



# Face-to-Face chart notes Example

Phone: (303) 396-5923

Fax: (303) 957-5414

To: From: Amy

Fax: Pages: 4

Phone: Date:

*Thank you for trusting us with your patient!!!*

Patient Name:

DOB:

Phone:

Date of Study:

Insurance companies such as Medicare, Aetna, BCBS, Humana, Cigna and Secure Horizons are now requiring sleep labs to have 'face-to-face' **chart notes indicating the doctor is ordering a sleep study why he/she is ordering the study** for preauthorization. Please send such evidence for the above patient in order to ensure proper coverage for his/her sleep study and DME equipment.

Please call with any questions,  
Mountain Sleep Diagnostics, Inc

Phone: 303/396-5923

Fax: 303/957-5414

Warning: The following fax could contain patient information that would be under HIPAA regulations. Misuse or misappropriation of this data might be an indirect or direct violation of federal law. If you are not the intended recipient, please immediately notify Mountain Sleep Diagnostics at the above number.

**Please Fax To: 303/957-5414**

**Screening Questions:** Please **DOCUMENT** this in **CHART NOTES** and **FAX CHART NOTES** to Mountain Sleep Diagnostics. Many insurers now require this for pre-qualification for sleep studies.

- A. **Medicare:** Require *chart notes* to state provider is sending patient for sleep study because provider suspects moderate to severe sleep apnea due to \_\_\_\_\_ (diagnosis).

Medicare does *not* pay for *in home sleep studies* unless an *in lab study* is not possible due to virtue of *immobility, safety, or critical illness*. This must be documented in chart notes. Patient must not have any of the comorbid conditions listed in, but not limited to section C and D. Please see LCD L32711

- B. **Qualifications for sleep testing for some private insurance:** Please document the applicable diagnoses.

o Observed apneas during sleep; or

2 of the following:

- o Excessive daytime sleepiness (Epworth sleepiness scale greater than 10)
- o Inappropriate daytime napping
- o Sleepiness that interferes with daily activities and is not explained by other conditions
- o Habitual snoring or gasping/choking episodes associated with awakenings
- o Unexplained hypertension
- o Obesity
- o Craniofacial or upper airway soft tissue abnormalities
- o History of stroke, transient ischemic attack, coronary artery disease, or sustained tachycardia or bradycardic arrhythmias

- C. **Attended (In-Lab) nocturnal polysomnogram (PSG) Sleep Test:** At least one must apply, otherwise the patient will likely only qualify for a home sleep test (HST)

- o Suspicion of Central Sleep Apnea (common in patients with CHF, stroke/CNS disease, on narcotics/other respiratory depressants, and patients living at altitude (seen in 20% of patients with sleep apnea at Denver's altitude)
- o COPD
- o CHF
- o Cardiac disease
- o History of ventricular fibrillation or sustained ventricular tachycardia
- o Periodic Limb Movements (frequent in patients who are taking anti-depressants or complain of Restless Legs)
- o Narcolepsy
- o Nocturnal seizures
- o Sleep related violent or injurious behavior
- o Results of previous HST are indeterminate
- o Patient lacks mobility to use HST
- o Cognitive impairment, unable to do HST
- o Patient is oxygen (supplemental) dependent for any reason

- D. **Attended (In-Lab) study is approved for patients previously diagnosed with OSA with at least 1 of the following:**

- o Patients previously diagnosed with OSA, and are being evaluated for the presence of OSA before they undergo upper airway surgery for snoring or OSA
- o Assessment of treatment results to evaluate response to oral appliance treatment
- o Evaluation for discontinuation of CPAP therapy
- o Resolution of OSA after surgical treatment for OSA
- o Resolution of OSA following significant weight loss

Warning: The following fax could contain patient information that would be under HIPAA regulations. Misuse or misappropriation of this data might be an indirect or direct violation of federal law. If you are not the intended recipient, please immediately notify Mountain Sleep Diagnostics at the above number.

**Please Fax To: 303/957-5414**