



Kaiser Permanente Sleep Studies

Requests for Kaiser “In Lab” sleep studies must meet specific criteria (see attached):

- Requests are reviewed by a Quality Resource RN.
- When criteria are not met a **Denial** will be sent to the requesting provider.

Advantages of a Kaiser Permanente “In-Home” Sleep Study:

- Less cost for the patient
- More comfortable and convenient, study is done in the patient’s home
- Sleep testing equipment teach provided, placement and fitting of the testing equipment
 - The equipment is easy to use and often mailed to the patient directly. The equipment can then be recycled instead of being returned to KP. There is an easy-to-follow instructional video for patients to follow, and a sleep/medical questionnaire that is provided when they schedule the appointment.
- High treatment compliance resulting from:
 - Patients are provided with a detailed information about their sleep study findings, health consequences of sleep apnea and treatment options.
 - Copy of sleep study results are faxed to the requesting provider.
 - Patients work with a respiratory therapist for optimization of CPAP/APAP equipment treatment.
- Subject Matter Experts (Pulmonologist/Sleep Team) determine if additional, more extensive testing, is needed.
 - If additional testing is needed, the Sleep Team will coordinate testing with a Kaiser Permanente SoCO contracted sleep lab.

2 Kaiser Permanente Southern Colorado Locations for “In Home” Sleep Studies:

- *Colorado Springs* – Parkside Medical Office-215 Parkside Drive, Colorado Springs, CO 80910
- *Pueblo* - Pueblo North Medical Office-3670 Parker Blvd. Ste. 200, Pueblo, CO 81008
- *Kaiser Sleep Dept-Phone: 303-861-3382*

Recommended CPT code for an “In Home” Sleep Study:

- 95800C
 - Place of Service: Kaiser Sleep Department

Kaiser Pre-Authorization can be obtained through Affiliate Link (preferred) or by faxing Paper Form:

- Kaiser Pre-Authorization Paper Form
 - Manually Fax with clinicals to 866-529-0934
 - Include CPT code and Place of Service
 - Fax/Upload previous sleep study, if applicable

Additional questions, regarding Kaiser Permanente Sleep Department, can be directed to your Provider Experience team:

- Cheryl Tillery (Pueblo, Canon City, Centura, Advent Health, UCHMG)
 - Cheryl.A.Tillery@kp.org
- Kathy Jones (Colorado Springs, Monument, Woodland Park, Optum)
 - Katherine.Irene.Jones@kp.org

Kaiser Permanente Colorado

Clinical Practice Guideline

CRITERIA FOR SLEEP STUDY REFERRAL

In-home PSG (sleep study) may be indicated if ALL of the following are met:

1. Adult with suspected obstructive or central sleep apnea, as indicated by **1 or more** of the following:
 - a. Epworth sleepiness score of 11 or greater
 - b. Excessive daytime sleepiness, fatigue or awakenings with gasping or choking
 - c. Hypertension that is uncontrolled despite 3-drug regimen that includes diuretic
 - d. Witnessed apnea or choking episodes
 - e. Postoperative assessment needed after performance of surgery to treat obstructive sleep apnea
 - f. Significant oxygen desaturation (i.e. average $\leq 90\%$ or >30 min with saturation $<89\%$) on overnight pulse oximetry
 - g. Snoring
 - h. Obesity, defined as BMI ≥ 30 .
2. Child aged 5 or older with suspected obstructive sleep apnea, as indicated by 1 or more of the following:
 - a. Daytime sleepiness
 - b. Nocturnal enuresis
 - c. Failure to thrive (weight less than 5th percentile for age)
 - d. Hyponasal speech
 - e. Mouth breathing
 - f. Nocturnal pauses in breathing
 - g. Nonspecific behavioral problems (e.g. hyperactivity, developmental delay, aggression, poor school performance)
 - h. Pulmonary hypertension
 - i. Signs of increased respiratory effort (i.e. nasal flaring)
 - j. Snoring
3. Patient/caregiver has ability to manage the home testing equipment.

In-lab diagnostic polysomnogram or split night study (95810 or 95811) may be indicated if ANY of the following are met:

1. Adult with suspected obstructive or central sleep apnea who meets Criteria 1 for home sleep apnea testing AND has a mental or physical inability/limitation to perform an ambulatory sleep study (e.g. musculoskeletal disability, intellectual disability, blindness, dementia, inadequate sleep environment)
2. Child, infant or neonate with suspected obstructive sleep apnea, and **1 or more** of the following:
 - a. Adenoid or tonsillar enlargement, and adenoid+/-tonsillectomy is being considered for treatment
 - b. Craniofacial malformation
 - c. Down syndrome
 - d. Neuromuscular disorder
 - e. Signs and symptoms consistent with obstructive sleep apnea, including **1 or more** of the following:
 - i. Daytime sleepiness
 - ii. Nocturnal enuresis
 - iii. Failure to thrive (weight less than 5th percentile for age)
 - iv. Hyponasal speech
 - v. Mouth breathing

- vi. Nocturnal pauses in breathing
 - vii. Nonspecific behavioral problems (e.g., hyperactivity, developmental delay, aggression, poor school performance)
 - viii. Pulmonary hypertension
 - ix. Signs of increased respiratory effort (i.e., nasal flaring)
 - x. Snoring
3. Suspected narcolepsy or idiopathic hypersomnia
 4. Suspected parasomnia
 5. Suspected periodic limb movement disorder
 6. History of a negative ambulatory sleep study with persistent clinic suspicion of obstructive sleep apnea
 7. Postoperative assessment needed after performance of surgery to treat sleep apnea in a child, as indicated by 1 or more of the following:
 - a. Apnea-hypopnea index or respiratory disturbance index 20 or greater on preoperative PSG
 - b. BMI greater than 95th percentile for age ([81](#))
 - c. Craniofacial anomalies that obstruct upper airway
 - d. Neurologic disorder (e.g., Down syndrome, Prader-Willi syndrome, myelomeningocele)
 - e. Persistent apnea witnessed after surgery
 - f. Rapid maxillary expansion

In-lab Multiple Sleep Latency Test (MSLT) (95805) may be indicated if ALL of the following are met:

1. Suspected disorder of hypersomnolence (e.g., narcolepsy, idiopathic hypersomnia, Klein Levin Syndrome) **AND** must be preceded by a diagnostic PSG or titration study the night before

In-lab titration study (95811) may be indicated if any of the following are met:

1. persistently high AHI/persistent EDS with use of auto-titrating PAP
2. need to try alternative modality (e.g. bilevel, bilevel ST, adaptive servoventilation)
3. evidence of persistent hypoxemia despite PAP use

References

- Polysomnography (PSG), Portable or Home Sleep Study, A-0144 (MCG, 23rd ed.)
- Polysomnography (PSG), Sleep Center, A-0145 (MCG, 23rd ed.)