

RE: Sleep Study Direct Referrals

Dear Provider,

The Maine Sleep Institute is now accepting direct referrals for adult sleep studies from **Maine Health - Falmouth Primary Care, Portland Family Practice, Scarborough Primary Care, Standish Family Practice and Westbrook Primary Care**. Dr. Eid from SMHP –Pulmonary & Sleep will be reviewing, co-signing, interpreting and following up with these patients. Please notify your patients that their sleep study will be acquired at Maine Medical Center/Maine Sleep Institute in Portland. The patient will receive a phone call from the SMHP-Pulmonary & Sleep office with the results of their sleep study. A Consult visit will be scheduled with SMHP- Pulmonary & Sleep to discuss treatment options. Your office will be able to see the sleep study report once it is entered into Epic. Patients with My Chart will also be able to see the sleep study report once the report is entered into Epic.

Items **Required** to accompany any sleep study referral: (Sleep Study testing for OSA only) (If items are missing we will not be able to process the referral for a sleep study.)

1. Referral for Consult with Prior Authorization: sent through Epic to **SMHP- Pulmonary & Sleep “REF22101”**, for consult & follow up after the sleep study.
2. Referral for Sleep Study: sent through Epic to **MMC Sleep Institute “REF1105”**  
(Please specify type of sleep study requested.)  
(For In-Lab PSG’s please see **Inclusion** list below.)
  - **Home Sleep Apnea Test** for suspected OSA (please see **Exclusion** list below)
  - **Diagnostic PSG** only
  - **Split Night PSG** (Diagnostic PSG and Therapeutic PSG, If lab criteria is met)
  - **CPAP/BiPAP/O2 Titration PSG** (Requires prior diagnosis of OSA by an in-lab sleep study or home sleep apnea test)
3. A Current H&P/Office Notes –reflecting **Medical Necessity for a Sleep Study**.
  - For **Home Sleep Apnea Tests** – H&P needs to be within **6 months prior** to the HSAT date of service.
  - For **In-Lab PSGs** – H&P needs to be within **1 year prior** to the PSG date of service.
4. Berlin Questionnaire completed by Patient (see attached form).
5. Current Health Insurance Information.
6. Any previous Sleep Study Reports.

The referrals will be reviewed for medical necessity. Orders will be entered for review and signature by a Board Certified Sleep Physician from SMHP- Pulmonary & Sleep.

**Home Sleep Apnea Test (HSAT) Exclusion/Contraindication Questions: (If the Patient has any of the following an HSAT should not be ordered.)**

1. Is the Patient less than 18 years old?
2. Is the Patient Morbidly obese - BMI greater than 45-50 depending on insurance or BMI greater than 30 with evidence of CO2 retention based on arterial blood gas with PCO2 greater than 45 or serum bicarbonate greater than 27?
3. Does the Patient have moderate to severe pulmonary disease, oxygen dependent?
4. Does the Patient have congestive heart failure class III or IV advanced heart disease?
5. Does the Patient have chronic opiate use?
6. Has the Patient had a recent stroke?
7. Does the Patient have neuromuscular disease, cognitive impairment, or inability to perform home sleep study?
8. Has the Patient had a negative home sleep study or inconclusive testing?
9. Does the Patient have a diagnosis other than obstructive sleep apnea such as parasomnia, narcolepsy, central sleep apnea, leg movement disorder, nocturnal seizures?

**In-Lab Polysomnography Inclusion/Indications List:**

Snoring	Gasping/choking waking from sleep
Suspected OSA	ESS – (Epworth Sleepiness Scale) greater than 10
Hypersomnia	Excessive Daytime Sleepiness
Frequent night time awakenings	Hypoventilation
Obesity	Parasomnias
Suspected limb movement disorders	A-Fib
REM sleep behavior disorders	Suspected Narcolepsy
Unexplained Chronic Insomnia	Circadian rhythm sleep – wake disorders

If you have any questions, please feel free to reach out to us.

Best regards,

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