PAYER:	AIM Specialty Health
POLICY NAME:	Sleep Disorder Management Diagnostic & Treatment Guidelines
EFFECTIVE DATE:	May 15, 2017

American Academy of SLEEP MEDICINE™

AASM SCORING CRITERIA*	SCORE	RATIONALE
A. Diagnostic testing for OSA should be performed in conjunction with a comprehensive sleep evaluation and adequate follow-up.	0 /15	The policy does not include a comprehensive sleep evaluation.
B. Polysomnography is the standard diagnostic test for the diagnosis of OSA in adult patients in whom there is a concern for OSA based on a comprehensive sleep evaluation.	0 /10	PSG is considered the default test rather than the standard diagnostic test. The policy does not include a comprehensive sleep evaluation.
C. Polysomnography, or home sleep apnea testing with a technically adequate device, should be used for the diagnosis of OSA in uncomplicated adult patients presenting with signs and symptoms that indicate an increased risk of moderate to severe OSA.	10 /10	The policy is consistent with the current Guideline.
D1. An increased risk of moderate to severe OSA is indicated by the presence of excessive daytime sleepiness and at least two of the following three criteria: habitual loud snoring, witnessed apnea or gasping or choking, or diagnosed hypertension. Patients who do not meet these criteria in whom there is a concern for OSA based on a comprehensive sleep evaluation should be evaluated with PSG.	5 /10	The policy includes some elements of the criteria for the delivery of HSAT. It does not include a comprehensive sleep evaluation.
D2. PSG should be used for diagnosis in patients in whom there is a concern for significant non-respiratory sleep disorder(s) that require evaluation (e.g., disorders of central hypersomnolence, parasomnias, sleep related movement disorders) or interfere with accuracy of HSAT (e.g., severe insomnia); or environmental or personal factors that preclude the adequate acquisition and interpretation of data from HSAT.	8 /10	The policy does not include severe insomnia.
E. If a single home sleep apnea test is negative, inconclusive, or technically inadequate, polysomnography should be performed for the diagnosis of OSA.	0 /15	The policy requires a second HSAT prior to PSG if the first HSAT is negative or technically inadequate.
F. An HSAT protocol that includes a single night recording is adequate for the diagnosis of OSA.	7.5 /10	The policy requires a second HSAT for the diagnosis of OSA if the first test is negative.
G. A technically adequate HSAT device incorporates a minimum of the following sensors: nasal pressure, chest and abdominal respiratory inductance plethysmography, and oximetry; or else PAT with oximetry and actigraphy.	5 /10	The policy does not specify what Type 3 sensors may be used. It does not recognize PAT devices as being technically adequate.
H. Polysomnography, rather than home sleep apnea testing, be used for the diagnosis of OSA in patients with significant cardiorespiratory disease, potential respiratory muscle weakness due to neuromuscular condition, awake hypoventilation or suspicion of sleep related hypoventilation, chronic opioid medication use, history of stroke or severe insomnia. PSG is required for the diagnosis of non-obstructive sleep-disordered breathing (e.g., central sleep apnea, hypoventilation and sleep related hypoxemia).	5 /10	The policy does not include respiratory muscle weakness, history of stroke (without limiting it to 30 days), or severe insomnia. It defers testing for patients with acute opioid medication use.
TOTAL	**40.5 /100**	**STAR RATING:** ★

≤50 points	51-60 points	61-80 points	81-90 points	91-100 points
★	★ ★	★ ★ ★	★ ★ ★ ★	★ ★ ★ ★ ★

Kapur VK, Auckley DH, Chowdhuri S, Kuhlmann DC, Mehra R, Ramar K, Harrod CG. Clinical practice guideline for diagnostic testing for adult obstructive sleep apnea: an American Academy of Sleep Medicine clinical practice guideline. J Clin Sleep Med. 2017;13(3):479–504.