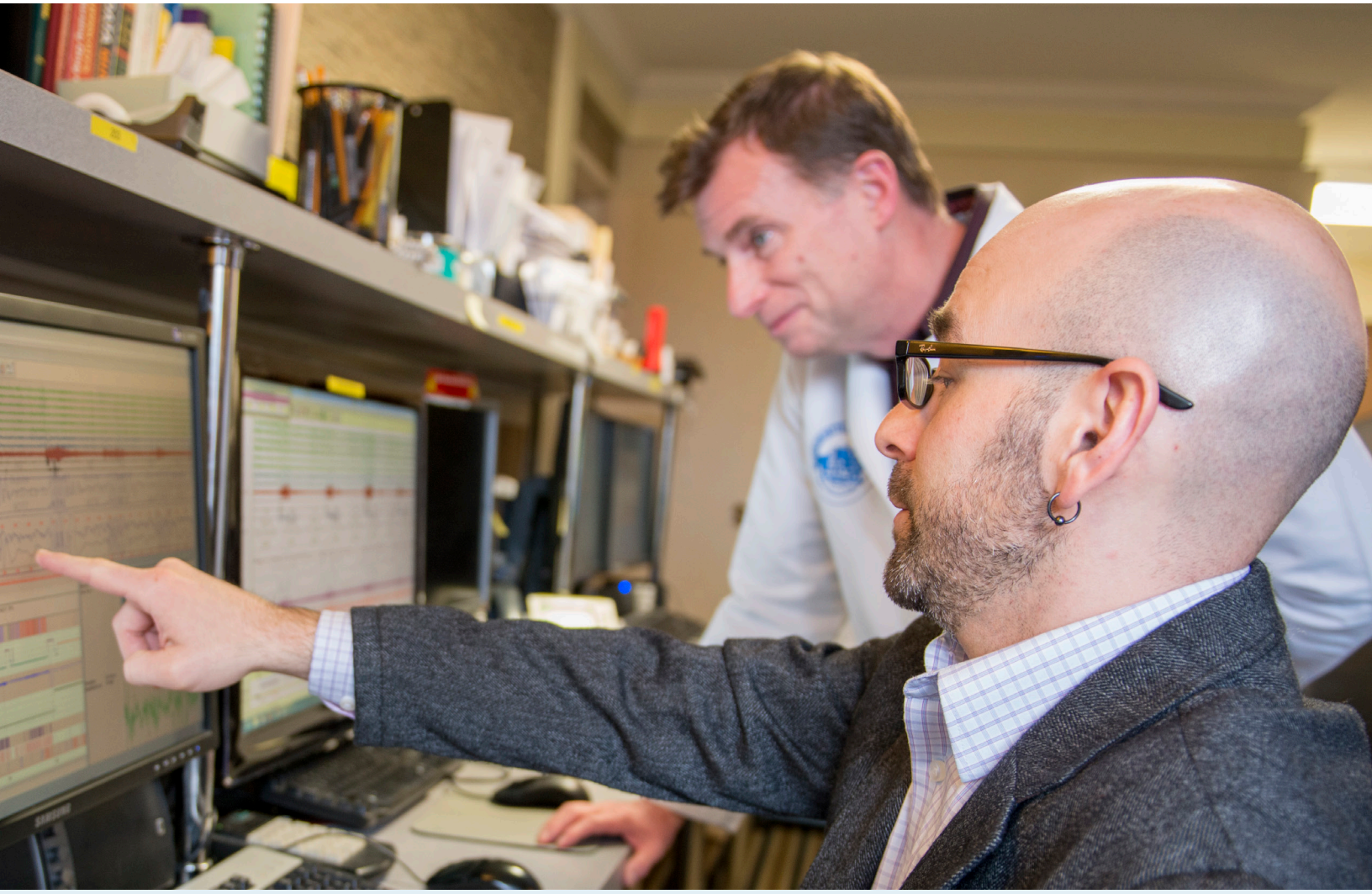
MASSACHUSETTS GENERAL HOSPITAL
NEUROLOGY



Sleep Lab Testing:

Massachusetts General Hospital Sleep Lab Now Offers Prior Authorization Support for Sleep Studies

The Mass General Sleep Division is pleased to announce that we are now able to help physicians obtain prior authorization for in-lab clincial sleep studies at the Mass General (Wyndham) sleep laboratory.

How it Works

Participation is simple: just order the polysomnography (PSG) in Epic, and we'll use your clinic notes to perform the Prior Authorization service. The more information you place in your clinic note, the more likely we are to get the PSG approved without needing you to perform a peer-to-peer call.

What happens after you order the test:

1. The Mass General Sleep Lab will work directly with your patient to schedule their PSG.
2. Scheduling triggers our staff to apply for prior authorization if the patient's insurance requires one.
3. If our request is denied (or if it approved for home sleep testing instead) our Finance Coordinator, Oana Verman, will reach out to you. At that point, you can either decide to pursue home sleep apnea testing (HSAT) or you can pursue a peer-to-peer phone call to appeal. If you already know you want to appeal if PSG is denied (or that you would allow HSAT), you can indicate that at the time of Epic ordering (in free text).

Information Required to Process a Sleep Authorization

The *minimum* information required to process a Prior Authorization for PSG is listed below; these are insurance requirements. The information should ideally be present in your clinic note, but you may also send to us directly by email at mghsleeplabauths@partners.org. If any of the information below is unfamiliar, the following pages contain additional information to assist providers.

1. What is the suspected sleep diagnosis (ICD 10 code)?
2. What is the BMI (or the height and weight)?
3. What is the approximate symptom duration?
4. What is the CPT code of the requested service? (see below)
5. What are the complaints/symptoms?
6. What is the EPWORTH SLEEPINESS SCALE (ESS)?
7. Has the patient had any prior PSG(s)?
8. If yes, provide the date, type of study (home or in-lab) and results (AHI or RDI for OSA cases, or other relevant findings).

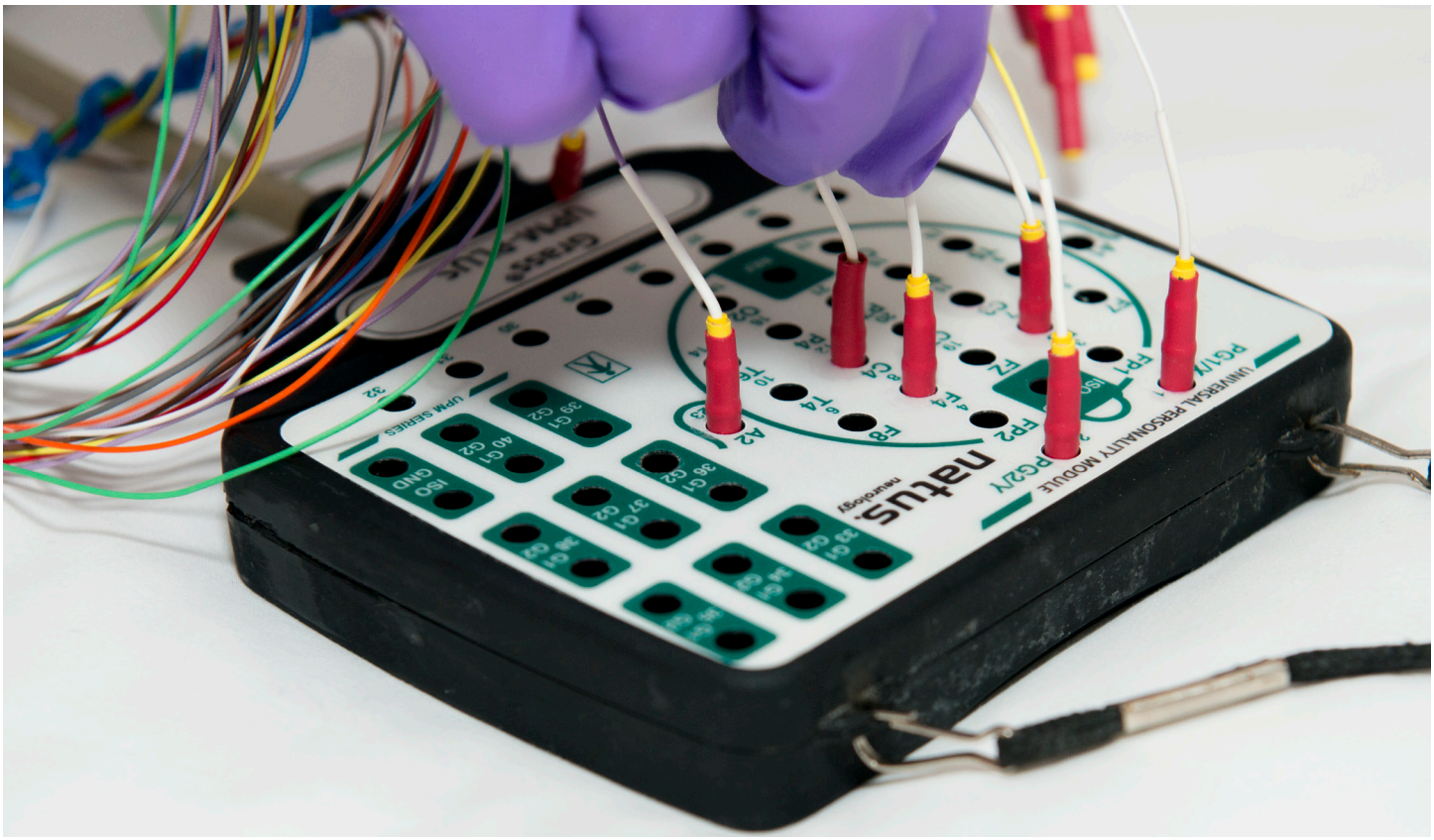
CPT Codes for PSG Testing

95810 Diagnostic PSG
95811 Split-night or full-night PAP Titration
95805 MSLT-Multiple Step Latency Test

Note: when ordering PSG, we use clinical criteria to qualify for a split night, in real-time during a PSG, even if a diagnostic is ordered. Thus, some patients ordered for diagnostic PSG will end up with a split night , and vice-versa.

Clinical Pathways/Diagnosis

OSA (Obstructive Sleep Apnea) [G47.33]	PLMS (Periodic Limb Movements of Sleep) [G47.61]
Sleep Apnea, unspecified [G47.31]	Narcolepsy [G47.419]
Primary Central Sleep Apnea [G47.31]	REM Behavior Disorder [G47.52]
Complex Sleep Apnea [G47.37]	Nocturnal Seizure [G40.909]
Snoring [R06.83]	Sleep Apnea, unspecified [G47.30]
OSA (Obstructive Sleep Apnea) [G47.33]	Hypoventilation [R06.89]
Parasomnia [G47.50]	Periodic Limb Movements [G47.61]



What are the patient's complaints

Disruptive Snoring	Non-Restorative Sleep
Disturbed or Restless Sleep	Excessive Daytime Sleepiness

Does the patient have any of these symptoms or problems

Choking in Sleep	Irratibility
Decreased Libido	Memory Loss
Decreased/Poor Concentration	Nocturia
Diabetes	Periodic Limb Movement Disorder
Frequent Unexplained Arousals from Sleep	Pulmonary Problems
Gasping in Sleep	Restless Leg Syndrome
GERD	Stroke
Hypertension	Surgeries for OSA
Insomnia	Witnessed Apnea

EPWORTH SLEEPINESS SCALE (ESS)

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently try to work out how they would have affected you. Use the following scale to choose the most appropriate number for each situation:

0 = would never doze or sleep
1 = slight chance of dozing or sleeping
2 = moderate chance of dozing or sleeping
3 = high chance of dozing or sleeping

SITUATION CHANCE OF DOZING OR SLEEPING	SCALE
Sitting and Reading	
Watching TV	
Sitting Inactive in a Public Place	
Being a Passenger in a Car for an Hour Without a Break	
Lying Down to Rest in the Afternoon	
Sitting and Talking to Someone	
Sitting Quietly After Lunch (without alcohol)	
Sitting for a Few Minutes in Traffic While Driving	
TOTAL SCORE EQUALS YOUR ESS	

FAQ - Home Sleep Test Information for Providers

What is Home Sleep Apnea Testing?

Home Sleep Apnea Testing (HSAT) involves limited channel kits applied by the patient, in the home, for one (or sometimes two) nights. The diagnostic role of HSAT devices is to confirm high-suspicion cases of obstructive sleep apnea (OSA). HSAT testing is not offered by Mass General, rather it is outsourced to third party providers.

What Sleep Disorders are Detected by HSAT Kits?

HSAT is only validated for detection of obstructive sleep apnea (OSA). They are not validated for any other sleep disorder, such as central sleep apnea, obesity-hypoventilation, parasomnia, periodic limb movements, or central causes of hypersomnia (e.g. narcolepsy), etc. These other disorders require in-lab PSG. Risk factors for central apnea include heart failure, stroke and chronic opiate use. Risk factors for periodic limb movements of sleep include RLS, anemia (or ferritin < 50), antidepressant use, and advancing age.

What Do HSAT Kits Actually Measure?

The kits have fewer sensors than in-lab polysomnography (PSG). The typically include airflow, respiration effort, oximetry, and heart rate. Only one of the devices approved for clinical use contains EEG sensing to measure sleep (the "ARES" has one forehead lead, but is not commonly available).

What Are the Advantages of HSAT Kits?

HSAT is performed in the convenience of home, instead of the sleep lab. In addition to this convenience, the cost of the test is a fraction of the cost of in-lab PSG. For straightforward suspected OSA cases, intending on CPAP treatment, this pathway can accelerate the process.

What Are the Limitations of HSAT Kits?

Even for their intended use to confirm high-risk straightforward OSA cases, HSAT kits have important limitations. They tend to under-estimate the severity of sleep apnea, especially in patients who also have insomnia. Because sleep is not typically measured, the device calculates the apnea-hypopnea index (AHI) based on "time in bed" instead of "total sleep time". The larger denominator of time in bed (compared to actual sleep duration) proportionately under-estimates the AHI. Another limitation is that many kits do not measure body position - which influences OSA severity in many patients. These factors increase the risk of false-negative findings. Severity is also important because it can inform treatment choices, and motivate treatment adherence. For example, dental appliance and provent valves are most effective in mild to moderate severity cases, while many authorities limit surgical options for moderate or severe cases.

What does the American Academy of Sleep Medicine Advise?

The American Academy of Sleep Medicine published guidelines in 2007, which summarized the evidence-based position on home testing, and this was re-iterated in the more recent 2011 technology review of these devices. The summary of the recommendations are as follows, with regards to who is appropriate for home testing:

- Only suitable if performed in conjunction with a comprehensive sleep evaluation - in other words, not for general screening.
- Only suitable for patients with a high (>80%) pre-test probability of at least moderate severity OSA (i.e., AHI>15).
- Only suitable for patients without significant medical comorbidities that compromise the accuracy of home monitors (including, but not limited to, moderate to severe pulmonary disease, neuromuscular disease, or heart failure).
- Not suitable for patients suspected of having comorbid sleep disorders, including central sleep apnea, periodic limb movements of sleep, insomnia, parasomnia, circadian disorders, or narcolepsy.
- Not suitable for general screening of asymptomatic individuals, "even those in high risk populations (such as CHF, HTN, bariatric, commercial truckers)".
- May be considered if in-lab is not possible/feasible.
- May be considered for monitoring response to non-PAP OSA treatments.
- Negative at home study prompts in-lab follow-up.

We look forward to seeing your patients and taking care of prior-authorization for in-lab sleep studies. For questions, please contact us:

- **Call us** at 617-724-7426
- **Visit us on the Web** at www.mghsleep.org
  or www.massgeneral.org/neurology

MASSACHUSETTS GENERAL HOSPITAL
NEUROLOGY