

Outpatient Treatment Setting Sleep Study Questionnaire

Sleep Studies Medical Appropriateness — Outpatient Facility or Clinic-Based Setting

Providers can expedite a request by submitting a prior authorization request through e-referral and completing the questionnaire. If all questions are answered, e-referral will determine the status of the case based on the provider's response. If the case pends and BCN cannot authorize it, BCN will contact the provider for additional clinical information.

Applicable Sleep Study Codes*	<ul style="list-style-type: none"> • 95805 • 95806 • 95807 	<ul style="list-style-type: none"> • 95808 • 95810 • 95811
1. Instructions: Please answer all questions that apply to the patient's condition. Numbers 2 and 3 are informational only.		
2. Informational note: BCN provides coverage for sleep studies performed in the home (attended or unattended) for members with symptoms of obstructive sleep apnea without other comorbid conditions.		
3. BCN's contracted provider for home sleep studies is Oximetry Company, LLC. They can be contacted at 1-877-622-2022.		
4. A sleep study is NOT covered for the sole purpose of diagnosing these conditions:		
5. Bruxism (teeth grinding), drug dependency, enuresis (bed wetting), night terrors, sleep walking, dream anxiety attacks, nighttime muscle jerks, restless leg syndrome		
6. Does the patient snore habitually?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Does the patient have daytime sleepiness determined by an assessment tool (Epworth Sleepiness Scale or the Stanford Sleepiness Scale)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Has anyone observed that the patient stops breathing for periods of approximately 10 seconds while sleeping?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Is the sleep study being done to titrate or re-evaluate CPAP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Is the sleep study being done following surgery to correct obstructive sleep apnea to determine if the surgery was effective?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Is the sleep study being done to determine if the patient has narcolepsy (a neurological condition that affects the control of sleep and wakefulness) or cataplexy (a sudden and severe loss of muscle tone while awake)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

*CPT codes, descriptions and two-digit numeric modifiers only are copyright 2008 American Medical Association. All rights reserved.