MEDICAL JUSTIFICATION FOR POLYSOMNOGRAPHY (SLEEP STUDY) (Please check all that apply):

***Please include a copy of the Face to Face visit documenting the required need for a Sleep Study***

Sleep history: ______________________________________________________________________________

A combination of at least **TWO** of the following:

- [ ] Excessive daytime sleepiness evidenced by an ESS >10, inappropriate daytime napping or sleepiness that interferes with daily activities not explained by other conditions.
- [ ] Witnessed apnea, snoring or gasping episodes associated with awakenings.
- [ ] Unexplained and documented hypertension or ischemic heart disease.
- [ ] Obesity defined as a BMI >30 Kg/m2
- [ ] Craniofacial or upper airway soft tissue abnormalities including adenotonsilar hypertrophy or neuromuscular disease.
- [ ] Moderate or severe CHF, stroke/transient ischemic attack, coronary artery disease or significant tachycardia or bradycardia arrhythmias in patients who have nocturnal symptoms suggestive of a sleep-related breathing disorder or otherwise are suspected of having sleep apnea.

Has patient had previous sleep study?   YES   NO   If yes, when and where? ______________________________________________________
If previous sleep study, please provide testing results.

Is patient oxygen dependent?        YES       NO                Current PAP user?       YES        NO

**Special indications:** impaired cognition, insulin dependent, seizure disorder, physical impairment, wheelchair bound

Other ____________________________________________________________

POLYSOMNOGRAPHY STUDY TYPE:

- [ ] Home Sleep Test – 95806 – Exclusion criteria: CHF, Hx of V-Fib, SVT, moderate or severe lung disease, neuromuscular disorders, cognitive impairment, suspected sleep disorder other than OSA. Those patients should be tested in lab with technologist.
- [ ] Split-night – 95810 – 95811 – Minimum of 2 hours diagnostic followed by initiation and titration of CPAP/BiPAP therapy when indicated per protocol. Recommended for 1st study or reassessment of patients on therapy for several years.
- [ ] CPAP BIPAP ASV titration – 95811 – therapy to be initiated at the start of the study and titrated per protocol. Recommended for 2nd/repeat study—Insurance may require split night depending upon date of previous study or patient’s change in insurance carrier.

PRN Sedative: Please indicate one of the following if you feel the patient would benefit from a sleep aid. Please dispense a sample to the patient or write a prescription for them to fill and bring with them the night of the study.

- [ ] Ambien (Zolpidem Tartrate)  5 mg _____   10 mg _____
- [ ] Sonata  5 mg _____   10 mg _____

__________________________________________                                ______________________________________

Physician Signature __________________________________        _                 ____ Date ___                         _______

Physician Name (Please Print) _____________________   ____________                                                ____________