**CPAP - Sleep Study Validation Form – E0601**
Attn: Utilization Management
Toll Free Phone 1-800-891-2520
Fax: 567-661-0846

**(Must include DME Prior Authorization Form)**

**PATIENT INFORMATION**

Member Name: _____ Paramount ID# _____
Secondary Paramount ID# _____
(if applicable)
DOB _____ Phone Number _____

**REFERRAL SOURCE**

Referral Organization_____ Ordering Physician Name _____
Phone Number _____ Date of Clinical Evaluation_____
Face to Face Clinical Evaluation by Treating Practitioner perform prior to the Sleep Study: *Yes* ☐ *No* ☐

**DIAGNOSIS ICD-10: A specific ICD-10 code must be provided**

☐ G47.33 Obstructive Sleep Apnea (OSA) (Adult and Child) ☐ Other _____
☐ Secondary condition _____
HCPCS Code Requested: E0601 ☐ E0561 ☐ E0562 ☐

**SLEEP STUDY ATTESTATION**

Order Date _____ Sleep Study Performed Date_____
Site of Study _____ Phone Number _____
Fax Number _____
AHI/RDI/REI Result: ≥ 15 ☐ or ≥ 5 and < 15 ☐

Symptoms of OSA if ≥ 5 and < 15 (Check All That Apply)
Excessive Day Time Sleepiness ☐ Impaired Cognition ☐
Mood Disorders ☐ Insomnia ☐
Hypertension ☐ Ischemic Heart Disease ☐
History of Stroke ☐

*PEDIATRIC ONLY (< 18 years of age)*
*Weight ≥ 30 kg/66 lbs: Yes* ☐ *No* ☐
*Adenotonsillectomy: Unsuccessful* ☐ *Contraindicated* ☐
*Definitive Surgery is indicated but must await complete Dental and Facial Development: Yes* ☐ *No* ☐
*AHI > 1.5: Yes* ☐ *No* ☐

Instructions in the proper use and care of equipment given: Yes ☐ No ☐
Provider Attests Compliance for Continued PAP Use after 90 days: Yes ☐ No ☐ N/A ☐

By my signature below, I authorize the use of this document as a dispensing prescription. I understand that the final decision with respect to ordering this (these) item(s) for this patient is a clinical decision made by me, based on the patient's clinical needs, and that my records concerning this patient support the medical need for the item(s) prescribed.

Print Provider's or DME Provider Name _____ NPI # _____
Provider's or DME Provider's Signature _____ Date _____
Provider Billing Tax ID (TIN): _____