



UTILIZATION MANAGEMENT POLICY

TITLE: FACILITY-BASED POLYSOMNOGRAPHY, ADULTS (SLEEP STUDY) (III-DIA.16)

EFFECTIVE DATE: February 28, 2024

IMPORTANT INFORMATION – PLEASE READ BEFORE USING THIS POLICY

These services may or may not be covered by all Medica plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Medica may use tools developed by third parties, such as MCG Care Guidelines®, to assist in administering health benefits. Medica utilization management (UM) policies and MCG Care Guidelines are not intended to be used without the independent clinical judgment of a qualified health care provider taking into account the individual circumstances of each member's case. Medica UM policies and MCG Care Guidelines do not constitute the practice of medicine or medical advice. The treating health care providers are solely responsible for diagnosis, treatment, and medical advice.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Medica Provider Service Center toll-free at 1-800-458-5512.

PURPOSE

To promote consistency between utilization management reviewers by providing the criteria that determines the medical necessity.

MEDICAL NECESSITY CRITERIA

For medical necessity criteria, Medica uses MCG™ Care Guidelines, 28th edition, 2024:

- ACG: A-0145 (AC), Polysomnography (PSG), Sleep Center.
- ACG: A-0338 (AC), CPAP Titration, Sleep Center.

BENEFIT CONSIDERATIONS

1. Prior authorization **is required** for attended facility-based polysomnography (PSG) for diagnosis of sleep apnea in **individuals at least 18 years of age**. Please see the prior authorization list for product specific prior authorization requirements.
2. Facility-based polysomnography (PSG) for diagnosis of sleep apnea in **individuals at least 18 years of age** will be considered if the individual demonstrates inconclusive results following a home sleep study, if a home sleep study is contraindicated, or home sleep study services are not available.
3. Coverage may vary according to the terms of the member's plan document.
4. Prior authorization **is not required** for a home sleep study for **individuals at least 18 years of age**.
5. Prior authorization **is not required** for a polysomnography performed in an overnight sleep facility or healthcare facility for **individuals less than 18 years of age**.
6. See related coverage policies: (a) *Sleep Studies for Initial Diagnosis of Obstructive Sleep Apnea*, and (b) *Home Use of Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) for Sleep Apnea*.
7. All sleep studies done for a diagnosis other than those listed in the Medical Necessity criteria are *investigative and therefore not covered*.
8. Continuous positive airway pressure (CPAP) titration is a covered benefit. CPAP titration to establish the amount of PAP required to prevent upper airway collapse during sleep is often done during an attended

facility-based PSG based on conclusive evidence of obstructive sleep apnea (OSA) documented by a sleep study.

9. If the Medical Necessity Criteria and Benefit Considerations are met, Medica will authorize benefits within the limits in the member's plan document.
10. If it appears that the Medical Necessity Criteria and Benefit Considerations criteria are not met, the individual's case will be reviewed by the medical director or an external reviewer. Practitioners are reminded of the appeals process in their Medica Provider Administrative Manual.

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

- For Medicare members, refer to the following, as applicable at: <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>

MINNESOTA HEALTH CARE PROGRAMS (MHCP)

- For MHCP members, refer to Physician and Professional Services – Sleep Testing at: https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_008926#sleep

DOCUMENT HISTORY

Original Effective Date	January 1, 2024
Began use of MCG™ Care Guidelines	01/01/2024 (27 th edition)
MCG Care Guidelines Edition Updates (<i>Medica Effective Date</i>)	
Administrative Updates	02/28/2024, MCG Guideline A-0338 (AC), <i>CPAP Titration, Sleep Center</i> , added to the policy.