

CONVENIENT DIAGNOSIS OF SLEEP APNEA

... at home OR in-center

We offer *more options* for *sustained success* treating sleep disorders.



✓ **Accurately Diagnose OSA**

Over 20 million Americans suffer from Obstructive Sleep Apnea (OSA). 80% are undiagnosed.

✓ **Overcome Objections to Testing**

Lower cost, co-pays and co-insurance than in-center testing.

Easy to use device with ASMS support through the entire process.

Convenience of testing in the patient's home.

✓ **Ease of Use**

Clear reporting & recommendations.

Unattended Home Sleep Testing

(HST) is providing the patient with a simple device to wear during a normal night's sleep in the patient's own home and bed. HST can be used exclusively to diagnose or rule out obstructive sleep apnea (OSA). Because of this, it should only be recommended by a doctor if it is highly likely that the patient has moderate to severe sleep apnea, and if the patient has no other significant medical issues such as pulmonary diseases, neuromuscular disease or congestive heart failure. Home sleep studies cannot be performed on children and cannot diagnose any other sleep disorders such as restless leg syndrome, periodic limb movement disorder or narcolepsy. These patients should be tested in a sleep center.

CONVENIENT DIAGNOSIS

In home or in-center at one of our locations across Southern California.

THERAPY, IF NEEDED

We provide positive air flow (PAP) devices and supplies to your patients who qualify for therapy.

COMPLIANCE AND RESUPPLY

Continued support for the life of the patient.

COVERED BY INSURANCE

Insurance companies are making healthcare more complicated than ever! ASMS is contracted with over 100 major insurance plans and medical groups, including Medicare.

Order a sleep test for your patient today on our Service Request Form, call us (877) 775-3377 or ask your local representative

Advanced Sleep Medicine Services, Inc.

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WHO SHOULD HAVE A HOME SLEEP TEST (HST)?

1 Who should decide whether or not HST is appropriate for a patient?

The physician should determine the appropriateness of HST vs. in-center polysomnography (PSG) using clinical assessment and evidence presented by the patient.

2 Is HST appropriate for diagnosis of OSA in all patients?

No, HST is not appropriate for children and the following population:

- HST is not appropriate for the diagnosis of OSA in patients with significant comorbid conditions that may degrade the accuracy of HST, including, but not limited to moderate to severe pulmonary disease, neuromuscular disease, or congestive heart failure.
- HST is not appropriate for the diagnostic evaluation of OSA in patients suspected of having other sleep disorders, including Central Sleep Apnea (CSA), Periodic Limb Movement Disorder (PLMD), Insomnia, parasomnias, circadian rhythm disorder, or narcolepsy.

3 What happens if the results of HST are inconclusive or negative?

Negative or technically inadequate home sleep tests in patients with a high pretest probability of moderate to severe OSA should prompt in-center polysomnography (PSG).

American Academy of Sleep Medicine

The American Academy of Sleep Medicine (AASM) 2007 guidelines stress that only select adults are likely to benefit from a home sleep test. Home sleep tests are only recommended for adults between the ages of 18 and 65 who have a high pretest probability of moderate to severe OSA, and no comorbid medical conditions.

Source: Journal of Clinical Sleep Medicine

Collop NA; Anderson WM; Boehlecke B; Claman D; Goldberg R; Gottlieb DJ; Hudgel D; Sateia M; Schwab R. Clinical guidelines for the use of unattended portable monitors in the diagnosis of obstructive sleep apnea in adult patients. *J Clin Sleep Med* 2007;3(7):737-747.

Medicare & Medicaid Rules

In 2005, the Centers for Medicare & Medicaid Services (CMS) published National Coverage Determinations (NCD) for home sleep testing and in 2008 published changes to the coverage for CPAP therapy for OSA to include a positive diagnosis of OSA made using a home sleep test under specified criteria. These criteria include:

- AHI or RDI greater than or equal to 15 events per hour, or
- AHI or RDI greater than or equal to 5 events and less than or equal to 14 events per hour with documented symptoms of excessive daytime sleepiness, impaired cognition, mood disorders or insomnia, or documented hypertension, ischemic heart disease, or history of stroke.
- AHI and/or RDI may be measured by polysomnography (PSG) in a facility-based sleep study laboratory, or by a Type II home sleep test (HST) monitor, a Type III HST monitor, or a Type IV HST monitor measuring at least 3 channels

Source: www.cms.gov Centers for Medicare & Medicaid Services, Department of Health & Human Services, CMS Manual System Pub 100-03 Medicare National Coverage Determinations, July 3, 2008 Change Request 6048

Do you have a patient that may benefit from sleep testing and therapy?

For more information, visit us online at www.sleepdr.com, call us at (877) 775-3377 or ask your local representative



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HOME SLEEP TESTING (HST) DECISION TREE

Flow chart depicting recommended pathway of patients considered for home sleep testing.
JCSM Journal of Clinical Sleep Medicine, Vol. 3, No. 7, 2007

