

Sleep Disorders Center

GUIDELINES FOR IN LAB 1st TIME

1. Face to face notes with two qualifying symptoms of OSA justifying why a patient is being referred for the test. Examples include snoring, witnessed apnea, morning headaches, nocturnal choking, excessive daytime sleepiness, Difficulties Initiating and Maintaining Sleep, RLS, Parasomnias, and Narcolepsy.
2. A Stop Bang questionnaire and or an Epworth Sleepiness Scale questionnaire.
3. Prior authorization from insurance, except partnership. Please note that if an authorization is NOT needed, we require a reference number, name of the person who stated there was NAN (no auth needed), date and time of the conversation or printable evidence of NAN and the CPT code requested.
4. 4 years of age and up.
5. Chart notes must be under 6 months old.

GUIDELINES FOR IN LAB REPEAT

1. Face to face notes with two qualifying symptoms of OSA WHILE USING THEIR PAP DEVICE justifying why a patient is being referred for the test. Examples include snoring, witnessed apnea, morning headaches, nocturnal choking, excessive daytime sleepiness. (if oximetry was done, we will need a copy) A 30-day compliance report.
OR
2. Chart notes that state PT has lost *or* gained a significant amount of weight since last study
3. Documented significant health changes since the last study.
4. If the PT is no longer compliant with PAP therapy, face-to-face notes are needed with the medical reasons why they stopped using the device and they will follow compliance this time around.

GUIDELINES FOR IN LAB REPEAT AFTER HST

1. PT had an HST, and it is indicated they need in-lab sleep study, Sleep center will get authorization for in lab (if the HST was done through our facility) after indicated on HST report *IF* study was done within 6 months or less.
2. If PT picked up a PAP device, **please provide a 30-day compliance report**, and follow option 1 under the guidelines for “in lab repeat”.

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GUIDELINES FOR IN LAB REPEAT REQUESTED BY DR. DESILVA AFTER 1st IN LAB STUDY

1. Sleep center will get authorization for this repeat.
2. PT's who need ASV titration must get ECHO done before returning to sleep lab for ASV titration.

REFERRALS NOT ACCEPTED

1. Lost or stolen machines are not a medical justification for a new sleep study.
2. Patients needing new machines listed as a reason for new sleep study will not be accepted by insurance as a valid reason to pay for new one.
3. The chart notes that state a request for another sleep study because it's been a few years ago so we should get a new one.
4. Medicare and Partnership will require a new one if it has been over a year since original order without getting set up with a PAP therapy device.

CONTRAINDICATIONS FOR IN LAB SLEEP STUDIES

1. Patient(s) below the age of 4 years old (if under 4 please refer to UCSF).

REFER TO DME

1. PT has a PAP device and needs new supplies/equipment.
2. Patients on Medicare that have had a machine for 5+ years can have new RX sent to DME for new machine without new sleep study.
3. Issues with PAP device.
4. Mask fittings or machine adjustments.
5. To get 30-day –compliance report.