



Sleep Study Prior Authorization Request Form

Phone: 855.243.3326 Fax: 855.243.3334

Portal: www.sleepsms.com

For prior authorization requests, visit www.sleepsms.com or www.carecentrixportal.com to submit online or fax the following:

- Entire completed form
- Medication list
- Updated clinical notes

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

I. Study Requested (code definitions are on page 3):

Unattended HST: ___ G0398 ___ G0399 ___ G0400 ___ 95800 ___ 95801 ___ 95806

Facility diagnostic sleep test: ___ 95808 ___ 95810 ___ 95805 ___ 95811(full night) ___ 95811 (split night)
Pediatric < 6 years old ___ 95782 ___ 95783

If a facility based diagnostic test is requested and patient qualifies for a home study, may the home study be substituted?
___ Yes ___ No* *If No, please provide reason and select co-morbidity in Section III.B or non OSA suspected sleep disorder in Section III. C. Attach all supportive clinical evidence.

If attended titration study is requested, but patient qualifies for auto positive pressure machine (APAP), may the APAP be substituted? ___ Yes ___ No *If No, please provide reason and supportive clinical evidence.

Is this a Request for a repeat study? ___ Yes* ___ No *If Yes, date of last study: _____

Repeat study only: ___ Weight change > 10% ___ Recent T/A or UPPP ___ Other
Has PAP been used > 2 mos. ___ Yes ___ No 70% of usage 4+ hours per 24 hour period night:
_____ Yes ___ No

II. 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: _____

Patient's HST Delivery Preference: Ship to Home _____ Pick up at the sleep center (if available) _____

PLEASE SELECT (CIRCLE) PLACE OF SERVICE (Required for Florida Blue Sleep Diagnostics)

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

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E. Current Medications:

Submitting medication list No prescriptions or OTC medications
 Check here if patient is taking any medications in these categories: SSRI Pain controlling or sedating

F. Special Needs:

Occupational or social limitations (specify): _____

Is an alternate language spoken (specify): _____

G. Additional Notes:

IV. Reference Table of Codes and Descriptions

Code	Description
G0398	Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort and oxygen saturation
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
G0400	Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time
95801	Home sleep test (HST), simultaneous recording: heart rate, oxygen saturation, respiratory analysis and sleep time
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
95782	Polysomnography; younger than 6 years, 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)
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
95805	Multiple Sleep Latency or Maintenance of Wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness