



Sleep Study Prior Authorization Request Form

Phone: 855.243.3326 Fax: 855.243.3334

Portal: sleepsms.com



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

Entire completed form (2 pages)

Medication list

Updated clinical notes

Insurance Plan:			Patient ID#:		
Patient First Name:			Last Name:		
Patient Address:			City:		
State:	Zip:	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 ___ 95782 ___ 95783 ___ 95805

___ 95811(full night) ___ 95811 (split night)

If a facility based diagnostic test is requested and patient qualifies for HST, may the home study be substituted?
___ Yes ___ No* *If **No**, provide reason and select co-morbidity in Section B and attach supportive clinical evidence.

If attended titration study is requested, but patient qualifies for auto positive pressure machine (APAP), may this be approved as first step?: ___ Yes ___ No

Is this a Request for a repeat study? ___ Yes* ___ No

*If **Yes**, date of last study: _____

Repeat study only: ___ Change in BMI > 5% ___ Recent T/A or UPP ___ Other

Has PAP been used > 2 mos. ___ Yes ___ No

70% of usage 4+ hours per night: ___ Yes* ___ No

II. Preferred sleep test provider(s), please list below. Sleep Management Solutions reserves the right to assign a provider.

Sleep Lab (if attended study): Name _____ NPI# _____
Tax ID # _____ Fax (____) _____ - _____ Phone (____) _____ - _____
Address _____

HST (if Home Sleep Test): Name _____ NPI# _____
Tax ID # _____ Fax (____) _____ - _____ Phone (____) _____ - _____
Address _____
Patient's HST Delivery Preference: Ship to home _____ Pick up at sleep center (if available) _____

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III. Clinical Information – Check all that apply

Symptoms of sleep disordered breathing (For repeat studies, complete A, B, and C for new onset symptoms):

A. Complaint(s):

- Disruptive snoring Witnessed apnea events Choking or gasping during sleep Insomnia
 Excessive daytime sleepiness Insomnia Nocturia Hypertension
 Disturbed or restless sleep Non-restorative sleep Frequent unexplained arousals

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

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

- Unexplained pulmonary hypertension Uncontrolled significant, persistent cardiac arrhythmia
 Moderate to severe pulmonary disease Neuromuscular weakness preventing HST
 Uncontrolled CHF (Class III or IV) Neurodegenerative disorders/cognitive impairment preventing HST

C. Suspected Other Sleep Disorders:

- Suspected Other Sleep Disorders (Non-OSA Diagnosis) Suspected Central Apneas or Complex Sleep Apnea
 Suspected Narcolepsy (please describe symptoms present) Suspected REM disorder
 Suspected Nocturnal Seizures Suspected Periodic Limb Movement Disorder (PLMD)

D. Special Needs:

Occupational or social limitations (specify) _____
 Is an alternate language spoken (specify) _____

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. 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 **2** = Moderate chance of dozing or sleeping
1 = Slight chance of dozing or sleeping **3** = High chance of dozing or sleeping

<u>Situation</u> <u>Chance of Dozing or Sleeping</u>	<u>Scale</u>	<u>Situation</u> <u>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)			

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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, 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