

*Pulmonary and Sleep
Associates of Marin*



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DIRECT HOME SLEEP APNEA TESTING ORDER FORM

Patient's Name: _____ DOB: _____

Phone: _____

Referring Physician's name: _____ Phone: _____

Patient acceptance into the home sleep apnea testing (HSAT) program is dependent on specific criteria that identify appropriate subjects for unattended testing. These guidelines will maximize the success of the test and ensure appropriate follow-up management. The referring medical provider must send this order and appropriate clinical documentation.

Patients should be 18 years or older. Those with a high pre-test probability for moderate to severe sleep apnea based on presenting symptoms and contributory anatomy will be identified. The characteristics that should be documented both as part of the history of present illness (HPI) and within the assessment and plan include:

- **Loud snoring (R06.83)**
- Witnessed apnea (R06.81)
- **Excessive daytime sleepiness (Epworth score >10) (R40.0)**
- Nocturia (R35.1)
- Bruxism (G47.63)
- Fragmented sleep with secondary insomnia (F51.01)
- Obesity (E66.9)
- Middle to older age (Post-menopausal women)

Due to the nature of the testing and its limitations, the following exclusion criteria require a formal initial sleep consultation and will be observed:

- Cognitive or language barriers that interfere with test administration
- Moderate to severe pulmonary disease
- Neuromuscular disease
- **Congestive heart failure**
- **Suspected central sleep apnea**
- Suspected periodic limb movement disorder (PLMD)
- Primary insomnia

- Circadian rhythm disorders
- Parasomnias
- Narcolepsy

The following documentation may be helpful to include in the plan: “Given the high pre-test probability and lack of contraindications to ambulatory testing, arrange a diagnostic home sleep apnea test to evaluate for the presence and degree of sleep apnea.” Testing may also be indicated on a case-by-case basis among patients who are unable to have attended polysomnography due to immobility, safety, or critical illness concerns. Medicare patients may require a higher index of suspicion given the more stringent scoring criteria used.

After the HSAT is scheduled and completed, the results will be sent to the referring provider and the patient will meet with a board-certified sleep specialist in our office to initiate treatment or to arrange further testing, if indicated. If there are concerns about the complexity of a case or the appropriateness of HSAT, consider a standard direct referral for a formal initial sleep consultation prior to testing.

Please provide the patient’s demographics and Insurance information.

In some cases, insurance ***prior authorization*** for the testing must be completed prior to scheduling the evaluation. Medicare patients do not require prior authorization for home sleep apnea testing. Private insurers (Anthem, Cigna, Meritage, etc.) often do require this authorization. This should be obtained by the referring provider’s office. We can call to check on the requirement, but we are not be able to obtain the authorization directly.

Referring Physician’s Signature

Date