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**Patient Acceptance Policy
for Home Sleep Apnea Testing (HSAT)**

Patient acceptance into our home sleep apnea testing (HSAT) program is conducted either via a formal referral with a **Sleep Consultation** by one of our Providers or via a **Direct Referral**. Consultations/office visits adhere to all current AASM guidelines. For Direct Referrals, specific inclusion and exclusion criteria should be met, and these are meant to identify appropriate subjects for unattended testing and thus maximize the success of the test and ensure appropriate follow-up management.

Inclusion criteria 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 questionnaire may be of value).
3. The following symptoms must be **documented** in the history of present illness (HPI) or Review of Systems. The first three symptoms are the most important.
 - 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)

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
- Suspected periodic limb movement disorder (PLMD)
- Primary insomnia
- Circadian rhythm disorders
- Suspected Parasomnias

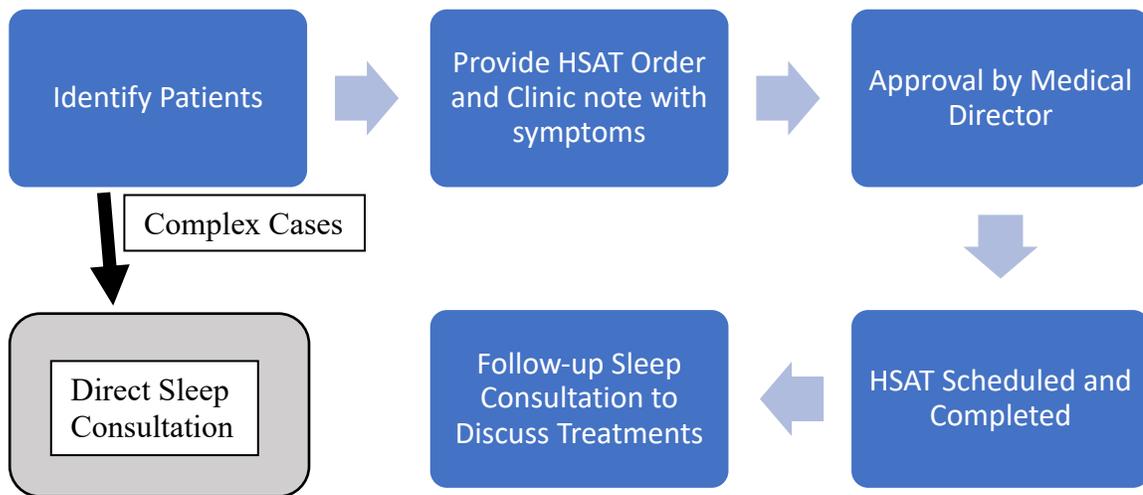
- Suspected Narcolepsy

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.

Direct Referrals will be reviewed by our Medical Director and if 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 home sleep 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 formal initial sleep consultation prior to testing.