



MEDICAL COVERAGE GUIDELINES
SECTION: MEDICINE

ORIGINAL EFFECTIVE DATE: 09/15/15
LAST REVIEW DATE: 07/19/18
LAST CRITERIA REVISION DATE: 12/06/16
ARCHIVE DATE:

POLYSOMNOGRAPHY FOR NON-RESPIRATORY SLEEP DISORDERS

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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POLYSOMNOGRAPHY FOR NON-RESPIRATORY SLEEP DISORDERS (cont.)

Description:

Polysomnography (PSG):

Polysomnography is a recording of multiple physiologic parameters relevant to sleep. The standard full PSG includes electroencephalography (EEG) to differentiate the various stages of sleep and wake, chin electromyography (EMG) and electrooculography to assess muscle tone and detect rapid eye movement (REM) sleep, respiratory effort, airflow, blood oxygen saturation (oximetry) and electrocardiography to assess apneic events, EMG of the anterior tibialis to assess periodic limb movements (PLMs) during sleep, and videorecording to detect any unusual behavior.

Hypersomnia:

Sleep related disorder that causes excessive daytime sleepiness in individuals that cannot be fully relieved by any amount of sleep. Hypersomnia includes narcolepsy, idiopathic hypersomnia, and Klein-Levine syndrome. The classic symptoms include hypersomnolence, cataplexy, sleep paralysis and hypnagogic (onset of sleep) hallucinations.

Parasomnia:

Abnormal behavioral, experiential, or physiologic events that occur during entry into sleep, within sleep, or during arousals from sleep, such as sleep walking, sleep terrors and sleep behavior disorders.

Sleep-Related Movement:

Sleep-related movement disorders are characterized by simple, usually repetitive movements that disturb sleep including restless legs syndrome and periodic limb movement disorder.

Multiple Sleep Latency Test (MSLT):

The multiple sleep latency test (MSLT) tests for excessive daytime sleepiness by measuring how quickly you fall asleep in a quiet environment during the day. This test is the standard tool used to diagnose narcolepsy and idiopathic hypersomnia.

Narcolepsy:

Narcolepsy is a neurological disorder that affects the control of sleep and wakefulness. Individuals with narcolepsy experience excessive daytime sleepiness that cannot be fully relieved by any amount of sleep.

Periodic Limb Movement Disorder (PLMD):

Periodic limb movement disorder is associated with involuntary repetitive limb movements during sleep, which most often occur in the lower extremities.

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Description: (cont.)

Rapid Eye Movement (REM) Sleep Behavior Disorder (RBD):

Rapid eye movement (REM) sleep behavior disorder is a sleep disorder in which you physically act out vivid, often unpleasant dreams with vocal sounds and sudden, often violent arm and leg movements during REM sleep.

Restless Legs Syndrome (RLS):

Restless legs syndrome is a neurological disorder characterized by uncomfortable or odd sensations in the leg that usually occur during periods of relaxation. Symptoms occur primarily in the evening.

Criteria:

For polysomnography for the diagnosis and medical management of obstructive sleep apnea syndrome, see BCBSAZ Medical Coverage Guideline #O782, “*Diagnosis and Medical Management of Obstructive Sleep Apnea Syndrome*”.

Polysomnography (PSG) for non-respiratory sleep disorders are performed in a healthcare facility with a technologist in attendance.

- Polysomnography (PSG) and a multiple sleep latency test performed on the day after the PSG for evaluation of suspected narcolepsy or idiopathic hypersomnia is considered **medically necessary**.
- PSG for evaluation of individuals with parasomnias when there is a history of sleep related injurious or potentially injurious disruptive behaviors is considered **medically necessary**.
- PSG with a diagnosis of periodic limb movement disorder (PLMD) is considered **medically necessary** with documentation of **ALL** of the following:
 1. A complaint of repetitive limb movement during sleep by the individual or an observer
 2. No other concurrent sleep disorder
 3. **ONE** of the following:
 - Difficulty maintaining sleep
 - Excessive daytime sleepiness
 - Fragmented sleep
 - Frequent awakenings

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Criteria: (cont.)

- PSG for the diagnosis of PLMD is considered ***not medically necessary*** for **ANY** of the following:
following:
 1. Concurrent untreated obstructive sleep apnea
 2. Narcolepsy
 3. REM sleep behavior disorders
 4. Restless legs syndrome

- PSG for the diagnosis of non-respiratory sleep disorders not previously listed above or if criteria not met is considered ***experimental or investigational*** based upon:
 1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
 2. Insufficient evidence to support improvement of the net health outcome, and
 3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
 4. Insufficient evidence to support improvement outside the investigational setting.

These conditions include, *but are not limited to*:

- Depression
- Nightmare disorder
- Non-injurious disorders of arousal
- Sleep-related bruxism

Resources:

Literature reviewed 07/19/18. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.

1. 2.01.99 BCBS Association Medical Policy Reference Manual. Polysomnography for Non-Respiratory Sleep Disorders. Re-issue date 06/14/2018, issue date 08/13/2015.



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Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nilinígíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idííkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idííkidgo beehaz'áanii hóloq díí t'áa hazaadk'ehjí háká a'doowołgo bee haz'ą doo baqah ílinígóó. Ata' halne'ígíí kojí' bich'í' hodíilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.

