

**§ 90-722. Practice of polysomnography.**

(a) Practice. – The "practice of polysomnography" means the performance of any of the following tasks:

- (1) Monitoring and recording physiological data during the evaluation of sleep-related disorders, including sleep-related respiratory disturbances, by applying the following techniques, equipment, or procedures:
  - a. Positive airway pressure (PAP) devices, such as continuous positive airway pressure (CPAP), and bilevel and other approved devices, providing forms of pressure support used to treat sleep disordered breathing on patients using a mask or oral appliance; provided, the mask or oral appliance does not attach to an artificial airway or extend into the trachea.
  - b. Supplemental low flow oxygen therapy, up to eight liters per minute, utilizing nasal cannula or administered with continuous or bilevel positive airway pressure during a polysomnogram.
  - c. Capnography during a polysomnogram.
  - d. Cardiopulmonary resuscitation.
  - e. Pulse oximetry.
  - f. Gastroesophageal pH monitoring.
  - g. Esophageal pressure monitoring.
  - h. Sleep staging, including surface electroencephalography, surface electrooculography, and surface submental or masseter electromyography.
  - i. Surface electromyography.
  - j. Electrocardiography.
  - k. Respiratory effort monitoring, including thoracic and abdominal movement.
  - l. Plethysmography blood flow monitoring.
  - m. Snore monitoring.
  - n. Audio and video monitoring.
  - o. Body movement.
  - p. Nocturnal penile tumescence monitoring.
  - q. Nasal and oral airflow monitoring.
  - r. Body temperature monitoring.
  - s. Actigraphy.
- (2) Observing and monitoring physical signs and symptoms, general behavior, and general physical response to polysomnographic evaluation and determining whether initiation, modification, or discontinuation of a treatment regimen is warranted based on protocol and physician's order.
- (3) Analyzing and scoring data collected during the monitoring described in subdivisions (1) and (2) of this subsection for the purpose of assisting a licensed physician in the diagnosis and treatment of sleep and wake disorders.
- (4) Implementing a written or verbal order from a licensed physician that requires the practice of polysomnography.
- (5) Educating a patient regarding polysomnography and sleep disorders.

(b) Limitations. – The practice of polysomnography shall be performed under the general supervision of a licensed physician. The practice of polysomnography shall take place in a hospital, a stand-alone sleep laboratory or sleep center, or a patient's home. However, the

scoring of data and education of patients may take place in settings other than a hospital, stand-alone sleep laboratory or sleep center, or patient's home. (2009-434, s. 1.)