

*Pulmonary and Sleep
Associates of Marin*



100 Rowland Way, Suite 300
Novato, CA 94945

Phone: 415-878-0225

Fax: 415-878-0215

MarinPulmonarySleep.com

**Direct Referral Guidelines and Patient Acceptance Policy
for Home Sleep Apnea Testing (HSAT)**

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 an order and appropriate clinical documentation.

For direct referrals:

1. Patients should be 18 years or older.
2. Patients must have a high pre-test probability for moderate to severe sleep apnea based on presenting symptoms and contributory anatomy (For this the STOPBANG and Epworth Sleepiness Scale questionnaires may be of value).
3. Symptoms must be documented in the history of present illness (HPI) or Review of Systems. **The following should be documented:**
 - Loud snoring (R06.83)
 - Witnessed apnea (R06.81)
 - Excessive daytime sleepiness (Epworth score >10), Hypersomnia (R40.0, G47.14)
 - Nocturia (R35.1)
 - Bruxism (G47.63)
 - Fragmented sleep with secondary insomnia (F51.01)
 - Obesity (E66.9)

Due to the nature of the testing and its limitations, the following **exclusion criteria require a formal initial Sleep Consultation:**

- Cognitive or language barriers that interfere with test administration
- Moderate to severe chronic obstructive pulmonary disease (COPD)
- Neuromuscular disease
- Congestive heart failure
- Suspected central sleep apnea (chronic opiate use or stroke)
- Suspected periodic limb movement disorder (PLMD)
- Chronic insomnia
- Circadian rhythm disorders
- Suspected Parasomnias

- Suspected Narcolepsy

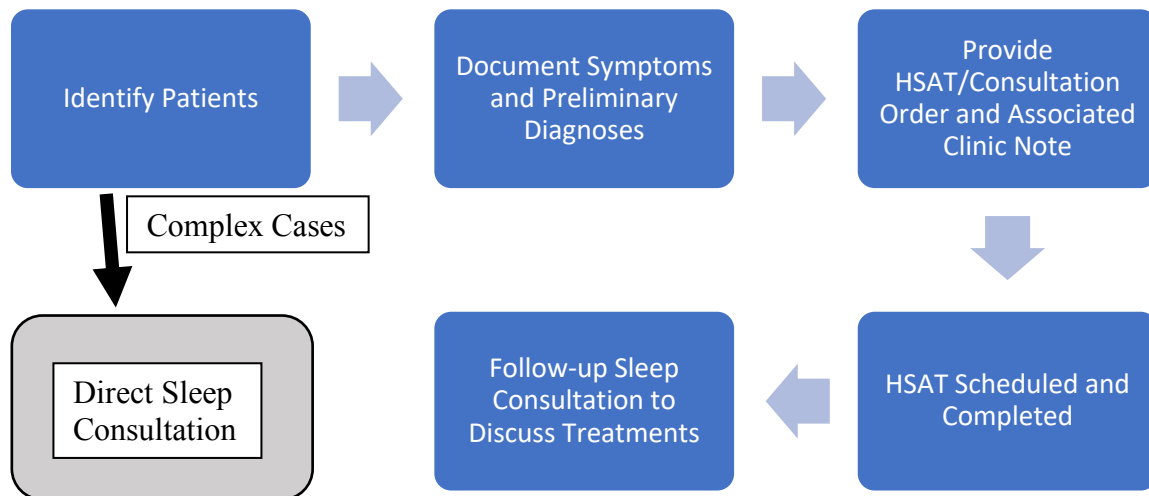
The following documentation may be helpful to include in the plan: “Given the high pre-test probability and lack of contraindications to ambulatory testing, arrange a diagnostic home sleep apnea test to evaluate for the presence and degree of sleep apnea.”

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.

Patients who have been screened and are deemed appropriate for HSAT will proceed with evaluation. An electronic or faxed order for the testing, demographics page, and accompanying clinical note must be received. In some cases, insurance prior authorization for the testing must be completed prior to scheduling the home sleep test. We will do the prior-authorization for you.

We will see the patient in a formal Sleep Consultation after the study and provide appropriate follow-up.

The following referral flowchart may be helpful to visualize the process:



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.