

Sleep studies, home setting — monitored

Blue Care Network provides coverage for sleep studies performed in the home for **ADULT** members with symptoms of obstructive sleep apnea without other comorbid conditions. Clinical review requests for sleep studies should be submitted through e-referral. When the treatment setting selection is “home,” the submitter is prompted to complete a questionnaire to determine the appropriateness of the request. The questions asked are listed below. If all questions are answered, e-referral either approves or pends the case. If the case pends and BCN cannot authorize it, BCN contacts the provider for additional clinical information.

Only providers who have signed a specific sleep testing agreement may provide services to BCN members. Hospitals billing 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. Type “home sleep testing” in the “Search for people or places” field. For more detailed instructions, refer to the document [Finding home sleep study providers](#).

Note: In addition to the providers listed in the search results, Night Hawk Sleep Systems, Inc., provides home sleep study services for BCN members throughout the state of Michigan. Providers can contact Night Hawk at 1-877-622-2022.

Applicable sleep study codes: *95810, *95811

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See below for the questions you’ll encounter for this procedure in BCN’s e-referral system.

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

Sleep Studies – Home Setting (Monitored)

Answering the question(s) below will provide additional information needed to process your request.

Q If the sleep study is being performed for the **SOLE** purpose of **DIAGNOSING** one of the following conditions, please check the condition that applies. If this doesn't apply as the **SOLE** purpose of this test you **MUST** pick **NOT APPLICABLE**.

A

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Bruxism (teeth grinding) | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Dream anxiety attacks | <input type="checkbox"/> Simple snoring, NO evidence sleep apnea |
| <input type="checkbox"/> Drug dependency | <input type="checkbox"/> Night terrors | <input type="checkbox"/> Nighttime muscle jerks | <input type="checkbox"/> NOT APPLICABLE |
| <input type="checkbox"/> Enuresis (bed wetting) | <input type="checkbox"/> Sleep walking | <input type="checkbox"/> Restless leg syndrome | |

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See below for the questions you'll encounter for this procedure in BCN's e-referral system. (continued)

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

Sleep Studies – Home Setting (Monitored)

Answering the question(s) below will provide additional information needed to process your request.

<p>Q Please select any of the following conditions this patient has that might alter breathing or require alternative treatment during a home sleep study. If the patient doesn't have any of the following conditions you MUST pick NOT APPLICABLE.</p> <p>A <input style="width: 200px;" type="text"/></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Unstable cardiovascular disease</td> <td><input type="checkbox"/> History of transient ischemic attack</td> <td><input type="checkbox"/> Periodic arm or leg movements in sleep</td> <td><input type="checkbox"/> Neuromuscular disease</td> </tr> <tr> <td><input type="checkbox"/> Unstable congestive heart failure</td> <td><input type="checkbox"/> Moderate/severe respiratory disease</td> <td><input type="checkbox"/> Restless leg syndrome</td> <td><input type="checkbox"/> Epilepsy</td> </tr> <tr> <td><input type="checkbox"/> Cardiac arrhythmia</td> <td><input type="checkbox"/> Central sleep apnea</td> <td><input type="checkbox"/> Obesity hypoventilation syndrome</td> <td><input type="checkbox"/> Inability to use test equipment in home</td> </tr> <tr> <td><input type="checkbox"/> History of stroke</td> <td><input type="checkbox"/> Narcolepsy</td> <td><input type="checkbox"/> BMI >45</td> <td><input type="checkbox"/> NOT APPLICABLE</td> </tr> </table>	<input type="checkbox"/> Unstable cardiovascular disease	<input type="checkbox"/> History of transient ischemic attack	<input type="checkbox"/> Periodic arm or leg movements in sleep	<input type="checkbox"/> Neuromuscular disease	<input type="checkbox"/> Unstable congestive heart failure	<input type="checkbox"/> Moderate/severe respiratory disease	<input type="checkbox"/> Restless leg syndrome	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Cardiac arrhythmia	<input type="checkbox"/> Central sleep apnea	<input type="checkbox"/> Obesity hypoventilation syndrome	<input type="checkbox"/> Inability to use test equipment in home	<input type="checkbox"/> History of stroke	<input type="checkbox"/> Narcolepsy	<input type="checkbox"/> BMI >45	<input type="checkbox"/> NOT APPLICABLE
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<p>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.</p> <p>A <input style="width: 50px;" type="text"/></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>																
<p>Q Is this an ADULT who had a previous UNATTENDED home sleep study that was diagnostic for Obstructive Sleep Apnea?</p> <p>A <input style="width: 200px;" type="text"/></p> <p><input type="checkbox"/> No home sleep study <input type="checkbox"/> Home sleep study was NONDIAGNOSTIC <input type="checkbox"/> Home sleep study was DIAGNOSTIC <input type="checkbox"/> Not applicable, pediatric patient</p>																
<p>Q Is excessive daytime sleepiness present noted by Epworth Sleepiness Scale greater than 10 OR sleepiness interfering with daily activities NOT explained by other conditions?</p> <p>A <input style="width: 50px;" type="text"/></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>																

See below for the questions you'll encounter for this procedure in BCN's e-referral system. (continued)

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

Sleep Studies – Home Setting (Monitored)

Answering the question(s) below will provide additional information needed to process your request.

Q Does the patient snore habitually or have gasping or choking episodes that wake him or her up?

A

Yes No

Q Does the patient have unexplained high blood pressure?

A

Yes No

Q Does the patient have a body mass index greater than 35?

A

Yes No

Q Does the patient have soft tissue abnormalities of the upper airway, head, skull or face?

A

Yes No

Q Has anyone observed apnea (pauses in breathing) during sleep?

A

Yes No

See below for the questions you'll encounter for this procedure in BCN's e-referral system. (continued)

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

Sleep Studies – Home Setting (Monitored)

Answering the question(s) below will provide additional information needed to process your request.

Q Is a REPEAT sleep study being done following surgery to determine if the surgery was effective? **

A Yes No

**** Note:** 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.

Q Is a REPEAT sleep study being done to assess the efficacy of a dental appliance on sleep? **

A Yes No

**** Note:** 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.

Q Is a REPEAT sleep study being done due to the patient having a weight loss or gain of 10 percent with a change in symptoms? **

A Yes No

**** Note:** 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.

References

- Blue Cross/BCN Medical Policy titled *Sleep Disorders, Diagnosis and Medical Management*
- Centers for Medicare & Medicaid, *Decision Memo for Continuous Positive Airway Pressure (CPAP) Therapy for Obstructive Sleep Apnea (OSA)*, (CAG-00098R2, [http://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=204&ver=24&NcaName=Continuous+Positive+Airway+Pressure+\(CPAP\)+Therapy+for+Obstructive+Sleep+Apnea+\(OSA\)&TAId=50&IsPopup=y&bc=AAAAAAAAEAAA&](http://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=204&ver=24&NcaName=Continuous+Positive+Airway+Pressure+(CPAP)+Therapy+for+Obstructive+Sleep+Apnea+(OSA)&TAId=50&IsPopup=y&bc=AAAAAAAAEAAA&)).
- *The Epworth Sleepiness Scale*, <http://epworthsleepinessscale.com/about-epworth-sleepiness/>