



# Sleep Study Prior Authorization Request Form

Phone: 866-827-5861 FAX: 866-536-8046

Portal: [www.sleepsms.com](http://www.sleepsms.com) or [www.carecentrixportal.com](http://www.carecentrixportal.com)

This form must be completed in its entirety for all faxed sleep diagnostic prior authorization requests. The most recent clinical notes and current medication list (medications the member has been prescribed for the last 30 days) must also accompany the faxed request. We recommend that all requests for sleep related services are submitted via our provider portal at: [www.sleepsms.com](http://www.sleepsms.com) or [www.carecentrixportal.com](http://www.carecentrixportal.com).

Entire completed form       Current Medication list       Updated clinical notes

Insurance Plan:		Patient Subscriber ID#:		Diagnosis Code:	
Patient First Name:		Last Name:		DOB:	
Patient Address:		City:		State/Zip:	
Patient Phone:		Height:		Weight:	
				BMI:	
Ordering Physician Name:		Physician NPI (Required):			
Ordering Physician Address:		City:		State/Zip:	
Physician Phone #:	( )	Physician Fax:	( )		

## I. Study Requested:

Unattended Home Sleep Test (HST) \_\_\_\_\_ G0399

### Attended Facility Sleep Test

\_\_\_\_\_ 95810 Diagnostic PSG

\_\_\_\_\_ 95811 Split-Night PSG attended w/therapy

\_\_\_\_\_ 95782 Diagnostic PSG age < 6 years

\_\_\_\_\_ 95783 Full-Night Titration Study age < 6 years

\_\_\_\_\_ 95811 Full-Night Titration Study (CPAP)

\_\_\_\_\_ 95805 Multiple Sleep Latency Testing / PSG (MSLT)

\_\_\_\_\_ 95805 Maintenance of Wakefulness Test (MWT)

If the member does not meet medical criteria for an in-lab diagnostic sleep test but they meet criteria for a home sleep test, may a home sleep test be authorized? Yes \_\_\_\_\_ No \_\_\_\_\_  
If No, supportive clinical evidence must be attached.

If the member does not meet medical criteria for an attended titration study but they meet criteria for an unattended auto-titrating positive airway pressure machine (APAP), may the APAP be authorized? Yes \_\_\_\_\_ No \_\_\_\_\_  
If No, supportive clinical evidence must be attached.

Is this request for a repeat Sleep Study? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the member have a history of OSA? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the member currently on therapy? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of last sleep study: \_\_\_\_\_

If the member had a prior sleep study, what sleep disorder(s) was the member previously diagnosed? \_\_\_\_\_

Repeat study indication: Weight change >10% \_\_\_\_\_ Recent T/A or UPPP \_\_\_\_\_ Other (specify) \_\_\_\_\_

Compliance for repeat studies: Is PAP used > 2 mos? Yes \_\_\_\_\_ No \_\_\_\_\_

Is patient using PAP device at least 70% of usage 4+ hours per 24 hour period? Yes \_\_\_\_\_ No \_\_\_\_\_

***(Please provide the previous sleep study to include the raw data and the PAP therapy adherence data if patient on PAP therapy)***

## II. Required Clinical Information – Check ALL that apply in sections A through E

### A. What is the indication (suspected diagnosis) for the sleep study?

\_\_\_\_\_ Obstructive Sleep Apnea (OSA) (G47.33)

\_\_\_\_\_ Central or treatment-emergent sleep apnea (G47.31, G47.37)

\_\_\_\_\_ REM sleep behavior disorder (G47.52)

\_\_\_\_\_ Narcolepsy (G47.411, G47.419)

\_\_\_\_\_ Potentially injurious or violent parasomnias (G47.50)

\_\_\_\_\_ Nocturnal Seizures (G40, G40.89)

\_\_\_\_\_ Periodic Limb Movement Disorder (PLMD) diagnosed on previous polysomnography (G47.61)

\_\_\_\_\_ Idiopathic hypersomnia (G47.11/G47.12)

\_\_\_\_\_ Other (Please Specify): \_\_\_\_\_

**B. Signs & Symptoms** Initial testing for the diagnosis of sleep disordered breathing is appropriate if a member presents with at least one sign/symptom from category (a) **AND** one sign/symptom from category (b) below:

**(a) Evidence of Excessive Daytime Sleepiness**

- Disturbed or restless sleep
- Non-restorative sleep/non-refreshing sleep
- Frequent unexplained arousals from sleep
- Fragmented Sleep
- Epworth sleepiness score greater than or equal to 10
- Fatigue

Duration of signs & symptoms:

- Less than one month     Greater than one month

**(b) Evidence Suggestive of Sleep Disordered Breathing**

- Witnessed apnea events
- Habitual, loud snoring
- Choking, gasping during sleep
- Neck circumference > 17" in men, > 16 "in women)
- Obesity (i.e. body mass index > 30)
- Sleep related bruxism (clenching, grinding teeth)
- Cognitive deficits such as inattention or memory
- Unexplained nighttime reflux
- Erectile dysfunction
- Experienced Apneas/Hypoxemia under anesthesia
- Morning headache

**C. Co-morbid Conditions**

- Moderate to severe pulmonary hypertension with pulmonary artery pressure greater than 40 mm Hg
- Moderate to severe COPD or asthma, as diagnosed on pulmonary function studies (PFTs)
- Moderate to severe congestive heart failure (NYHA Class III or IV) or LVEF less than or equal to 45%
- Neuromuscular/neurodegenerative disorder causing restrictive lung disease, such as: severe kyphoscoliosis, myasthenia gravis, amyotrophic lateral sclerosis (ALS), post-polio syndrome, polymyositis, and Guillian-Barré syndrome
- Chronic opioid medication use (**provide a current medication list with opioid medications in use, including dose and frequency**)
- Acute, uncontrolled or refractory (resistant to treatment) cardiac arrhythmia(s) supported by clinical documentation
- No known comorbid conditions

**D. Suspected Other Sleep Disorders**

- Central Sleep apnea or treatment emergent sleep apnea defined as central apneas/ hypopneas greater than 50% of the total apneas/hypopneas and central apneas/hypopneas greater than or equal to 5 times per hour
- Narcolepsy or narcolepsy related symptoms (i.e. idiopathic hypersomnia) after obstructive sleep apnea has been evaluated and effectively treated as documented by the patient's objective adherence to therapy (PAP download)
- Nocturnal Seizures which are acute and/or not effectively controlled and occurring concomitantly with other sleep disorders
- Previously diagnosed Periodic Limb Movement Disorder (PLMD) defined as greater than or equal to 15 periodic limb movements per hour resulting in arousal, when the arousals are not associated with respiratory events.
- Complex parasomnias with potentially injurious, disruptive or violent behavior, such as REM Behavior Disorder or sleep walking
- Obesity hypoventilation syndrome, defined as pCO2 greater than 45 mm Hg and pO2 less than 60 mm Hg on arterial blood gas

**E. Epworth Sleepiness Score (ESS):**

What is the member's Epworth sleepiness score? \_\_\_\_\_

(Please see ESS on page 3 for reference if needed)

**III. Preferred sleep test provider(s), please list below (CareCentrix reserves the right to assign a provider):**

Billing Facility Name: Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Tax ID: \_\_\_\_\_ NPI: \_\_\_\_\_

HST Provider: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Tax ID: \_\_\_\_\_ NPI: \_\_\_\_\_

**IV. Special Needs:**

Impaired cognition/dementia (please specify): \_\_\_\_\_

Occupational or social limitations (please specify): \_\_\_\_\_

Alternate Language Spoken (please specify): \_\_\_\_\_

**V. [ ] By checking this box, I am verifying that the information provided is true and accurate.**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## **VI. Additional Notes:**

## **VII. Epworth Sleepiness Score:**

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently try to work out how they would have affected you.

**Use the following scale to choose the most appropriate number for each situation:**

**0** = Never doze or sleep      **1** = Slight chance of dozing or sleeping      **2** = Moderate chance of dozing or sleeping      **3** = High chance of dozing or sleeping

<b><u>Situation</u></b>	<b><u>Chance of Dozing or Sleeping</u></b>	<b><u>Scale</u></b>	<b><u>Scale</u></b>
Sitting and reading		Lying down to rest in the afternoon	
Watching TV		Sitting and talking to someone	
Sitting inactive in a public place		Sitting quietly after lunch (without alcohol)	
Being a passenger in a car for an hour without a break		Sitting for a few minutes in traffic while driving	
<b>Total Score equals your ESS (0 - 9 Average score, normal population)</b>			

## **VIII. Reference Table of Codes and Descriptions**

<b>Code</b>	<b>Description</b>
<b>G0399</b>	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation
<b>95810</b>	Polysomnography; age 18 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
<b>95811</b>	Polysomnography, age 18 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist
<b>95811</b>	Split-night in-facility polysomnography, in which the initial diagnostic portion of the polysomnography is followed by positive airway pressure (PAP) titration, as medically necessary in an adult (age 18 or older)
<b>95782</b>	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
<b>95783</b>	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist with an initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist
<b>95805</b>	Multiple Sleep Latency or Maintenance of Wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness