indications for polysomnography in children.


American Academy of Pediatrics Policy:


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 Psychophysiologic 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 mucopolysaccharidoses
E76211 Morquio B mucopolysaccharidose
E76219 Morquio mucopolysaccharidoses, unspecified
E7622 Sanfilippo mucopolysaccharidoses
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
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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