How to Coordinate Obstructive Sleep Apnea (OSA) Care

20%-33% of adults in the US are living with OSA, but up to **90%** of patients are **undiagnosed**.[1-3]



OSA

Challenges
Misapprehensions about sleep studies and treatment options may hinder diagnosis.[4]

Access to Care
Diagnostic coding and lack of defined care pathways can add complexity to OSA care.[5]

Opportunities for Change
Advances in OSA management create an opportunity to enhance disease awareness.[6]

OSA Medical Coding Essentials

Sleep History and Physical Exam[7]
to document your patient's need for a sleep test

Identification of a Supplier[7]
to order HSAT and polysomnography for your patients

ICD-10 Diagnostic Code[8]
for the specific type of sleep apnea and any relevant comorbid conditions

Diagnosis of OSA may help enable patient access to treatment and improve outcomes of associated health conditions.[1-4]

Consider screening for OSA in patients with the following clinical presentations:

- Snoring[1]
  Breathing pauses, choking, or gasping during sleep[1]
- Morning headache[9]
  Unrefreshing sleep[1]
  Daytime sleepiness[1]
- Large neck circumference[1]
- Fatigue and insomnia[9]
- Depression, irritability, brain fog, and difficulty concentrating[9]

A large percentage of patients with **cardiometabolic disease** also have **OSA**.

- Obesity[10] **55%-90%**
- T2D[1] **65%-85%**
- Hypertension[1] **73%-82%**
- Stroke[1] **71%**
- Atrial fibrillation[1] **76%-85%**
- Heart failure[11] **12%-64%**

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Step 1: Physical examination, sleep history, and screening questionnaire

During routine visits, sleep screening questionnaires like **STOP-Bang** can assess a patient's risk for OSA.[12] Questionnaires are not sufficient to diagnose OSA, but they can identify patients who should receive a sleep test with <10 yes/no questions.[12,13]

You may be able to order HSAT through your regular DME company, who will also handle billing and administration of the test.[7]

If your patient's sleep test returns a positive diagnosis for OSA, your DME company may also be able to supply them with CPAP equipment.[14]

Step 2: Identification and execution of the appropriate sleep test

Home Sleep Apnea Testing (HSAT)[13,15]

- Appropriate for uncomplicated adult patients
- Benefit of any licensed healthcare clinician being able to partner with a third-party company to order and administer HSAT and have results reviewed by a sleep specialist

In-Lab Polysomnography[13]

- Usually requires referral to a sleep specialist
- Recommended for patients who have significant cardiorespiratory disease, potential respiratory muscle weakness, awake hypoventilation or suspicion of sleep-related hypoventilation, chronic opioid medication use, history of stroke, or severe insomnia

Here are some common ICD codes for OSA and common comorbidities to help streamline the billing process for your patient's long-term OSA management.

G47.33	OSA[8]	**E66.1**	Drug-induced obesity[16]	**I48.91**	Unspecified atrial fibrillation[17]
E66.01	Obesity (BMI ≥30)[16]	**I10**	Essential (primary) hypertension[18]	**E11.65**	T2D with hyperglycemia[17]

- **Confirm the exact type of sleep apnea from the sleep study and use code G47.33 for OSA[5]**
- **Make sure your ICD-10 code always appears on your treatment claims and that it aligns with the documented condition[5]**
- **Document comorbidities and include codes for complications as appropriate. For obesity diagnoses, include a Z code for BMI (Z68.XX)[16]**

For more practical tips on coding for obesity, download *How and Why to Code for Obesity: A Guide for HCPs on Coding for Obesity-Related Conditions in Clinical Practice.*

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