

Preview questionnaire: Sleep studies — outpatient facility or clinic-based setting

For BCN HMOSM (commercial) and BCN AdvantageSM members

Effective Feb. 2, 2020

Sleep studies — outpatient facility or clinic-based setting

We provide coverage for attended sleep studies in the outpatient treatment setting for adult and pediatric members with symptoms of moderate to severe obstructive sleep apnea who either completed a nondiagnostic home sleep study or who have comorbid conditions as supported by evidence from the member's medical record that preclude them from being a candidate for a home sleep study.

Submit authorization requests through the e-referral system. The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed later in this document.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We will retrospectively monitor compliance with this authorization requirement.

Only providers who have signed a specific sleep testing agreement may provide services to BCN members. Hospitals that bill for services related to home sleep studies must also execute a specific sleep testing agreement.

Find a contracted provider using the online provider search at bcbsm.com/find-a-doctor. Click *Search without logging in*. If prompted, choose a location. Click *All categories*, type "home sleep testing" in the search field and then press ENTER. For more detailed instructions, refer to the document [Finding home sleep study providers](#).

Applicable procedure codes: *95782, *95783, *95805, *95807, *95808, *95810, *95811

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See below for the questions you'll encounter in the e-referral system.

Q Is the sleep study being performed SOLELY to meet a legal requirement (for example, as part of an application for or maintenance of air or ground vehicle licensure)? If this doesn't apply as the SOLE purpose of this test, you MUST select NO.

A

Possible answers: Yes No



Q What were the results of the patient's previous home sleep study (A-C)? A. Home sleep study was NOT done. B. Home sleep study was negative, inadequate, equivocal (vague) or NONDIAGNOSTIC AND clinical suspicion for obstructive sleep apnea remains. C. Home sleep study was DIAGNOSTIC. If so, after completing and submitting this questionnaire and while still inside the e-referral system, please attach the results of the previous home sleep study.

A [dropdown arrow]

Possible answers: A B C

Q Has anyone observed APNEA (pauses in breathing) during sleep OR does the patient have AT LEAST TWO of the following (A thru F)? A. Excessive daytime sleepiness present noted by Epworth Sleepiness Scale greater than 10 OR sleepiness interfering with daily activities NOT explained by other conditions. B. Habitually snoring or gasping or choking episodes that wake him or her up. C. Treatment resistant (persistent) high blood pressure despite taking three or more blood pressure medications. D. Obesity which is a body mass index greater than 35 or a neck circumference greater than 17 inches for a male or greater than 16 inches for a female. E. Soft tissue abnormalities of the upper airway, head, skull or face. F. Unexplained nocturia.

A [dropdown arrow]

Possible answers:
 Yes, observed apnea
 Yes, at least two symptoms of A thru F
 Yes, apnea AND at least two symptoms of A thru F
 No
 N/A

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Q Does the patient have a confirmed diagnosis of or suspicion of a condition which is an exclusion or contraindication to having a home sleep study? If so, please identify the condition from the following list A thru P. A. Moderate to severe congestive heart failure defined by a New York Heart Association (NYHA) class III or IV. B. Moderate to severe pulmonary disease defined by EITHER pulmonary function test results for arterial blood gas showing PO₂ < 60 or PCO₂ > 45; OR confirmed pulmonary congestion (fluid in the lungs); OR left ventricular ejection fraction < 45%. C. Central sleep disorder where the effort to breath is diminished or absent for 10 seconds or longer. D. Narcolepsy. E. Periodic arm or leg movements during sleep. F. Obesity hypoventilation syndrome which is a breathing disorder where poor breathing results in too much carbon dioxide (hypoventilation) and too little oxygen in the blood (hypoxemia). G. Morbid obesity defined as a body mass index (BMI) greater than 40 kg/m² or the patient is 100 pounds over the ideal body weight for their height. H. A neuromuscular disease such as Parkinson's, myotonic dystrophy or amyotrophic lateral sclerosis (ALS). I. Epilepsy. J. REM behavior disorder where the patient acts out their dreams such as by sleep talking, screaming, arm or leg movement, or sleep walking. K. Another parasomnia (disruptive sleep disorder that involves undesirable physical, behavioral or emotional experiences while falling asleep) not listed above that would be a contraindication for a home sleep study. L. Inability to use the test equipment in the home. M. A critical illness that would prevent them from using the equipment in the home. N. History of stroke. O. History of severe insomnia. P. History of chronic opioid use. Note: If any of the above are selected, after completing and submitting this questionnaire and while still inside the e-referral system, please attach information from the patient's medical record in the Case Communication field that shows evidence of the condition, for example: Previous sleep study results, BMI, pulmonary function test results, arterial blood gas lab results etc.

A

Possible answers: A B C D E F G H I J K
 L M N O P No N/A

Q If this is a REPEAT sleep study, and is the REPEAT sleep study being performed for ONE of the following (A thru G). A. An initial home sleep study was performed in the previous 6 months before the date of service of this request was NEGATIVE AND clinical suspicion for obstructive sleep apnea remains. B. To initiate, titrate or re-evaluate CPAP for a patient with an apnea hypopnea index (AHI) or respiratory disturbance index (RDI) of at least 15 per hour OR an AHI or RDI of at least 5 per hour with excessive daytime sleepiness or unexplained high blood pressure **. C. Following surgery to determine if the surgery was effective **. D. To assess the efficacy of a dental appliance while sleeping **. E. Due to equipment failure or less than six hours of recording or sleep **. F. To reevaluate the diagnosis of obstructive sleep apnea and need for continued CPAP. (For example, if there is a significant change in weight or change in symptoms suggesting that CPAP should be retitrated or possibly discontinued)** G. None of the above conditions apply to this patient. **This statement doesn't imply that supervised studies are needed routinely following unattended studies. This statement means a re-evaluation based on a substantial change in symptoms or in the clinical situation. Note: If any of the above are selected, after completing and submitting this questionnaire and while still inside the e-referral system, please attach information from the patient's medical record in the Case Communication field that shows evidence of this condition, previous sleep study results, BMI, pulmonary function test results, arterial blood gas lab results.

A

Possible answers: A B C D E F G No N/A