



Sleep Study Prior Authorization Request Form

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

Portal: www.sleepsms.com or 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 or 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

_____ 95808 Diagnostic PSG

_____ 95811 Split-Night PSG attended w/therapy

_____ 95782 Diagnostic PSG age < 6 years

_____ 95811 Full-Night Titration Study (CPAP)

_____ 95783 Full-Night Titration Study age < 6 years

_____ 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:
 increased risk of moderate to severe OSA indicated by the presence of Witnessed Apnea (please check if appropriate);
OR 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

- 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
- Obesity hypoventilation syndrome, defined as pCO₂ greater than 45 mm Hg and pO₂ less than 60 mm Hg on arterial blood gas
- 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

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

<u>Situation Chance of Dozing or Sleeping</u>	<u>Scale</u>	<u>Scale</u>
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
Total Score equals your ESS (0 - 9 Average score, normal population)		

VIII. Reference Table of Codes and Descriptions

Code	Description
G0399	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
95806	Home sleep test (HST), simultaneous recording of heart rate, oxygen saturation, respiratory airflow and respiratory effort
95808	Polysomnography; any age, sleep staging with 1 to 3 additional parameters of sleep, attended by a technologist
95810	Polysomnography; age 18 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
95811	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
95811	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)
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
95783	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
95805	Multiple Sleep Latency or Maintenance of Wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness