Sleep Assessment Record Checklist

Please be prepared to provide the applicable information from the following list when requesting prior authorization for a sleep assessment (either attended/facility-based or unattended/home sleep test):

For Sleep Assessments (either Attended or Unattended), please provide:

1. **Medical chart notes** from patient chart related to the requested procedure, including patient's current status and symptoms related to sleep disturbances.
2. **Relevant patient information including:**
    a. Patient age, height, weight, and BMI.
    b. Neck circumference
    c. Craniofacial or upper airway soft tissue abnormalities
3. **Contraindications to Home Sleep Test:** Documentation of contraindications to a Home Sleep Test, if any (to support a request for an attended study or confirm that there are no contraindications that would impact a request for an unattended study).
4. **Symptom history** (onset, course, new or changing symptoms) including reports of witnessed episodes of apnea, snoring/gasping, morning headaches, daytime sleepiness, lack of alertness, etc.
5. **Screening test results or reports from other diagnostic** tests (such as Stopbang score, Epworth Sleepiness Scale, previous Apnea-Hypopnea Index, Modified Mallampati Score, etc.).
    a. If the requests is for an attended sleep study following a failed Home Sleep Test, include documentation of results and issues.
6. **Relevant medical history**: such as hypertension, stroke, congestive heart failure, neuromuscular disease, etc.
7. **Examination results**
8. **Any other documentation that supports the need for the procedure.**

For repeat studies, include:

1. Documentation of persistent symptoms.
2. Documentation of previous treatments or interventions, when applicable.
3. For Obstructive Sleep Apnea, documentation that the patient has been using the prescribed device (CPAP, AutoPAP, etc.) regularly.

To initiate an authorization request, please visit RadMD.com or contact Evolent's call center.