Clinical Criteria – CPT® 42975— Drug-Induced Sleep Endoscopy (DISE)

Subject: 42975 Drug-Induced Sleep Endoscopy	**Renewed Effective:** 11/1/25
	Review Schedule: Annual

Description
To define medical necessity, required documentation, and coding guidance for DISE (CPT 42975) when used to evaluate sites of upper-airway obstruction in children with suspected or confirmed sleep-disordered breathing.

Short description / code
CPT: 42975 — Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing (flexible, diagnostic).

Criteria for Approval:
DISE may be considered medically necessary **when all** of the following are met:

1. **Objective evidence of sleep-disordered breathing (SDB)** — e.g., diagnostic polysomnography (laboratory PSG or home sleep study) within **12 months** showing obstructive events and quantified severity (report must include AHI/RDI and oxygen desaturation data).
   Rationale: DISE is used to localize obstructive sites after objective confirmation of OSA/SDB.
2. **One or more of the following clinical scenarios**:
   - **Persistent OSA after adenotonsillectomy (AT)** (symptoms and PSG show persistent moderate-to-severe OSA despite technically adequate AT). This is the most common pediatric indication.
   - **Inconclusive clinical/exam findings** where multiple potential anatomic sites of obstruction exist and the results will change surgical planning (e.g., craniofacial anomalies, Down syndrome, obesity, neuromuscular disorders).
   - **Preoperative planning for targeted airway surgery** when DISE findings will directly affect choice or extent of surgery (e.g., tongue-base reduction, supraglottoplasty, lateral pharyngoplasty), or are required for device candidacy screening (e.g., screening for complete concentric collapse in select adult devices — note pediatric device criteria differ).
   - **CPAP intolerance/nonadherence or failure** in older children/adolescents where surgery is being considered and airway level localization is needed.
3. **Results are expected to change management** — documentation must state how DISE results are anticipated to affect the next clinical/surgical decision (e.g., targeted procedure planned only if specific collapse pattern found).

Required documentation for prior authorization / chart review
Submit the following when requesting authorization for CPT 42975:

- Relevant clinical history (symptoms, prior treatments).
- Age of patient (≤19).

- Most recent **polysomnography report** (date, AHI/RDI, oxygen desaturation index, sleep architecture) — performed within 12 months unless clinical circumstances justify older study.
- Operative report(s) for prior adenotonsillectomy (if applicable).
- Documentation of non-surgical therapies tried and adherence (e.g., CPAP trial notes, mask fitting, hours of use) if applicable.
- Clinical rationale: explicit statement of why DISE is indicated and how results will change management (e.g., "Persistent moderate OSA after AT; DISE will guide targeted tongue-base vs. pharyngeal surgery").

Appropriate frequency / limits

- **Typically, one DISE per airway-treatment episode** unless new clinical events or prior DISE findings were inconclusive and a repeat DISE is reasonably expected to change management.
- Repeat DISE within a short interval will require justification showing a meaningful change in clinical status or prior inadequate/limited exam.

Provider & setting

- Performed by a qualified otolaryngologist (pediatric otolaryngology preferred) or other credentialed specialist experienced in pediatric airway endoscopy and sedation for DISE.
- Performed in an appropriate procedural/surgical setting (operating room or monitored procedural suite) with anesthesia/sedation resources capable of managing airway and maintaining spontaneous ventilation per institutional DISE protocols.

Exclusions / Not medically necessary

DISE is **not** medically necessary when any of the following apply:

- No objective evidence of OSA/SDB (no diagnostic sleep study) and no documentation that DISE result will change management.
- Predominant **central sleep apnea** without obstructive features on PSG (DISE evaluates structural/obstructive collapse).
- DISE performed solely for routine diagnostic curiosity without documented plan for alteration of therapy based on results.
- When non-invasive management has not been attempted/optimized and the plan is to proceed directly to surgery **without** expectation that DISE will alter surgical choice (unless urgent clinical need exists).

Clinical rationale / evidence summary (brief)

- DISE is increasingly used in pediatrics — especially for children with **persistent OSA after AT** and for children with complex craniofacial or syndromic anatomy where obstructive sites are uncertain. Expert consensus statements and multiple reviews support DISE as a tool to identify anatomic levels of collapse that may not be apparent on awake exam.

References (key sources)

1. Expert Consensus Statement: Pediatric Drug-Induced Sleep Endoscopy (DISE).

Baldassari et al., 2021 (consensus on indications, protocols, interpretation). pubmed.ncbi.nlm.nih.gov

2. Pediatric drug-induced sleep endoscopy — review and clinical applications (PubMed/NIH). PMC
3. AMA/AHA coding guidance — CPT code **42975** (new code effective Jan 1, 2022). FindACode+1
4. Clinical reviews and institutional protocols describing DISE role in post-AT persistent OSA and complex pediatric airway cases. MDPI+1
5. Payer and device guidance referencing DISE reporting (e.g., CMS articles mentioning DISE reporting in device evaluation contexts). CMS+1