

## SLEEP REFERRAL CHECKLIST

### For NEW SETUPS, please send:

- Patient name, demographics, phone numbers, etc.
- Insurance information
- Face to Face evaluation documenting suspicion of sleep apnea  
*BEST PRACTICES - IF the patient presents with excessive daytime sleepiness, impaired cognition, mood disorders (excluding anxiety), insomnia, hypertension, ischemic heart disease, or history of stroke, please document such in the Face to Face. Insurance will deny if not initially documented on the Face to Face.*
- Diagnostic Sleep Study and Titration / Interpretation
- Prescription for the PAP, settings, supplies, signed and dated by the prescriber with NPI#

### For SUPPLIES, please send:

- Basic information like name, address, phone, insurance numbers, etc.
- Prescription dated within last 12 months
- Make and model of the current PAP machine
- Medicare and Blue Advantage patients must:
  1. pass compliance and;
  2. not be in audit...we will check the Medicare billing history

### Note:

- United Healthcare pre-auth varies by plan, typically between 1-3 days.
- Viva Healthcare requires pre-auth for all BiPAP, but typically issues within 1-2 days.
- In case a patient wants to establish care *without the above documents or insurance authorization*, we can set them up same day with Advance Beneficiary Notice and credit card payment.