



Sleep Study Prior Authorization Request Form

Phone: 888-497-5337 FAX: 888-571-8816

Portal: www.sleepsms.com or www.carecentrixportal.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 Home Sleep Test (HST): ___ G0399 ___ 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) _____

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III. Clinical Information – Complete ALL those that apply in sections A through G

A. Signs and Symptoms:

- Disturbed or restless sleep Non-restorative sleep Frequent unexplained arousals Fragmented Sleep
- Excessive daytime sleepiness Fatigue Habitual snoring Witnessed apneas
- Choking or gasping during sleep BMI > 30 Neck circumference ≥ 17 inches (men) or ≥ 16 inches (women)

Duration of symptoms above: less than one month greater than one month

B. Co-morbid Conditions (Recent supporting office notes required):

- Moderate to severe pulmonary hypertension, with pulmonary artery pressure greater than 40 mm Hg
- Acute, uncontrolled cardiac arrhythmia(s) supported by clinical documentation
- 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 Barre syndrome
- Chronic opioid medication use

C. 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 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

D. Epworth Sleepiness Score (required to be completed with patient responses):

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 = Would 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>Situation Chance of Dozing or Sleeping</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)			<input style="width: 50px; height: 20px;" type="text"/>

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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
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