

## Review Request for Treatment of Obstructive Sleep Apnea in Adults

Please fax the completed form to **1-800-823-5520**.

If you have questions, call **1-866-902-1689** during regular business hours.

Policy Last Review Date: 8/28/08	Policy Effective Date: 10/22/08	Provider Tool Effective Date: 8/10/09
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Member Name:	Date of Birth:
Insurance Identification Number:	Member Phone Number:

Ordering Provider Name and Specialty:	Provider ID Number:
Office Address:	
Office Phone Number:	Office Fax Number:

Rendering Provider Name and Specialty:	Provider ID Number:
Office Address:	
Office Phone Number:	Office Fax Number:

Facility Name:	Facility ID Number:
Facility Address:	

Date/Date Range of Service:	Place of Service: <input type="checkbox"/> Home <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Other: _____
Service Requested (CPT if known):	
Diagnosis (ICD-9) if known:	

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**Please check all that apply to the member:**

- Request is for a custom-fitted or prefabricated oral appliance
  - Request is for Uvulopalatopharyngoplasty (UPPP) as the sole procedure
  - Request is for Uvulopalatopharyngoplasty (UPPP) as part of a planned staged or combined surgery aimed at also relieving retrolingual obstruction
  - Request is for hyoid myotomy and suspension
  - Request is for mandibular osteotomy with genioglossus advancement
  - Request is for jaw realignment surgery
  - Request is for Radiofrequency Volumetric Tissue Reduction (RFVTR) of the soft palate and/or the base of the tongue including Somnoplasty<sup>®</sup> and Coblation<sup>®</sup>
  - Request is for Laser-Assisted Uvulopalatoplasty (LAUP)
  - Request is for Cautery Assisted Palatal Stiffening (CAPSO)
  - Request is for palatal implants
  - Request is for electrosleep therapy
  - Request is for the Repose System<sup>®</sup>
  - Request is for transpalatal advancement pharyngoplasty
  - Other: \_\_\_\_\_
  - Member's Apnea Hypopnea Index (AHI) or Respiratory Disturbance Index (RDI) is:
    - 1 - 4 events per hour
    - 5 - 9 events per hour
    - 10 - 14 events per hour
    - 15 events per hour
    - 16 - 19 events per hour
    - 20 - 39 events per hour
    - 40 or greater events per hour
- Note: The AHI is equal to the average number of episodes of apnea and hypopnea per hour and must be based on a minimum of two hours of sleep recorded by polysomnography using actual recorded hours of sleep (i.e., the AHI may not be extrapolated or projected).*
- Member with (Check all that apply):
    - Hypertension
    - Excessive daytime sleepiness as documented by a score greater than 10 on the Epworth Sleepiness scale
    - Excessive daytime sleepiness as documented by inappropriate daytime napping (e.g., during driving, conversation or eating) or sleepiness that interferes with daily activities
    - Impaired cognition
    - Mood disorders
    - Ischemic heart disease
    - History of stroke
    - Cardiac arrhythmias
    - Pulmonary hypertension
    - Snoring without diagnosis of sleep apnea
  - Member failed or did not tolerate CPAP as defined by documentation of the following criteria in the medical record (check all that apply):
    - Claustrophobia
    - Inability to breathe through the nose
    - Pain or discomfort
    - Patient intolerance
    - High pressures of CPAP (>10 cm H2O) complaining of pressure discomfort
    - Other (please list): \_\_\_\_\_
  - Member has undergone a pre-operative evaluation including fiberoptic endoscopy that suggests retro-palatal narrowing is the primary source of airway obstruction
  - Member has undergone a pre-operative evaluation including fiberoptic endoscopy that suggests retro-palatal narrowing is a contributing source of airway obstruction
  - Member has UARS (Upper Airway Resistance Syndrome)
  - Member demonstrates significant soft tissue and/or tongue base abnormalities with airway collapse with either a fiberoptic endoscopy or cephalometric radiographs that document hypopharyngeal obstruction

- Request is for jaw realignment surgery and member (Check all that apply):
- Failed UPPP
  - Failed genioglossus advancement
  - Failed hyoid myotomy with suspension
  - Has documented severe jaw/facial bony abnormality that contributes to OSA (check all that apply):
    - Craniofacial abnormalities
    - Micrognathia
    - Retrognathia
    - Small retro-positioned jaw with associated overbite and small mouth
    - Other (please list): \_\_\_\_\_
- Other (please list): \_\_\_\_\_
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This request is being submitted:

- Pre-Claim
- Post-Claim. If checked, please attach the claim or indicate the claim number: \_\_\_\_\_
- By checking this box, I attest the information provided is true and accurate to the best of my knowledge. I understand that BlueChoice HealthPlan Medicaid may perform a routine audit and request the medical documentation to verify the accuracy of the information reported on this form.

\_\_\_\_\_  
Name and Title of Provider or Provider Representative  
Completing Form (Please Print)\*

\_\_\_\_\_  
Date

**\*The attestation fields must be completed by a provider or provider representative in order for the tool to be accepted.**