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
  - Patient watches a video and completes a questionnaire regarding their sleep and medical history
- High treatment compliance resulting from:
  - Sleep Study results and treatment options are reviewed with patient in detail. Copy of sleep study results are faxed to the requesting provider.
  - Follow up calls with the patient to address any treatment concerns.
- 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: 719-282-2580

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

- 95806 (other; 95800-95801)
  - 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, CHPG, UCHMG)
  - Cheryl.A.Tillery@kp.org
- Rhonda Meili (Colorado Springs, Monument, Woodland Park, MVMG, CSHP/DaVita)
  - Rhonda.R.Meili@kp.org
Kaiser Permanente Colorado
Clinical Practice Guideline

CRITERIA FOR SLEEP STUDY REFERRAL

A. Criteria for home sleep apnea testing criteria:

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, as indicated by 1 or more of the following:
      i. AHI or RDI of 15 or greater on preoperative PSG
      ii. Persistent witnessed apneas after surgery
   f. Significant oxygen desaturation (i.e. average < 90%) on overnight pulse oximetry
   g. Snoring
   h. Obesity
   2. Patient has ability to manage the home testing equipment.

B. Criteria for in-lab diagnostic polysomnogram or split night study (95810 or 95811):

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 adenoidtonsillectomy 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
C. Criteria for in-lab Multiple Sleep Latency Test (MSLT) (95805):

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

D. Criteria for in-lab titration study (95811):

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)