


Name of Policy: <u>Patient acceptance</u> Policy Number: 3364-171-04-02 Department: Sleep Disorders Approving Officer: Senior Hospital Administrator Responsible Agent: Director, Sleep Disorders Scope: The University of Toledo Medical Center Pulmonary Services Department	 Effective Date: 03/17/2023 Initial Effective Date: 03/17/2023
<input checked="" type="checkbox"/> New policy proposal <input type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Major revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy	

(A) Policy Statement

All qualified and trained Sleep Technologists are responsible for patient education, initiating and conducting polysomnograms, and Home Sleep Apnea Testing (HSAT).

(B) Purpose of Policy

UTMC Sleep Disorders Center is an outpatient facility providing comprehensive evaluation, testing, and treatment of patients with different types of sleep disorders. The Center functions as a diagnostic resource and short-term facility to evaluate such problems as narcolepsy, excessive daytime sleepiness, circadian rhythm disorder, insomnia, parasomnias, and sleep-related breathing disorders. This is achieved through in-center and out of center sleep testing.

(C) Procedure

The Sleep Disorders Center accepts orders from and direct referrals from all providers. All orders and patient information by non-staff physicians will be reviewed and approved by the Medical Director or designee prior to testing.

Possible exclusions for in-lab testing includes:

- Patients younger than 13 years of age. Patients aged 13-17 will require a parent/guardian to stay for the procedure.
- Homicidal/Suicidal patients
- Patients in an acute disease state
- Patients requiring services of a caregiver during the night will be required to have someone who can stay throughout the procedures to provide the needed assistance. A separate room will be blocked for the caregiver.

Possible exclusions for Home Sleep Apnea Testing (HSAT) Patients younger than 18 years of age

- Suspicion of sleep disorders other than obstructive sleep apnea (OSA)
- Cognitive impairment (inability to follow simple instructions)
- History of Cardiovascular Accident (CVA) within preceding 30 days
- Patient is oxygen dependent
- Patients who have co-morbid medical decisions including but not limited to:
 1. Significant cardiopulmonary disease (e.g., heart failure, chronic obstructive pulmonary disease [COPD])
 2. Neuromuscular condition
 3. Awake hypoventilation or high risk of sleep related hypoventilation
 4. Chronic opioid medication use
 5. Severe insomnia

- 6. Other sleep disorders, central sleep apnea, periodic limb movement disorder, circadian rhythm sleep-wake disorders, narcolepsy, parasomnias

WORKFLOW:

Patients are scheduled for all testing in the following ways:

1. Patients may be scheduled for a sleep study after the signed history and physical evaluation and complete sleep study order are sent to the Sleep Disorders Center. If clinically indicated, Pulmonary Function Tests (PFTs), Arterial Blood Gases (ABGs) or Echocardiogram may be sent to the Sleep Center. Providers ordering Adaptive Servo Ventilation (ASV) Titration studies for their patients will be requested to provide an echocardiogram report performed to determine appropriateness of ASV titration based on the 2015 Serve-HF trial study. After receiving an order, the Sleep Disorders Center staff will verify insurance and complete the prior-authorization process.
2. Pertinent information concerning the patient’s sleep history and indications for polysomnography, medical history, medication list, and any drug allergies, must be forwarded to the Medical Director or designee to determine if the proposed evaluation complies with the American Academy of Sleep Medicine (AASM) Practice Parameters for Indications for Polysomnography and Related Procedures. If the evaluation meets the AASM parameters, the sleep study will proceed.
3. Patients with special needs will be identified and accommodations made prior to the patient arriving when possible. This may include patients requiring a caregiver, communication barriers, or difficulty ambulating.

Approved by:	Review/Revision Date: 03/23
<u>/s/</u> Michael Taylor Director, Pulmonary Services	<u>03/20/2023</u> Date
<u>/s/</u> Andre Aguillon, M.D. Medical Director	<u>03/19/2023</u> Date
<u>/s/</u> Russell Smith Senior Hospital Administrator	<u>03/20/2023</u> Date
<i>Review/Revision Completed By:</i> <i>Director, Sleep Disorders Center</i>	Next Review Date: 03/26
Policies Superseded by This Policy:	

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.