California Sleep Solutions
DIAGNOSTIC & TREATMENT CENTER

For Initial Diagnostic Study ONLY- NOT for Repeat Studies

Suspected OSA: If a patient is documented as having unspecified sleep apnea, OSA should be considered a likely cause and evaluated accordingly to confirm or exclude the diagnosis.

Suspected CSA: Should only be considered if OSA is ruled out. Patients with suspected CSA ***MUST ALSO*** have **ONE of the following documented** *heart failure, stroke within the last 90 days, chronic Narcotic use, or* ***TWO*** *of the criteria listed below to meet medical necessity.*

Disclaimer:

The following clinical indication guidelines are based on current Medicare requirements for sleep study referrals. Please be aware that individual insurance plans may vary slightly in their documentation and testing criteria. However, providing the information outlined in this guide will help streamline processing, reduce the need for additional documentation requests, and expedite the full cycle of care—from sleep study scheduling through diagnosis and treatment.

The following are symptoms or previous diagnosis that**,** **by itself,** can justify medical necessity:

- ***Witnessed/Observed Apneas:*** (Partner or caregiver observes breathing pauses/stops during sleep) Witnessed paused breathing, stopped breathing, witnessed respiratory events and/or episodes
- ***Parasomnias:*** Which is likely to result in harm to the patient or others (Examples: RBD (Rem Behavior Disorder), sleep terrors, sleep paralysis, confusional arousals, nightmares, sleep talking/walking)
- ***Nocturnal Seizures***
- ***Idiopathic Hypersomnia***
- ***Diagnosed or Suspected Narcolepsy***
    - Narcolepsy w/ Cataplexy (Type 1)
    - Narcolepsy (Type 2)
- ***PLMD (Periodic Limb Movement Disorder)*** **IN ADDITION TO:** Pregnancy, Renal Failure, Iron Deficiency (Anemia), Peripheral Neuropathy, Use of Anti-Depressants/Antipsychotic Medications

In Lab (Attended) Sleep Study is considered ***Medically Necessary*** if patient meets a combination of at least ***TWO*** of the criteria listed below *(included in submitted clinical notes):*

- ***Excessive Daytime Sleepiness***
    - Patient reports falling asleep during normal activities or Excessive Sleepiness Scale: (Epworth Scale: ≥10)
    - Includes; inappropriate daytime napping (ex: during driving, conversations, and/or eating), or sleepiness that interferes with daily activities and is not explained by other conditions)
    - Alike Phrases: Daytime Somnolence, Hypersomnolence, Fatigue, Tiredness, Sleepiness
- ***Loud, Habitual Snoring,*** *or* ***Gasping/Choking*** episodes associated with wakening
- ***Morning Headaches/Migraines*** clearly linked to poor sleep or hypoxia
- ***Impaired Cognition/Mood Disorders/Behavioral Problems*** associated with sleep disruption (ex: Anxiety, Depression, ADHD, ADD, OCD, PTSD, Dementia, Alzheimer's, Bipolar Disorder, Autism, Schizophrenia, TBI)

- ***Obesity (BMI ≥30) or Neck Circumference*** (greater than 17 inches in Men or 16 inches in Women)
- ***Treatment Resistant Hypertension*** (with 3 or more medications)
- ***Cardiovascular Disease*** (e.g., CHF, SVT, heart failure, heart attack, atrial fibrillation) coronary artery disease (CAD), or sustained supraventricular tachycardic (SVT) or bradycardic arrhythmia, heart failure, atrial fibrillation, atrial flutter, myocardial infarction (heart attack)
- ***Diabetes or Metabolic Syndrome*** (ex. Pre-diabetes, Diabetes Type 1 or 2, Hyperlipidemia, Hyperglycemia, Hypercholesterolemia)
- ***Craniofacial or Upper Airway Soft Tissue Abnormalities***, including adeno-tonsillar hypertrophy, or neuromuscular disease
- ***History of Stroke*** (more than 30 days previously), transient ischemic attack

Note: Clinical documentation should be detailed and from a physician's face-to-face evaluation.

- Video or in-clinic evaluation notes and comments are acceptable.
- Addendums are acceptable provided they directly pertain to the original physician office visit or appointment.
- Internal messages, emails, chats, or notes added after the fact that reference patient information is not acceptable. All evaluation notes and/or comments submitted must clearly relate to and reflect the original in-office or telehealth visit or appointment.