

TRANSCEND MEDICAL CHECKLIST

CPAP (E0601)

- OSA - Assesses the patient for Obstructive Sleep Apnea
- SWO – Standard Written Order
- Medical Records – In person evaluation between beneficiary and ordering practitioner.
 - Assesses the patient for Obstructive Sleep Apnea (OSA), history, Signs and symptoms of sleep disordered breathing including snoring, daytime sleepiness, observed apneas, choking or gasping during sleep, morning headaches.
 - Duration of Symptoms
 - Validated sleep hygiene inventory such as the Epworth Sleepiness Scale (10 or higher)
 - Physical Exam, Focused cardiopulmonary and upper airway system evaluation; Neck circumference; and Body mass index (BMI).
- Clinical evaluation was completed prior to the sleep test.
- Sleep Study – test ordered by treating practitioner – whole night ____ or Split Night ____
 - 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
 - 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.

NOTE: The sleep test may be performed as either a whole night study for diagnosis only or as a split night study to diagnose and initially evaluate treatment. If the AHI or RDI is calculated based on less than 2 hours of sleep or recording time, the total number of recorded events used to calculate the AHI or RDI must be at least the number of events that would have been required in a 2-hour period.

Please fax to Transcend Medical – 256-259-1498