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Home Sleep Testing with Oximetry

Q & A

Q: What are common terms used in Home Testing Summary Reports?

A: **Apnea** is defined as complete absence of airflow for at least 10 seconds OR a decrease of airflow to 0 - 20% or less of baseline flow.
Hypopnea (Shallow Breathing) is usually defined as decrease in airflow of 50% for at least 10 seconds or in the presence of oxygen desaturation.
Snoring is an acoustic phenomenon that occurs during sleep when the upper airway becomes partially obstructed and starts to vibrate.
Oxygen Desaturation is defined if the patients current Saturation Level decreases by 4%.

Q: How is Obstructive Sleep Apnea (OSA) diagnosed with Home Sleep Testing?

A: A diagnosis of OSA (Dx 327.23) is made if the mean number of apneas and hypopneas per hour (AHI) is equal to five or more.

Q: How is data captured with a Type III Home Test Device?

A: The Patients wear the following recording channels while they sleep:

1. **Abdominal/Thoracic Belt** to measure the Respiratory Effort
2. **Nasal thermistor or cannula** to measure Airflow including Apneas, Hypopneas, Snoring, and other Limitations.
3. **Pulse Oximeter** to measure Pulse Rate and SpO2%

Q: Is CPAP covered after a Type III Home Sleep Test?

A: Yes. For those diagnosed with OSA, CPAP therapy would be covered for 12 weeks. Longer coverage would be available for those patients who demonstrate compliance on the device with an improved AHI. Compliance reports should be provided by the Patient's CPAP Provider to the Ordering Physician.

Q: Who should be referred for a Type III Home Sleep Test?

A: This test is specific to diagnosing Obstructive Sleep Apnea. Patients that are overweight; have high blood pressure or mood disorders; experience excessive daytime sleepiness, morning headaches, or impaired cognition are PERFECT CANDIDATES for Home Sleep Testing.