

Sleep Study Prior Authorization Request Form

Phone: 855.243.3326 Fax: 855.243.3334

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 (last 30 days) must also accompany the faxed request. We recommend that all requests from CareCentrix contracted providers be submitted via our provider portal at: www.sleepsms.com or www.carecentrixportal.com.

☐ Entire completed form

☐ Current Medication list

☐ Updated clinical notes

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

I. Type of Sleep Study Requested: (Please check one from A OR B)

A. Unattended Home Sleep Test (HST) ☐ G0399 ☐ 95806

B. Attended Facility Sleep Test

☐ 95810 Diagnostic PSG *

☐ 95811 Split-Night PSG attended w/therapy *

☐ 95811 Full-Night Titration Study **

☐ 95782 Diagnostic PSG < age 6 years

☐ 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, do you wish to modify your request to a home sleep test? Yes ☐ No ☐

If No, supportive clinical evidence for the attended facility based test 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), do you wish to modify your request to APAP? Yes ☐ No ☐

If No, supportive clinical evidence for the attended titration study must be attached.

Is this request for a repeat Sleep Study? Yes ☐ No ☐ Date of last sleep study: _____ Please submit a copy of sleep study

Repeat study indication: Weight change >10% ☐ Recent T/A or UPPP ☐ Persistent signs symptoms of OSA ☐

Other (specify): _____

Does the member have a history of OSA? Yes ☐ No ☐ Is the member currently on therapy? Yes ☐ No ☐ Type of Therapy: _____

If member is treated with PAP therapy, has the member used the PAP device for least 2 months? Yes ☐ No ☐

If member is treated with PAP therapy, has the member used their device at least 70% of the time for 4+ hours per 24-hour period? Yes ☐ No ☐

(Please provide the previous sleep study results and the PAP therapy adherence data if member 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)

☐ Other (Please Specify): _____

☐ Nocturnal Seizures (G40, G40.89)

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

☐ Idiopathic hypersomnia (G47.11/G47.12)

☐ Hypoglossal Nerve Implantation / Evaluation (please complete questions on page 3)

II. Required Clinical Information continued:

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 > 17in. (men) or > 16in. (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 interstitial lung disease diagnosed by pulmonary function tests or chronic use of oxygen for the treatment of pulmonary disease
- ☐ Severe, persistent asthma as defined by use of daily oral corticosteroids or immunomodulator/biologics
- ☐ Moderate to severe heart failure (NYHA Class III or IV) or reduced EF less than or equal to 40%
- ☐ 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 (chronic use defined as use of opioids on most days per week for greater than 3 months) **(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 such as: recurrent nighttime palpitations, syncope-dizziness or light headedness, short of breath, chest pain associated with arrhythmia
- ☐ 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

- ☐ Previously diagnosed 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 member'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.
- ☐ Central nervous system disorders which may increase risk of central sleep apnea (e.g. Arnold Chiari malformation)
- ☐ 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)**

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

Sleep Test Provider Name: _____

Address: _____

Phone: _____ Fax: _____ Tax ID: _____ NPI: _____

IV. PLEASE SELECT (CIRCLE) PLACE OF SERVICE (REQUIRED FOR FLORIDA BLUE SLEEP DIAGNOSTIC REQUESTS)

11 - Office; 12 - Home; 19 - Off Campus-Outpatient Hospital; 22 - On Campus-Outpatient Hospital; 49 - Independent Clinic

V. Special Needs:

Impaired cognition/dementia (please specify): _____

Occupational or social limitations (please specify): _____

Alternate Language Spoken (please specify): _____

VI. ☐ By checking this box, I am verifying that the information provided is true and accurate.

Name: _____

Date: _____

VII. Testing for Hypoglossal Nerve Stimulation (if selected as an indication on page 1)

A. ☐ Prior to hypoglossal nerve stimulation implantation (select all that apply):

- ☐ Body mass index (BMI) is less than 35 kg/m²
- ☐ A polysomnography (PSG) is performed within 24 months of first consultation for HGNS implant
- ☐ The member has predominantly obstructive events (defined as central and mixed apneas less than 25% of the total AHI); and AHI is 15 to 65 events per hour
- ☐ The member has documentation that demonstrates CPAP failure (defined as AHI greater than 15 despite CPAP usage) or CPAP intolerance (defined as less than 4 hours per night, 5 nights per week or the CPAP has been returned) including shared decision making that the member was intolerant of CPAP despite consultation with a sleep expert.

B. ☐ Post hypoglossal nerve stimulation implantation (select from number 1 or 2 below):

1. ☐ Polysomnography at one month post-implantation for the purpose of titrating the device parameters and determining therapeutic stimulation settings.
2. ☐ Following a titration study at one month, **select any one**:
 - ☐ Clinical response is insufficient despite regular treatment with hypoglossal nerve stimulator and post a titration.
 - ☐ Substantial weight gain with return of symptoms

VIII. Additional Notes:

IX. Epworth Sleepiness Scale:

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.

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

Situation	Chance of Dozing or Sleeping	Scale	Scale
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)			

X. 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
96800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (e.g., by airflow or peripheral arterial tone), and sleep time
95806	Home sleep test (HST), simultaneous recording of heart rate, oxygen saturation, respiratory airflow and respiratory effort
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