

<b>95800</b>	<b>Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory analysis (e.g. by airflow or peripheral arterial tone), and sleep time</b>
<b>95801</b>	<b>Sleep study, unattended, simultaneous recording; minimum of, heart rate, oxygen saturation, respiratory analysis (e.g. by airflow or peripheral arterial tone)</b>
<b>95806</b>	<b>Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg. Thoracoabdominal movement)</b>
<b>G0398</b>	<b>Home Sleep Test Type II</b>
<b>G0399</b>	<b>Home Sleep Test Type III</b>

### **I. Home Sleep Study (HST) (95806, G0398, G0399)**

**In addition to demographic information, administrative information required for sleep study approval includes the patient's BMI and ESS.**

- A. Evidence of Sleepiness
  - 1. Disturbed or restless sleep
  - 2. Non Restorative sleep
  - 3. Excessive daytime sleepiness (EDS)
  - 4. Epworth Sleepiness Scale  $\geq 10$  (ESS)
- B. Evidence suggestive of Sleep Disordered Breathing
  - 1. Disruptive Snoring
  - 2. Witnessed apnea events during sleep
  - 3. Choking during sleep
  - 4. Gasping during sleep
  - 5. BMI  $\geq 30$ , or neck circumference  $> 44$  cm
  - 6. Frequent unexplained arousals from sleep
  - 7. Non-ambulatory individual
- C. Duration of symptoms for more than one month
- D. Epworth Sleepiness Scale completed
- E. Comprehensive Sleep Evaluation

### **II. Home Sleep Study (HST) (95806, G0398, G0399) Second Study**

- A. Diagnosis of OSA with Abnormal Apnea Hypopnea Index (AHI) or Respiratory Disturbance Index (RDI)
  - 1. AHI or RDI  $\geq 15$
  - 2. AHI or RDI between 5 and 14 and
    - a. Excessive daytime sleepiness (ESS)

- b. Impaired cognition
  - c. Insomnia
  - d. Mood disorder
  - e. Hypertension
  - f. Ischemic heart disease or coronary artery disease
  - g. History of a stroke
- B. Plan to stop PAP therapy after a recent procedure to correct OSA
- 1. Tonsillectomy and/or adenoidectomy and/or uvulopalatoplasty (UPP), and/or Maxillomandibular Advancement Surgery (MMA)
  - 2. Implementation of an oral mandibular advancement appliance

- 95808 Polysomnography, Sleep staging with 1-3 Additional Parameters of Sleep, Attended by a Technologist**
- 95810 Polysomnography, Sleep staging with 4 or more Additional Parameters of Sleep, Attended by a Technologist**

**I Attended Sleep Study or Comprehensive Polysomnography (95808 and 95810) First study to determine diagnosis**

**In addition to demographic information, administrative information required for sleep study approval includes the patient's BMI and ESS.**

- A. Complaints or Evidence of Sleepiness
  - 1. Disturbed or restless sleep
  - 2. Non Restorative sleep
  - 3. Excessive daytime sleepiness (EDS)
  - 4. Epworth Sleepiness Scale  $\geq 10$  (ESS)
- B. Signs and Symptoms
  - 1. Disruptive Snoring
  - 2. Witnessed apnea events during sleep
  - 3. Choking during sleep
  - 4. Gasping during sleep
  - 5. BMI  $\geq 30$  , or neck circumference  $> 44$  cm
  - 6. Frequent unexplained arousals from sleep
  - 7. Nocturia
  - 8. Non-ambulatory individual
- C. Duration of symptoms for more than one month
- D. ESS Epworth Sleepiness Scale completed
- E. Comprehensive Sleep Evaluation
- F. Complicating factors or Comorbidities
  - 1. Documented unexplained Pulmonary hypertension
  - 2. HF (heart failure) NYHA Class 3 and 4
  - 3. Cardiac Arrhythmia
    - a. Diagnosed significant, persistent, unstable cardiac arrhythmia not controlled by medication, (sustained heart rate greater than 100),
    - b. 3 second cardiac pause diagnosed on holter or event monitor
  - 4. Polycythemia
  - 5. Symptomatic Lung Disease not controlled by medical therapy
  - 6. Evidence of Chronic Respiratory Failure with either elevated levels of CO<sub>2</sub>, or O<sub>2</sub> requirements
  - 7. History of prior stroke or myocardial infarction (MI) within  $< 6$  months
  - 8. Previous diagnosis of central or complex sleep apnea
  - 9. Suspicion of nocturnal seizures

10. Neurodegenerative disorder resulting in neuromuscular weakness or cognitive impairment restricting activities of daily living, or inability to support administration of an HST due to special needs.
11. Sustained complex disruptive sleep behaviors, not recalled by the patient, that are suspicious of REM behavior sleep disorder. (Sleep walking is not a REM behavior sleep disorder) (MD review required)
12. Age < 16 years of age
13. Suspected narcolepsy – (Multiple Sleep Latency Test planned following the attended study)
14. Low risk for obstructive sleep apnea (Normal BMI, normal airway, no snoring, normal neck circumference, no family history of sleep apnea, no use of sedating medications, non-smoking)

**II. Attended Sleep Study or Comprehensive Polysomnography (95808 and 95810) Second Study after previous Attended PSG or Unattended Sleep Study to determine or confirm diagnosis.**

- A. Complaints or Evidence of Sleepiness
  1. Disruptive Snoring
  2. Disturbed or restless sleep
  3. Non Restorative sleep
  4. Excessive daytime sleepiness (EDS)
  5. Epworth Sleepiness Scale  $\geq 10$  (ESS)
- B. Signs and Symptoms
  1. Witnessed apnea events during sleep
  2. Choking during sleep
  3. Gasping during sleep
  4. BMI  $\geq 30$ , or neck circumference > 44 cm
  5. Frequent unexplained arousals from sleep
  6. Nocturia
  7. Non-ambulatory individual
- C. Duration of symptoms for more than one month
- D. Epworth Sleepiness Scale (ESS) completed
- E. Comprehensive Sleep Evaluation
- F. Result of an adequately performed medically necessary HST with  $AHI < 5$ .
- G. OSA diagnosed on PSG or HST, fixed CPAP CPAP therapy initiated and disturbed sleep with frequent arousal continues
  1. CPAP therapy instituted
  2. Patient compliant with CPAP therapy
    - a. CPAP used for  $\geq 2$  months
    - b. CPAP use for 70% of nights with an average use of 4+ hours per nights used
  3. CPAP monitoring compliance and efficacy data documents  $AHI < 5$ .
- H. OSA diagnosed on PSG or HST, Autotitrating PAP (APAP) therapy initiated and disturbed sleep with frequent arousal continues
  1. APAP instituted
  2. Patient compliant with APAP
    - a. APAP used for  $\geq 2$  months
    - b. APAP use for 70% of nights with an average use of 4+ hours per nights used

3. APAP monitoring compliance and efficacy data documents AHI<5.
- I. Approved HST unable to be completed due to interfering factors that cannot be reasonably remedied

**III. Attended Sleep Study or Comprehensive Polysomnography (95808 and 95810) Second Study, To Support Discontinuation of PAP therapy.**

- A. Diagnosis of OSA with Abnormal Apnea Hypopnea Index (AHI) or Respiratory Disturbance Index (RDI)
  1. AHI or RDI  $\geq$  15
  2. AHI or RDI between 5 and 14 and
    - a. Excessive daytime sleepiness (ESS)
    - b. Impaired cognition
    - c. Insomnia
    - d. Mood disorder
    - e. Hypertension
    - f. Ischemic heart disease or coronary artery disease
    - g. History of a stroke
  3. Complicating factors or Comorbidities as in IE above
- B. Plan to stop PAP therapy after a recent procedure to correct OSA
  - a. Tonsillectomy and/or adenoidectomy and/or uvulopalatoplasty (UPP), and/or Maxillomandibular Advancement Surgery (MMA)
  - b. Implementation of an oral mandibular advancement appliance

## **95811 Polysomnography, Sleep staging with 4 or more Additional Parameters of Sleep, Attended by a Technologist with Initiation of CPAP or Bi-level ventilation**

### **I Attended Sleep Study or Comprehensive Polysomnography, First study to determine diagnosis and perform titration, split night**

**In addition to demographic information, administrative information required for sleep study approval includes the patient's BMI and ESS.**

- A. Complaints or Evidence of Sleepiness
  - 1. Disturbed or restless sleep
  - 2. Non Restorative sleep
  - 3. Excessive daytime sleepiness (EDS)
  - 4. Epworth Sleepiness Scale  $\geq 10$  (ESS)
- B. Signs and Symptoms
  - 1. Disruptive Snoring
  - 2. Witnessed apnea events during sleep
  - 3. Choking during sleep
  - 4. Gasping during sleep
  - 5. BMI  $\geq 30$  , or neck circumference  $> 44$  cm
  - 6. Frequent unexplained arousals from sleep
  - 7. Nocturia
  - 8. Non-ambulatory individual
- C. Duration of symptoms for more than one month
- D. ESS Epworth Sleepiness Scale completed
- E. Comprehensive Sleep Evaluation
- F. Complicating factors or Comorbidities
  - 1. Documented unexplained Pulmonary hypertension
  - 2. HF (heart failure) NYHA Class 3 and 4
  - 3. Cardiac Arrhythmia
    - a. Diagnosed significant, persistent, unstable cardiac arrhythmia not controlled by medication, (sustained heart rate greater than 100),
    - b. 3 second cardiac pause diagnosed on holter or event monitor
  - 4. Polycythemia
  - 5. Symptomatic Lung Disease not controlled by medical therapy
  - 6. Evidence of Chronic Respiratory Failure with either elevated levels of CO<sub>2</sub>, or O<sub>2</sub> requirements
  - 7. History of prior stroke or myocardial infarction (MI) within  $< 6$  months
  - 8. Previous diagnosis of central or complex sleep apnea
  - 9. Suspicion of nocturnal seizures
  - 10. Neurodegenerative disorder resulting in neuromuscular weakness or cognitive impairment restricting activities of daily living, or inability to support administration of an HST due to special needs.

11. Sustained complex disruptive sleep behaviors, not recalled by the patient, that are suspicious of REM behavior sleep disorder. (Sleep walking is not a REM behavior sleep disorder) (MD review required)
12. Age < 16 years of age
13. Suspected narcolepsy – (Multiple Sleep Latency Test planned following the attended study)
14. Low risk for obstructive sleep apnea (Normal BMI, normal airway, no snoring, normal neck circumference, no family history of sleep apnea, no use of sedating medications, non-smoking)

G. Diagnosis of sleep apnea is confirmed (see II below) and 3 hours of CPAP titration are planned and performed.

## **II. Attended Sleep Study with Initiation of CPAP after a diagnostic first study (95811)**

- A. Abnormal Apnea Hypopnea Index (AHI) or Respiratory Disturbance Index (RDI)
  1. AHI or RDI  $\geq$  15
  2. AHI or RDI between 5 and 14 and
    - a. Excessive daytime sleepiness (EDS)
    - b. Impaired cognition
    - c. Insomnia
    - d. Mood disorder
    - e. Hypertension
    - f. Ischemic heart disease or coronary artery disease
    - g. History of a stroke
- B. Complicating Factors or Co morbidities
  1. Documented unexplained Pulmonary hypertension
  2. HF (heart failure) NYHA Class 3 and 4
  3. Cardiac Arrhythmias
    - a. Significant, persistent, unstable cardiac arrhythmia not controlled by medication, (sustained heart rate greater than 100)
    - b. 3 second cardiac pause diagnosed on holter or event monitor
  4. Polycythemia
  5. Symptomatic Lung Disease not controlled by medical therapy
  6. Evidence of Chronic Respiratory Failure with either elevated levels of CO<sub>2</sub>, or O<sub>2</sub> requirements
  7. History of prior stroke or myocardial infarction (MI) with < 6 months
  8. Previous diagnosis of central or complex sleep apnea
  9. Significant oxygen desaturations during diagnostic sleep study
    - a. Oxygen Saturation < 80% for > 1 % of recording time during a diagnostic home sleep test
    - b. Oxygen saturation < 80% for > 1% of sleep time during a diagnostic facility based polysomnogram
    - c. Oxygen Saturation < 90% for > 20% of recording time during a diagnostic home sleep test
    - d. Oxygen saturation < 90% for > 30% of sleep time during a diagnostic facility based polysomnogram
  10. Nocturnal seizures

11. Neurodegenerative disorder resulting in neuromuscular weakness or cognitive impairment restricting activities of daily living, or inability to support administration of an HST due to special needs.
12. Sustained complex disruptive sleep behaviors not recalled by the patient that are suspicious of REM behavior sleep disorder (MD review required)
13. Age < 16 years of age

### **III. Attended Sleep Study with Re-titration of CPAP (95811)**

#### **Second Study for Change in Symptoms**

- A. Abnormal Apnea Hypopnea Index (AHI) or Respiratory Disturbance Index (RDI)
  1. AHI or RDI  $\geq$  15
  2. AHI or RDI between 5 and 14 and
    - a. Excessive daytime sleepiness (EDS)
    - b. Impaired cognition
    - c. Insomnia
    - d. Mood disorder
    - e. Hypertension
    - f. Ischemic heart disease or coronary artery disease
    - g. History of a stroke
- B. For Weight Loss or Change in Symptoms
  1. BMI Change  $\geq$  5 and patient is on fixed pressure therapy, not APAP
  2. New Onset of symptoms after > 60 days on PAP Therapy
    - a. Renewed/New Complaints
      - i. Disruptive Snoring
      - ii. Disturbed Restless Sleep
      - iii. Non Restorative Sleep
      - iv. EDS (Excessive Daytime Sleepiness)
    - b. Renewed/New Symptoms
      - i. Witnessed apnea events
      - ii. Choking
      - iii. Gasping
      - iv. Frequent unexplained arousals from sleep
      - v. Nocturia
      - vi. ESS  $\geq$  10 (Epworth Sleepiness Scale)
      - vii. Duration of Symptoms for More than 60 Days
    - c. PAP and Sleep Compliance
      - i. CPAP used for  $\geq$  2 months
      - ii. PAP use for 70% of nights with an average use of 4+ hours per nights used
- C. Co morbidities
  1. Documented unexplained Pulmonary hypertension
  2. HF ( heart failure) NYHA Class 3 and 4
  3. Cardiac Arrhythmias
    - a. Significant, persistent, unstable cardiac arrhythmia not controlled by medication, (sustained heart rate greater than 100),
    - b. 3 second cardiac pause diagnosed on holter or event monitor
  4. Polycythemia

5. Symptomatic Lung Disease not controlled by medical therapy
6. Evidence of Chronic Respiratory Failure with either elevated levels of CO<sub>2</sub>, or O<sub>2</sub> requirements
7. History of prior stroke or myocardial infarction (MI) with < 6 months
8. Previous diagnosis of central or complex sleep apnea
9. Significant oxygen desaturations during diagnostic sleep study
  - a. Oxygen Saturation < 80% for > 1 % of recording time during a diagnostic home sleep test
  - b. Oxygen saturation < 80% for > 1% of sleep time during a diagnostic facility based polysomnogram
  - c. Oxygen Saturation < 90% for > 20% of recording time during a diagnostic home sleep test
  - d. Oxygen saturation < 90% for > 30% of sleep time during a diagnostic facility based polysomnogram
10. Nocturnal seizures
11. Neurodegenerative disorder resulting in neuromuscular weakness or cognitive impairment restricting activities of daily living, or inability to support administration of an HST due to special needs.
12. Sustained complex disruptive sleep behaviors not recalled by the patient that are suspicious of REM behavior sleep disorder (MD review required)
13. Age < 16 years of age

## 95805 Multiple Sleep Latency Test or Maintenance of Wakefulness Test

### I. Multiple Sleep Latency Testing (MSLT)

- A. Suspected Narcolepsy -
  - 1. Symptoms/Complaints
    - a. Cataplexy
    - b. Sleep Paralysis
    - c. Regularly occurring Hypnagogic hallucinations
    - d. Regularly occurring Hypnopompic hallucinations
  - 2. ESS  $\geq$  10
- B. Absence or corrected OSA and Excessive Daytime Sleepiness
  - 1. Sleep study documenting absence of OSA
  - 2. OSA corrected with therapy
  - 3. Excessive daytime sleepiness with ESS > 10
- C. Duration of symptoms for more than one month
- D. Limitations  
(Presence of the below indicates a cause for daytime sleepiness, or a condition that will interfere with the validity of a MSLT based diagnosis of narcolepsy)
  - 1. Chronic use of sedating medications
  - 2. Shift worker with disrupted day/night schedule
  - 3. Regular use of medications such as SSRIs that interfere with sleep, during the 15 days prior to planned study

**E 0601 Auto-titration PAP Therapy- Unattended**

**For CPAP titration in an attended setting see 95811 above**

**I. APAP Titration and Therapy Initiation- New Diagnosis**

- A. Diagnosis of Obstructive Sleep Apnea resulting from an Abnormal Apnea Hypopnea Index (AHI) or Respiratory Disturbance Index (RDI) diagnosed by a PSG or HST [One]
  - 1. AHI or RDI  $\geq$  15
  - 2. AHI or RDI between 5 and 14
    - a. Excessive daytime sleepiness (EDS)
    - b. Impaired cognition
    - c. Insomnia
    - d. Mood disorder
    - e. Hypertension
    - f. Ischemic heart disease or coronary artery disease
    - g. History of a stroke

**II. APAP Titration and Therapy Initiation- Established Diagnosis and CPAP or other therapy previously in place**

- A. Diagnosis of Obstructive Sleep Apnea resulting from an Abnormal Apnea Hypopnea Index (AHI) or Respiratory Disturbance Index (RDI) diagnosed by a PSG or HST
  - 1. AHI or RDI  $\geq$  15
  - 2. AHI or RDI between 5 and 14
    - a. Excessive daytime sleepiness (EDS)
    - b. Impaired cognition
    - c. Insomnia
    - d. Mood disorder
    - e. Hypertension
    - f. Ischemic heart disease or coronary artery disease
    - g. History of a stroke
- B. CPAP or oral appliance not effective not tolerated
- C. Complaints or Evidence of Sleepiness
  - 1. Disruptive Snoring
  - 2. Disturbed or restless sleep
  - 3. Non Restorative sleep
  - 4. Excessive daytime sleepiness (EDS)
  - 5. Epworth Sleepiness Scale  $\geq$  10 (ESS)
- D. Signs and Symptoms
  - 1. Witnessed apnea events during sleep
  - 2. Choking during sleep
  - 3. Gasping during sleep
  - 4. BMI  $\geq$  30, or neck circumference > 44 cm

- 5. Frequent unexplained arousals from sleep
- 6. Nocturia
- 7. Non-ambulatory individual
- E. Duration of symptoms for more than one month
- F. Epworth Sleepiness Scale (ESS) completed
- G. Evidence of Attempted compliance with therapy for three months
- H. Evidence DME supplier adjustment of CPAP or other device
- I. Physician Order for APAP

**E 0601 Continuous Airway Pressure Device (CPAP or APAP)****I. CPAP or APAP - First 90 days**

- A. Abnormal Apnea Hypopnea Index (AHI) or Respiratory Disturbance Index (RDI)
  - 1. AHI or RDI  $\geq$  15
  - 2. AHI or RDI between 5 and 14
    - a. Excessive daytime sleepiness (ESS)
    - b. Impaired cognition
    - c. Insomnia
    - d. Mood disorder
    - e. Hypertension
    - f. Ischemic heart disease or coronary artery disease
    - g. History of a stroke

**II. CPAP or APAP Renewal and supplies – Beyond first 90 days after initiation of therapy**

- A. Renewal for completion of rental period (7 months or fewer for a total of 10 months rental )
  - 1. Compliant Use of CPAP Therapy from day 45 to day 83 after initiation of CPAP
    - a. Usage on 70% of nights with an average use of 4+ hours per nights used
    - b. Significant resolution of apneic events as captured via efficacy AHI improvement from the baseline AHI
- B. Renewal for 30 days
  - 1. Borderline compliant and efficacious use from day 45 to day 83 after initiation of CPAP
    - a. 55% - 69% of nights with an average use of 4+ hour per nights used
    - b. >70% of nights with an average use of 3.0 – 3.59 hours per nights used
    - c. Improvement of apneic events as captured via efficacy AHI improvement from the baseline AHI.
  - 2. No previous rental authorization renewal
- C. Less than borderline compliance and material re-configuration of equipment set-up within the past 30 days (pressure change, mask refit)

**III. CPAP/APAP/Bi-level loaner rental during repair/assessment period (30 days)**

- A. Documentation of Compliant use with Device
- B. Description of Malfunction and reason for third party assessment
- C. Documentation of manufacturer equipment being sent to for repair/assessment

**IV. CPAP/APAP/Bi-level Replacement**

- A. Documentation of Compliant use with Device
- B. Physician Order for Replacement
- C. Documentation/Report from third party manufacturer that existing unit is inoperable and/or unable to be repaired

- D. Documented repair costs are greater than rental period payments
- E. DME lifespan (not warranty period) has been exceeded

**E 0470 Respiratory Assist Device, Bi-level pressure capability, without back-up rate feature**

**E 0471 Respiratory Assist Device, Bi-level pressure capability, with back-up rate feature**

**I. Bi-level Therapy after CPAP therapy – First 90 Days**

- A. Diagnosis of Obstructive Sleep Apnea resulting from an Abnormal Apnea Hypopnea Index (AHI) or Respiratory Disturbance Index (RDI)
  - 1. AHI or RDI  $\geq$  15
  - 2. AHI or RDI between 5 and 14
    - a. Excessive daytime sleepiness (ESS)
    - b. Impaired cognition
    - c. Insomnia
    - d. Mood disorder
    - e. Hypertension
    - f. Ischemic heart disease or coronary artery disease
    - g. History of a stroke
- B. Documented CPAP/APAP Failure or Intolerance
- C. Emergence of Complex Sleep Apnea\*

**II. Bi-level Therapy as Initial Treatment (3 months) of OSA**

- A. A facility based attended PSG (95808, 95810, 95811) has been performed
- B. Ordering physician documents the following:
  - 1. The diagnosis of central sleep apnea (CSA) or complex sleep apnea (CompSA)
    - a. AHI or RDI  $\geq$  5, **and**
    - b. Central apneas/Hypopneas greater than 50% of the total apneas/hypopneas, **and**
    - c. Central apneas or hypopneas greater than 5 times per hour, **and**
  - 2. Significant reduction in AHI with the use in the facility of an E0470 or E0471

NOTE: If criteria are met, either an E0470 or an E0471 device is certified based upon the judgment of the treating physician will be covered for patients with documented CSA or CompSA for the first three months of therapy.

**III. Bi-level Therapy - Renewal and supplies– Beyond first 90 days after initiation of therapy**

- A. Renewal for completion of rental period ( 7 months for fewer for a total of 10 months rental)
  - 1. Compliant Use of BiPAP Therapy from day 45 to day 83 after initiation of BiPAP
    - a. Usage on 70% of nights with an average use of 4+ hours per nights used

- b. Significant resolution of apneic events as captured via efficacy AHI improvement from the baseline AHI
  - c. Significant reduction in PaCO<sub>2</sub> or increase in PaO<sub>2</sub>
  - d. DME supplier recorded treating physician attestation of benefit after 61+ days use
- B. Renewal for 30 days
- 1. Borderline compliant and efficacious use from day 45 to day 83 after initiation of Bi-level
    - a. 55% - 69% of nights with an average use of 4+ hour per nights used
    - b. >70% of nights with an average use of 3.0 – 3.59 hours per nights used
    - c. Improvement of apneic events as captured via efficacy AHI improvement from the baseline AHI.
  - 2. Less than borderline compliance and material re-configuration of equipment set-up within the past 30 days (pressure change, mask refit)

**IV. CPAP/APAP/Bi-level loaner rental during repair/assessment period (30 days)**

- A. Documentation of Compliant use with Device
- B. Description of Malfunction and reason for third party assessment
- C. Documentation of manufacturer equipment being sent to for repair/assessment

**V. CPAP/APAP/Bi-level Replacement**

- A. Documentation of Compliant use with Device
- B. Physician Order for Replacement
- C. Documentation/Report from third party manufacturer that existing unit is inoperable and/or unable to be repaired
- D. Documented repair costs are greater than rental period payments
- E. DME lifespan (not warranty period) has been exceeded

*\*Complex Sleep Apnea (CompSA) is a form of central apnea specifically identified by the persistence or emergence of central apneas or hypopneas upon exposure to E0601 or E0470 device when obstructive events have disappeared. These patients have predominately obstructive or missed apneas during the diagnostic sleep study occurring at greater than 5 times per hour. With the use of positive airway pressure, they show a pattern of apneas and hypopneas that meets the definition of Central Sleep Apnea (CSA) above.*

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