



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Medical Policy Sleep Disorder Management

Policy Number: 969

BCBSA Reference Number: N/A

NCD/LCD: N/A

Effective Date: September 1, 2019

Related Policies

- **Medicare Advantage: Advanced Imaging/Radiology and Sleep Disorder Management Clinical and Utilization Guidance Redirect, #923**
- Sleep Disorder Management CPT, HCPCS and Diagnoses Codes, #970
- Advanced Imaging/Radiology, #968
- Advanced Imaging/Radiology CPT and HCPCS, #900
- Advanced Imaging of the Heart, #972
- Advanced Imaging of the Heart CPT, HCPCS and Diagnoses Codes, #971

Overview:

Blue Cross Blue Shield of Massachusetts has delegated utilization management to AIM Specialty Health (AIM) for Sleep Disorder Management.

Policy and Coverage Criteria for Commercial Products:

The AIM Clinical Appropriateness Guidelines include medical necessity criteria for [Sleep Disorder Management](#):

- Bi-Level Positive Airway Pressure (BPAP) Devices
- Management of Obstructive Sleep Apnea (OSA) Oral Appliances
- Management of Obstructive Sleep Apnea (OSA) using Auto-Titrating Positive Airway Pressure (APAP) and Continuous Positive Airway Pressure (CPAP) Devices
- Multiple Sleep Latency Testing (MSLT) and Maintenance of Wakefulness Testing (MWT)
- Polysomnography and Home Sleep Testing

Requesting Prior Authorization

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	The requirements of BCBSMA Sleep Management Program may require prior authorization via AIM Specialty Health. These requirements are member-specific:
Commercial PPO	Please verify member eligibility and requirements through Online Services by logging onto Provider Central . Refer to our Quick Tip for an overview of pre-certification and

and EPO	<p>prior authorization requirements.</p> <p>Ordering clinicians should request prior authorization from AIM Specialty Health or call 1-866-745-1783 (when applicable).</p> <p>Prior authorization information for Medicare HMO Blue and Medicare PPO Blue is addressed in medical policy #923, Advanced Imaging/Radiology and Sleep Disorder Management for Medicare Advantage Products.</p>
Indemnity	Prior authorization is not required.

Sleep Disorder Management for Medicare Advantage Products

Prior authorization through AIM Specialty Health is required for Medicare Advantage products.

The following Sleep disorder management **medical policies will be retired effective September 1, 2019**. These policies will no longer be available on the BCBSMA website as of this date. For medically necessary indications, see the [AIM Sleep Disorder Management Diagnostic & Treatment Guidelines](#).

Retired Medical Policies	Policy Number
Bi-Level Positive Airway Pressure (BPAP) Devices	527
Management of Obstructive Sleep Apnea (OSA) Oral Appliances	529
Management of Obstructive Sleep Apnea (OSA) using Auto-Titrating Positive Airway Pressure (APAP) and Continuous Positive Airway Pressure (CPAP) Devices	526
Multiple Sleep Latency Testing (MSLT) and Maintenance of Wakefulness Testing (MWT)	534
Polysomnography and Home Sleep Testing	525

Disclaimer:

Coverage is subject to applicable benefit contract. Specific benefits may vary by product and/or employer group. Please reference appropriate member materials (e.g., Benefit Handbook, Certificate of Coverage) for member-specific benefit information.

Member's medical records must document that services are medically necessary for the care provided. BCBS MA maintains the right to audit the services provided to our members, regardless of the participation status of the provider. All documentation must be available upon request. Failure to produce the requested information may result in denial or retraction of payment.

References:

[AIM Sleep Disorder Management Diagnostic & Treatment Guidelines](#)