

Regarding the patient:_____
Name_____
Date of Birth

For insurance consideration of the **CPAP or BiPAP machine** you have requested for this patient, medical records must include a **face-to-face examination** within **six (6) months prior to the written order** documenting:

History

- Signs and symptoms of sleep disordered breathing (snoring, daytime sleepiness, observed apneas, choking/gasping during sleep, morning headaches)
- Duration of symptoms
- A validated sleep hygiene inventory (e.g. the Epworth Sleepiness Scale)

Physical Exam:

- Focused cardiopulmonary and upper airway system evaluation
- Neck circumference
- Body mass index (BMI)

Action Plan:

- Recommendation for a Sleep Study

For insurance consideration of the requested supplies, the **Sleep Study** must meet one of the following criteria:

1. The apnea-hypopnea index (AHI) or Respiratory Disturbance Index (RDI) is greater than or equal to 15 events per hour with a minimum of 30 events; **OR**
2. The AHI or RDI is greater than or equal to 5 and less than or equal to 14 events per hour with a minimum of 10 events and documentation of:
 - Excessive daytime sleepiness, impaired cognition, mood disorders, or insomnia; **OR**
 - Hypertension, ischemic heart disease, or history of stroke
3. If ordering BIPAP, sleep study must prove failure of CPAP trial.

Please note: providing medical records to a supplier is not a violation of the HIPAA privacy rules. Records must show relevant ICD-10 diagnosis code(s) and include the prescribing physician's signature and date.

Thank you in advance for faxing any Standard Written Order prescription(s) & supporting medical records to Handi Medical Supply at: 651-644-0602