

# 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**.<sup>1-3</sup>



## OSA



### Challenges

Misapprehensions about sleep studies and treatment options may hinder diagnosis.<sup>4</sup>



### Access to Care

Diagnostic coding and lack of defined care pathways can add complexity to OSA care.<sup>5</sup>



### Opportunities for Change

Advances in OSA management create an opportunity to enhance disease awareness.<sup>6</sup>

## OSA Medical Coding Essentials



### Sleep History and Physical Exam<sup>7</sup>

to document your patient's need for a sleep test



### Identification of a Supplier<sup>7</sup>

to order HSAT and polysomnography for your patients



### ICD-10 Diagnostic Code<sup>8</sup>

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.**<sup>1-4</sup>

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



Snoring<sup>1</sup>  
Breathing pauses, choking, or gasping during sleep<sup>1</sup>



Morning headache<sup>9</sup>  
Unrefreshing sleep<sup>1</sup>  
Daytime sleepiness<sup>1</sup>



Large neck circumference<sup>1</sup>



Fatigue and insomnia<sup>9</sup>



Depression, irritability, brain fog, and difficulty concentrating<sup>9</sup>

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



Obesity<sup>10</sup>  
**55%-90%**



T2D<sup>1</sup>  
**65%-85%**



Hypertension<sup>1</sup>  
**73%-82%**



Stroke<sup>1</sup>  
**71%**



Atrial fibrillation<sup>1</sup>  
**76%-85%**



Heart failure<sup>11</sup>  
**12%-64%**

*Lilly*

## 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.<sup>12</sup> Questionnaires are not sufficient to diagnose OSA, but they can identify patients who should receive a sleep test with <10 yes/no questions.<sup>12,13</sup>



**You may be able to order HSAT through your regular DME company, who will also handle billing and administration of the test.<sup>7</sup>**



**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.<sup>14</sup>**

## Step 2: Identification and execution of the appropriate sleep test

### Home Sleep Apnea Testing (HSAT)<sup>13,15</sup>

- 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<sup>13</sup>

- 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<sup>8</sup>

**E66.1**

Drug-induced obesity<sup>16</sup>

**I48.91**

Unspecified atrial fibrillation<sup>17</sup>

**E66.01**

Obesity (BMI  $\geq 30$ )<sup>16</sup>

**I10**

Essential (primary) hypertension<sup>18</sup>

**E11.65**

T2D with hyperglycemia<sup>17</sup>

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

**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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