

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
GUIDELINE / PROCEDURE**

Guideline/Procedure Number: MPUG3110 (previously MCUG3110, MPUG3110)		Lead Department: Health Services	
		Business Unit: Utilization Management	
Guideline/Procedure Title: Evaluation and Management of Obstructive Sleep Apnea in Adults (Medi-Cal)		<input checked="" type="checkbox"/> External Policy	
		<input type="checkbox"/> Internal Policy	
Original Date: 11/18/2009		Next Review Date: 04/08/2027	
		Last Review Date: 04/08/2026	
Applies to:	<input type="checkbox"/> Employees	<input checked="" type="checkbox"/> Medi-Cal	<input checked="" type="checkbox"/> Partnership Advantage
Reviewing Entities:	<input checked="" type="checkbox"/> IQI	<input type="checkbox"/> P & T	<input checked="" type="checkbox"/> QUAC
	<input type="checkbox"/> OPERATIONS	<input type="checkbox"/> EXECUTIVE	<input type="checkbox"/> COMPLIANCE <input type="checkbox"/> DEPARTMENT
Approving Entities:	<input type="checkbox"/> BOARD	<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> FINANCE <input checked="" type="checkbox"/> PAC
	<input type="checkbox"/> CEO <input type="checkbox"/> COO	<input type="checkbox"/> CREDENTIALS	<input type="checkbox"/> DEPT. DIRECTOR/OFFICER
Approval Signature: Robert Moore, MD, MPH, MBA		Approval Date: 04/08/2026	

I. RELATED POLICIES:

- A. MCUP3041 – Treatment Authorization Request (TAR) Review Process
- B. MCUP3124 – Referral to Specialists (RAF)
- C. MCUP3013 – Durable Medical Equipment (DME) Authorization

II. IMPACTED DEPTS:

- A. Health Services
- B. Claims
- C. Member Services

III. DEFINITIONS:

- A. Obstructive Sleep Apnea (OSA) is a disorder that is characterized by obstructive apneas, obstructive hypopneas, and/or respiratory related arousals caused by repetitive collapse of the upper airway during sleep.
- B. Partnership Advantage: Effective January 1, 2027, Partnership HealthPlan of California will operate a Centers for Medicare & Medicaid Services (CMS)-approved Dual-Eligible Special Needs Plan (D-SNP) in specific counties as described in the Department of Health Care Services (DHCS) CalAIM Dual Eligible Special Needs Plan Policy Guide. This line of business will be known as Partnership Advantage and will be a Medicare Advantage plan offered to all full-benefit, dual-eligible beneficiaries 21 years of age or older who reside in the applicable counties. Partnership Advantage enrollees will be qualified to receive both Medi-Cal and Medicare services as described in the Partnership Advantage Member Handbook.

IV. ATTACHMENTS:

- A. N/A

V. PURPOSE:

The following guideline discusses the current recommendations for the evaluation and management of obstructive sleep apnea (OSA) in adults.

VI. GUIDELINE / PROCEDURE:

- A. OSA is an important disorder because it is common, and patients with OSA are at increased risk for poor neurocognitive performance and organ system dysfunction due to repeated arousals or hypoxemia during sleep over months to years. The severity and duration of OSA necessary for these sequelae likely varies among individuals. Despite its importance, medical practitioners often under-recognize OSA. Cardinal

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features of obstructive sleep apnea (OSA) in adults include:

1. Perturbations of a regular respiratory pattern during sleep, including obstructive apneas, hypopneas, or respiratory effort related arousals.
2. Daytime symptoms attributable to disrupted sleep, such as sleepiness, fatigue, or poor concentration.
3. Signs of disturbed sleep, such as snoring with restlessness. Simple snoring alone does not require a work up. If patients who have significant snoring have additional findings, such as obesity, daytime sleepiness, witnessed apneas, or morning headaches, further evaluation for obstructive sleep apnea should be considered.

B. RISK FACTORS

1. Risk factors for OSA include obesity and craniofacial or upper airway soft tissue abnormalities, while potential risk factors include heredity, smoking, and nasal congestion.
 - a. Obesity is the best documented risk factor for OSA.
 - b. Craniofacial or upper airway soft tissue abnormalities increase the likelihood of having or developing OSA.
 - c. A family history of OSA
 - d. Current smoking
 - e. Nasal congestion
 - f. Diabetes or insulin resistance
 - g. Older age

C. DIAGNOSIS

1. If patients are suspected of having sleep apnea based on the history or if the patient is at high risk for the condition, evaluation with a sleep study should be considered.
2. Overnight pulse oximetry study (Current Procedural Terminology [CPT] 94762)
 - a. Partnership Medi-Cal: Code 94762 is not a Medi-Cal benefit.
 - b. Partnership Advantage: Code 94762 may be covered for Partnership Advantage enrollees according to Medicare criteria. See Medicare National Coverage Determination (NCD) [240.4.1](#), Sleep Testing for Obstructive Sleep Apnea (OSA).
3. A Treatment Authorization Request (TAR) is not required for CPT 95782 (polysomnography for Members younger than 6 years of age).
4. Unattended Sleep Study:
 - a. A home unattended portable multimodal monitoring (CPT codes 95800, 95801, and 95806 or HCPCS codes G0398, G0399, and G0400) is required prior to having a facility-based attended diagnostic sleep study in the following circumstances:
 - 1) When there is a high pre-test probability of moderate to severe obstructive sleep apnea on clinical grounds (excessive daytime drowsiness AND at least one of the following: habitual loud snoring, hypertension, nocturnal gasping or choking, witnessed apnea, or frequent awakenings) OR
 - 2) The patient has had a screening overnight pulse ox study which showed likely OSA, AND
 - 3) If there are no co-morbid conditions that would impact the accuracy of the sleep study (e.g. neuromuscular disease, history of stroke, significant cardiopulmonary disease, chronic opioid use, severe insomnia, impaired dexterity or mobility, cognitive impairment),
 - b. This diagnostic evaluation should only be interpreted by a specialist with experience in administering and interpreting this test.
 - c. No prior authorization is required for home sleep studies. Unattended sleep studies are not covered for diagnoses other than OSA. Reimbursement for home sleep studies is limited to one per year. Reimbursement for home sleep studies beyond 1 per year requires a TAR for medical necessity.
5. An attended diagnostic sleep study (CPT 95808, 95810 or 95811) is generally indicated when one or more of the following conditions are diagnosed or suspected:

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- a. Narcolepsy
 - b. Idiopathic CNS Hypersomnia
 - c. Sleep disordered breathing due to central sleep apnea
 - d. Parasomnia
 - e. Nocturnal Oxygen Desaturation
 - f. Disorders of REM Sleep
 - g. Suspicion of OSA in mission critical workers such as airline pilots, bus drivers, truck drivers, taxi drivers, rideshare service company drivers, and others in whom falling asleep at work could have a major negative impact
6. Attended sleep studies must be ordered by the primary care provider (PCP) or by the specialist who is treating the Member. For Direct Members, the study must be ordered by the physician who is currently managing the medical care for the Member. Prior authorization is required by Partnership for an attended sleep study, and Partnership utilizes InterQual® criteria to determine the medical necessity of this service. For Partnership Advantage enrollees, Medicare criteria will be considered including, but not limited to, Medicare National Coverage Determination (NCD) [240.4.1](#), Sleep Testing for Obstructive Sleep Apnea (OSA).
7. The use of polysomnography for a complaint of insomnia is not considered medically necessary and is not covered because there is no convincing evidence that polysomnography is useful or improves outcome results for this symptom.
8. If there is some question about the need for sleep study, a specialist consultation should be obtained.
- D. **TREATMENT:** Correct diagnosis is the foundation for a treatment plan for sleep disorders. This section focuses on the treatment of obstructive sleep apnea.
1. Many options exist for treatment of obstructive sleep apnea. These include behavior modification (including weight loss, exercise, sleep position, alcohol avoidance), surgical options, pharmacologic treatment and Continuous Positive Airway Pressure (CPAP).
 2. For the initial approval of CPAP, InterQual® Criteria (*noninvasive airway assistive devices*) must be met and a sleep study performed within the past 12 months and documented OSA is required. When CPAP is selected as the treatment modality, it may be titrated in a sleep study laboratory (CPT 95810) or at home, with a self-titrating CPAP device (Healthcare Common Procedure Coding System [HCPCS] code: E0601). Determination of which titration method is needed is made by the treating physicians. Both titration methods require prior diagnosis of OSA and should only be done under the supervision of a clinician with experience coaching a patient on the use of CPAP.
 3. For approval of renewal of CPAP authorization, InterQual® Criteria (*noninvasive airway assistive devices*) apply.
- E. **EQUIPMENT REQUIREMENTS:** Partnership follows Centers for Medicare and Medicaid Services (CMS) standards for specifications for equipment permissible for diagnosis of obstructive sleep apnea, interpretation of sleep studies, and titration of CPAP as per Medicare National Coverage Determinations (NCD) [Manual 100-03: Chapter 1, Part 4, Section 240.4.1](#), Sleep Testing for Obstructive Sleep Apnea (OSA), implementation date 08/10/2009 or any subsequent updates published by CMS and Local Coverage Determinations ([LCD](#)) [L33718](#) Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea, Revision Effective Date 01/01/2024 or any subsequent updates published by CMS.
- F. No TAR is required for CPAP supplies for a CPAP machine owned by the Member (as per Medi-Cal guidelines for ordering/quantity limits).

VII. REFERENCES:

- A. [Medi-Cal Provider Manual/ Guidelines](#) including Medicine: Neurology and Neuromuscular (*medne neu*)
- B. InterQual® criteria: Durable Medical Equipment: Non-invasive airway assistive devices, Oct. 2025 Release
- C. InterQual® criteria: Procedures: Sleep studies, 2025 Release

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- D. Kline, Lewis R. MD et al. [Clinical Presentation and Diagnosis of OSA in Adults](#); UpToDate: published online 11/25/2025.
- E. Medicare National Coverage Determinations (NCD) [Manual 100-03: Chapter 1, Part 4, Section 240.4.1. Sleep Testing for Obstructive Sleep Apnea \(OSA\)](#). Implementation date 08/10/2009 or any subsequent updates published by CMS.
- F. Medicare Local Coverage Determination [\(LCD\) L33718](#) Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea. Revision Effective Date 01/01/2024 or any subsequent updates published by CMS.

VIII. DISTRIBUTION:

- A. Partnership Departmental Directors
- B. Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Health Services Officer

X. REVISION DATES:

Partnership Advantage (Program effective January 1, 2027)
06/11/25; 04/08/26

Medi-Cal

10/01/10; 04/18/12; 02/20/13; 10/15/14; 01/20/16; 11/16/16; 11/15/17; *02/13/19; 02/12/20; 01/13/21; 02/09/22; 05/11/22; 06/14/23; 06/12/24; (MPUG3110) 06/11/25; 04/08/26

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee’s meeting date.

PREVIOUSLY APPLIED TO:

Healthy Kids

MPUG3110 - 11/18/09; 10/01/10; 04/18/12 to 2/20/2013

Partnership Advantage:

MPUG3110 - 11/18/09; 10/01/10; 04/18/12 to 2/20/2013
PAUG3123 – 02/20/13 to 01/01/15 (PA program ended 01/01/2015)

Healthy Families:

MPUG3110 - 10/01/10; 04/18/12 to 02/20/2013

In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

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The materials provided are guidelines used by PARTNERSHIP to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under PARTNERSHIP.

PARTNERSHIP's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.