


ADMINISTRATIVE GUIDELINE – 10.01.524

Sleep Disorder Management: Services Reviewed by Carelon Medical Benefits Management

Effective Date:	Aug. 1, 2024	RELATED POLICIES:	
Last Revised:	Oct. 1, 2024	7.01.554	Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome
Replaces:	1.01.524		
	2.01.99		
	2.01.503		
	2.01.532		

Select a hyperlink below to be directed to that section.

[ADMINISTRATIVE GUIDELINE](#) | [HISTORY](#)

 Clicking this icon returns you to the hyperlinks menu above.

Introduction

Carelon Medical Benefits Management conducts clinical reviews for facility sleep studies for obstructive sleep apnea and nonrespiratory disorders. Carelon Medical Benefits Management also conducts clinical reviews for positive airway pressure (PAP) devices, monitors for adherence for replenishment of related supplies, and conducts reviews for oral appliances. Below is the link to Carelon Medical Benefits Management’s Sleep Disorder Management Diagnostic and Treatment Guidelines. To submit a request for services, providers need to use the Carelon Medical Benefits Management provider portal, which is also provided below.

Administrative Guideline

Service	Link
Sleep disorder management	<p>Carelon Medical Benefits Management Clinical Guidelines for Sleep Disorder Management encompass:</p> <ul style="list-style-type: none"> • Polysomnography • Multiple sleep latency testing

Service	Link
	<ul style="list-style-type: none"> • Maintenance of wakefulness testing • Auto-titrating positive airway pressure (APAP) devices • Continuous positive airway pressure (CPAP) devices • Bi-level positive airway pressure (BPAP) devices • Related positive airway pressure (PAP) supplies • Oral appliances <p>View Carelon Medical Benefits Management Clinical Appropriateness Guidelines</p>
Request a review	Carelon Medical Benefits Management Provider Portal login

History

Date	Comments
01/01/18	New Administrative Guideline.
02/23/18	Title updated from "Services Reviewed by AIM Specialty Health® (AIM): Sleep Disorder Management" to "Sleep Disorder Management: Services Reviewed by AIM®".
12/01/18	Annual Review, approved November 6, 2018. No change to administrative guideline.
11/01/19	Annual Review, approved October 4, 2019. No change to administrative guideline.
09/01/20	Annual Review, approved August 20, 2020. No change to administrative guideline. Minor edits only.
08/01/21	Annual Review, approved July 9, 2021, No change to administrative guideline.
07/01/22	Annual Review, approved June 27, 2022. Guideline updated to remove home sleep studies which no longer require review and, as such, AIM criteria will not apply, effective July 1, 2022.
03/01/23	Annual Review, approved February 20, 2023. Policy updated to reflect AIM Specialty Health name change to Carelon Medical Benefits Management. URL updated from AIMspecialtyhealth.com to carelon.com with no content changes made to the policy. This name change is effective March 1, 2023.
08/01/24	Annual Review, approved July 8, 2024. Minor editorial refinements made; administrative guideline intent unchanged.



Date	Comments
10/01/24	Minor update to related policies. 7.01.101 was replaced with 7.01.554 Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2024 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.

