



## Sleep Study Request Form

Adult and Pediatric

Sleep Study requests are to be submitted only by PHP's participating physician providers.

<b>PATIENT</b>	<b>DOB</b>	<b>PHP#</b>
<b>DATE OF SERVICE</b>	<b>DIAGNOSIS CODE</b>	
<b>ORDERING DOCTOR</b>	<b>HOSPITAL/FACILITY</b>	
<b>NPI</b>	<b>NPI</b>	
<b>Phone#</b>	<b>Fax#</b>	<b>Phone#</b>
<b>PRIOR AUTHORIZATION IS REQUIRED FOR IN-LAB (ATTENDED) PSG</b>		
<input type="checkbox"/> Standard PSG - 95810 <input type="checkbox"/> Split Night – 95811 <input type="checkbox"/> CPAP/BIPAP Re-titration – 95811		
<b>NO PRIOR AUTHORIZATION IS REQUIRED FOR HOME SLEEP STUDY.</b>		
<b>CRITERIA</b>		
Patients whose history and sleepiness screening test are consistent with sleep apnea should have a PSG. Because it is significantly less expensive, a home (unattended) PSG is required by PHP, unless the patient has certain conditions requiring an in-lab (attended) PSG. A <u>split night sleep study</u> will be covered if the member has any of the following conditions:		
<input type="checkbox"/> Significant neurologic injury, stroke or neuromuscular disease		
<input type="checkbox"/> History of Congestive Heart Failure		
<input type="checkbox"/> Documented Ischemic Heart Disease		
<input type="checkbox"/> Chronic Obstructive Pulmonary Disease		
<input type="checkbox"/> Less than 18 years of age		
<input type="checkbox"/> Obesity, with a BMI of 44 or greater. If present, indicate actual weight _____ and height _____.		
<input type="checkbox"/> Patients who are chronically taking high potency narcotics, such as OxyContin, oral morphine, Kadian, Opana and other drugs in the same category. This does not include codeine or hydrocodone. If patient is taking one of these drugs, please list the drug(s) the patient is taking: _____		
<input type="checkbox"/> Failed reasonable attempts at performing a Home PSG. Date attempted: _____ Why it failed: _____		
<input type="checkbox"/> Patients who have failed treatment with CPAP, who were previously diagnosed with by use of a home (unattended) PSG only. Please list problems or symptoms indicating failure of trial with CPAP: _____		
<input type="checkbox"/> Evidence of Periodic Limb Movement Disorder or Restless Leg Syndrome.		
In order to be covered, all in-lab PSGs will be ordered as split night studies. If a split night study is not completed, the following information must be provided to PHP:		
1. Confirmation that the initial portion of the sleep study was normal and a CPAP was not required;		
<b>OR</b>		
2. Documentation that substantiates a medical reason why the split night study could not be completed.		
If the patient was diagnosed using an in-home PSG, or a full night in-lab PSG (in which no titration was performed), the CPAP titration must be performed using an auto-titrating CPAP, in the member's home. A second, in-lab PSG for titration of the CPAP will not be covered unless the patient has failed at a multi-day attempt to titrate the CPAP at home using an auto-titrating CPAP.		

PLEASE FAX COMPLETED FORM AND SUPPORTING DOCUMENTS TO (260) 436-4809.

Physicians Health Plan of Northern Indiana, Inc. 1700 Magnavox Way, Suite 201, Fort Wayne, Indiana 46804

Phone: (260) 432-6690 Toll-free: 1-800-982-6257 Fax: (260) 436-4809