

LETTER OF MEDICAL NECESSITY

Supervised PSG performed in a sleep laboratory is **medically necessary** for my patient _____, DOB: _____ due to the following:

A combination of **at least two** of the following:

- Excessive daytime sleepiness as evidenced by an Epworth Sleepiness Scale (ESS) greater than 10, inappropriate daytime napping (e.g., during driving, conversation, or eating), AND/OR
- Sleepiness that interferes with daily activities and is not explained by other conditions; AND/OR
- Persistent or frequent socially disruptive snoring, gasping and/or choking episodes associated with awakenings; AND/OR
- Unexplained hypertension; AND/OR
- A body mass index greater than 30 kg/m²; AND/OR
- Craniofacial or upper airway soft tissue abnormalities; OR
- Moderate or severe heart failure, stroke/TIP, CAD, or significant tachycardic or bradycardic arrhythmias with nocturnal symptoms suggestive of a sleep related breathing disorder; OR
- Excessive daytime sleepiness together with witnessed periodic limb movements of sleep
- Unusual or atypical parasomnias based on patient's age, frequency, or duration of behavior
- Nocturnal oxygen desaturation with unexplained right heart failure, polycythemia, cardiac arrhythmias during sleep or pulmonary hypertension

OR

- To titrate CPAP when split night PSG with titration of CPAP performed was not possible due to AHI or RDI less than 20 or initial PSG was not diagnostic in time to allow for at least 3 hours of CPAP titration including both REM and non REM sleep.
- To re-evaluate failure of resolution of symptoms or recurrence of symptoms during CPAP treatment
- To assess efficacy of surgery or dental appliances
- To re-evaluate the diagnosis of OSA and need for continued treatment, due to a significant weight change or change in symptoms suggesting that CPAP should be re-titrated or possibly discontinued.
- Other as specified:

Physician Signature

Date

Print Name: _____