

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

PATIENT	DOB	PHP#
DATE OF SERVICE	DIAGNOSIS CODE	
ORDERING DOCTOR	HOSPITAL/FACILITY	
NPI	NPI	
Phone#	Fax#	Phone# Fax#
PRIOR AUTHORIZATION IS REQUIRED FOR IN-LAB (ATTENDED) PSG		
<input type="checkbox"/> Standard PSG - 95810 <input type="checkbox"/> Split Night – 95811 <input type="checkbox"/> CPAP/BIPAP Re-titration – 95811		
NO PRIOR AUTHORIZATION IS REQUIRED FOR HOME SLEEP STUDY.		
<p>CRITERIA 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 split night sleep study will be covered if the member has any of the following conditions:</p> <ul style="list-style-type: none"> <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. <p>At least one of the following criteria must be met if requesting for a full standard PSG. Please check appropriate box and provide supporting medical records.</p> <ul style="list-style-type: none"> <input type="checkbox"/> History of Congestive Heart Failure <input type="checkbox"/> History of stroke <input type="checkbox"/> History of use of high potency narcotics, such as OxyContin, oral morphine, Kadian, Opana and other drugs in that category. This does not include codeine or hydrocodone. <input type="checkbox"/> Less than 18 years of age <p>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.</p>		

PLEASE FAX COMPLETED FORM AND SUPPORTING DOCUMENTS TO 260-436-4809.
Physicians Health Plan of Northern Indiana, Inc. **PHP Insurance Company of Indiana, Inc.**
 8101 West Jefferson Blvd., Fort Wayne, Indiana 46804 Voice: (260) 432-6690 Toll-free: 1-800-982-6257 Fax: (260) 436-4809