



## Sleep Assessment Records Checklist

*(This checklist is for clients that do not cover Home Sleep Tests)*

Please be prepared to provide the **applicable information** from the following list when requesting prior authorization for an attended sleep assessment for your members.

### **For Sleep Assessments-Attended, please provide:**

1. **Medical chart notes** from member chart related to the requested procedure, including member's current status and symptoms related to sleep disturbances.
2. **Relevant member information**, including:
  - a. Member age, height, weight, and BMI
  - b. Neck circumference
  - c. Craniofacial or upper airway soft tissue abnormalities
3. **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.
4. **Screening test results or reports from other diagnostic tests** (such as Stopbang score, Epworth Sleepiness Scale, previous Apnea-Hyponea Index, Modified Mallampati score, etc.).
5. **Relevant medical history**, such as hypertension, stroke, congestive heart failure, neuromuscular disease, etc.
6. **Examination results.**
7. **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 member has been using any prescribed device (CPAP, AutoPAP, etc.) regularly.

To initiate an authorization request, please visit [www.RadMD.com](http://www.RadMD.com) or contact Evolent's call center.