

The Department of Vermont Health Access Medical Policy

Subject: Unattended Sleep Study –AKA: Home Sleep Testing (HST), Portable Monitoring, Out of the Facility, or Out of Center Sleep Testing.

Last Review: September 29, 2015

Revision 3:

Revision 2:

Revision 1:

Original Effective: September 29, 2015

Description of Service or Procedure

Sleep Studies and polysomnography (PSG) refer to the continuous and simultaneous monitoring and recording of various parameters and stages of sleep for a total of 6 or more hours. It requires a physician review, interpretation and a report. Unattended Sleep Studies is utilized as an alternative diagnostic test for the diagnosis of known or suspected Obstructive Sleep Apnea (OSA). It is the alternative to an in-lab polysomnography (PSG). Unattended Sleep Study testing results are equivalent to facility based PSG for diagnosis, treatment and outcomes.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule that pertains to the beneficiary's aid category. Prior Authorization (PA) is only valid if the beneficiary is eligible for the applicable item or service on the date of service.

Medicaid Rule

[7102.2](#) Prior Authorization Determination

[7103](#) Medical Necessity

Medicaid Rules can be found at <http://humanservices.vermont.gov/on-line-rules>

Coverage Position

Unattended Sleep Study may be covered for beneficiaries:

- When the Unattended Sleep Study are prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice in accordance with Vermont



State Practice Act, who is knowledgeable in the area of sleep medicine and who provides medical care to the beneficiary AND

- Unattended Sleep Study is covered only for the diagnostic study of OSA and for no other indications AND
- When the clinical guidelines below are met.

Coverage Guidelines

Unattended Sleep Studies may be considered **medically necessary** for adult patients who have symptoms suggestive of obstructive sleep apnea (OSA), when ALL of the following criteria are met:

1. Prior to testing there must be an order from the physician and a face-to-face clinical evaluation by the treating or referred physician prior to the sleep test.
2. Unattended Sleep Studies should be integrated into a comprehensive program of patient evaluation and treatment outlined by The American Academy of Sleep Medicine: Standards for Accreditation. Including: appropriate health care utilization, comprehensive diagnostic assessment, accurate data collection and scoring and effective patient management.
3. Patient or caregiver/companion must be physically and cognitively capable of operating home testing equipment.
4. Patient or caregiver/companion should be educated in the correct application of sensors.
5. Absence of health conditions that decrease accuracy of the study. Such as: moderate to severe pulmonary disease, neuromuscular disease, or congestive heart failure.
6. Absence of suspicion of other sleep disorders. Such as: central sleep apnea, periodic limb movement disorder, insomnia, parasomnias, circadian rhythm disorders, hypoventilation syndromes, or narcolepsy.
7. Limited to 1 night per testing episode.
8. Approved devices for Unattended Sleep Study includes, a minimum of measuring oxygen saturation, respiratory movement, airflow and heart rate with at least 4 recording channels.
9. Unattended home sleep study data can be manually scored by a Registered Polysomnographic Technologist (RPSGT) Sleep Technologist and validated and reported by a Board Certified Sleep Specialist.
10. A physician or other appropriately trained and supervised health provider is responsible for discussing the results of the test and recommendations with the patient.

Consider Unattended Sleep Study for members unable to be studied in the sleep laboratory when such a study is not possible by virtue of immobility, safety, or critical illness. When initiation of treatment is urgent and standard polysomnography is not readily available.

Unattended Sleep testing performed for the diagnosis of obstructive sleep apnea must adhere to the guidelines specified in "Clinical Guidelines for the Use of Unattended Portable Monitors in the Diagnosis of Obstructive Sleep Apnea in Adult Patients" (*Journal of Clinical Sleep Medicine*, Vol. 3, No. 7, 2007).

The Department of Vermont Health Access will authorize a 3 month trial rental of CPAP or BI-PAP only after completion of the titration study.

CPAP auto-titration has been introduced as an unattended method to determine optimal CPAP settings. Auto-titrating devices provide continuous self-adjustment and recording of CPAP requirements during a

single overnight session or nightly for a period of several days to weeks. CPAP auto-titration is typically used after documentation and grading of OSA by either PSG or Unattended Sleep Study. A combination of Unattended Sleep Study and CPAP auto-titration can be used to accomplish both OSA diagnosis and CPAP titration in the home.

Clinical guidelines for repeat service or procedure

Unattended Sleep Studies may be considered **medically necessary** to access efficacy of oral appliances/devices or to re-evaluate the diagnosis of OSA and need for continued positive airway pressure (CPAP), e.g., if there is a significant change in weight or the patient has undergone upper airway surgery or change in symptoms suggesting that CPAP should be re-titrated or possibly discontinued.

A second night of testing is allowed if technical difficulties occurred during the first study.

Type of service or procedure not covered (this list may not be all inclusive)

Unattended Sleep Study is considered **investigational** in children (younger than 18 years of age) and is therefore not covered by VT Medicaid.

Unattended Sleep Study is not appropriate for general screening of asymptomatic populations.

References

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