

OSA - FREQUENTLY ASKED QUESTIONS (FAQs)

(Last Updated: 04/03/15)

GENERAL:

1. Where can I view the video explaining the process?

You can view an instructional video for AMEs [here](#) or at: <http://www.faa.gov/tv/?mediald=1029>

2. Where can I find the specification sheets and educational material?

All OSA reference materials can be found at:

http://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/ame/guide/dec_cons/disease_prot/osa/ref_materials/

3. Does this process involve other sleep disorder conditions? (E.g. Period Limb Movement Disorder, narcolepsy, central sleep apnea, etc.)

No. This process is for obstructive sleep apnea only. If it is clear that the airman suffers from a different sleep disorder, DEFER and submit any supporting documentation for FAA decision.

TRIAGE:

4. I am not a sleep specialist. How am I supposed to determine if an airman is high risk enough to send for a sleep evaluation? How many risk factors must be present before additional testing is required?

The AME should triage the airman based on the FAA OSA Flow Chart, supporting clinical guidelines, and good clinical judgment to determine the appropriate category for the airman.

5. The airman was assessed 5 years ago for OSA but did not have a polysomnogram. The evaluation was negative. Is he required to have an updated sleep evaluation or a sleep study?

No. If there has been NO CHANGE in his/her risk factors, follow Group/Box 2 of the flow chart and submit a copy of the previous assessment. However, if there has been a change in risk factors (e.g. elevated BMI, new atrial fibrillation, refractory hypertension, etc.), triage using the flow chart to determine if the airman needs a repeat assessment.

6. If I mark the radio button (1-6) and have no concerns, do I still need to put notes in Block 60 regarding the OSA triage?

Yes. It is only required for Group/Box 4 to document that education was given. However, it may be useful to document the rationale for triage decisions, especially for Group/Box 2, 5, and 6.

SLEEP EVALUATION AND SLEEP STUDY:

7. Is a sleep evaluation the same as a sleep study?

No. Please reference the [AASM guidelines](#). A sleep evaluation is needed when the triage process indicates that the airman is at high risk for OSA. The sleep evaluation is used to determine if a sleep study is warranted.

8. Do I have to turn in the “AME Assessment Statement” for every airman?

No. This statement page is only used by an AME who PERFORMS the sleep evaluation (in accordance with AASM guidelines) and finds that the airman does not have evidence of OSA. This is NOT to be used for the routine triage function.

9. Does the FAA require a specific type of sleep study if one is warranted?

Yes. The FAA requires that the test be either a Type I laboratory polysomnography or a Type II (7 channel) unattended home sleep test (HST) that provides comparable data and standards to laboratory diagnostic testing. It does not have to be a chain of custody study.

10. What if the doctor or insurance provider is only willing to do a level III Home Sleep Test (HST)?

In communities where a Level II HST is unavailable, the FAA will accept a level III HST. If the HST is positive for OSA, no further testing is necessary and treatment in accordance with the AASI must be followed. However, if the HST is equivocal, a higher level test such as an in-lab sleep study will be needed unless a sleep medicine specialist determines no further study is necessary and documents the rationale.

11. If I do the sleep evaluation and determine the airman needs a sleep study, as the AME, can I interpret the sleep study?

The AME may only interpret the sleep study if he/she is a sleep medicine specialist.

CERTIFICATE, EXTENSION, AND DENIAL PROCESS:

12. If an airman is in Group/Box 5 (at risk for OSA) they have 90 days to comply with getting an evaluation. Does the AME issue a time-limited, 90 day certificate?

No. Issue a regular (not time limited) certificate, if the airman is otherwise qualified. The AME MAY NOT issue a time-limited certificate without an authorization from the FAA.

13. I evaluated the airman and triaged him into Group/ Box 5. He had a sleep study and is doing well on CPAP treatment. Does he have to wait for a time-limited certificate before he can return to flight duties?

No. Once the airman is compliant with and doing well on treatment, he has met the requirements for 14 CFR 61.53. The airman may return to flight status with the current certificate issued by the AME, PROVIDED that ALL the required information regarding OSA evaluation and treatment has been submitted to the FAA for review.

14. Once the AME issues a regular certificate, who is responsible for keeping track of the 90 days?

The FAA will keep track of the 90 days.

15. The airman has a prior SI/AASI for OSA that only asks for a current status report. Can I issue this year if he does not bring in any other information on the OSA?

Yes. The AME may issue this year based on the previous SI/AASI if those requirements were met.

16. Can the airman continue to submit only a current status report until his current AASI expires?

No. An airman currently on an SI/AASI for OSA will receive a new SI/AASI letter this year. At that point, he/she will have to comply with the new documentation requirements.

17. What if the airman cannot get a sleep evaluation in 90 days?

The airman may request a one-time, 30-day extension by phone by calling AMCD at (405) 954-4821 and selecting Option 1 when prompted. They may also mail a request to AMCD (see [Specification Sheet B](#) for address) or by contacting their RFS office.

18. If I give the airman Specification Sheet A or B and he does not submit the required evaluation within 90 days and after the 30 day extension (if requested), what will happen?

The airman will receive a failure to provide (FTP) denial.

TREATMENT AND FOLLOW UP:

19. How long does an airman have to be on CPAP with a new diagnosis of OSA before they can return to flying?

The airman may submit the completed compliance statement and required documents to the FAA for review as soon as they are tolerating the therapy without difficulty and have no symptoms of OSA.

20. The airman has mild or moderate sleep apnea. Is he required to use CPAP?

In most cases an AHI of 15 or more will require CPAP.

21. If the airman has a sleep study and is diagnosed with OSA does he/she get a new certificate?

Yes. Once a diagnosis of OSA is established, a Special Issuance is required. When the airman submits the required supporting documents to the FAA, he/she will be evaluated for a Special Issuance.

22. If an airman has a previously unreported history of OSA being treated with CPAP, can the AME issue?

Yes. Issue a regular certificate (Group/Box 2), if the airman is otherwise qualified, and submit the required information for FAA decision.

23. What if the airman is high risk and has had a previous sleep study that was positive, but not one of the approved tests? He is currently on CPAP and doing well. Does he have to get a new sleep study?

Follow Group/Box 2 and submit the required information for FAA decision.

24. The airman had a sleep study in the past and did not have sleep apnea. It was not an approved test type. Will he have to get another sleep study?

The AME should follow the triage flow chart. If the airman is determined to be Group/Box 5 or 6, he/she will need a sleep evaluation. If a sleep study is warranted, it will need to be an approved test type (see FAQ #9). Submit the required information for FAA decision.

25. The airman has OSA and was on CPAP in the past. He has now lost weight and is only on a dental device. What do I do now?

Follow Group/Box 2 and submit the required information for FAA decision.