

APPENDIX K

CERTIFICATION FOR CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE (C-PAP)

Alliant GMCF
PA/UM Department
PO Box 105329
Atlanta, GA 30346

Copy of Polysomnography must be attached.

Member's Name
Member's Medicaid Number DOB

Diagnosis:

Obstructive sleep apnea

Related Signs and Symptoms:

- nocturnal hypoxemia (greater than 5% sleep time is below 85% oxygen saturation or oxygen saturation falls less than 75%)
Cor pulmonale (altered structure and/or impaired function of the right ventricle that results from pulmonary hypertension that is associated with diseases of the lung)
ventricular arrhythmias
daytime hyper somnolence (Epworth sleepiness score > 10)
hypertension

Polysomnography:

Length of sleep study hours
Apnea Index Apnea/Hypopnea Index

Is surgery an alternative? Yes No
Is the member cooperative and motivated? Yes No

MD Signature: Date of Signature:

MD's Printed Name: Specialty:
Address:

Telephone:

RT or Certified Sleep Technologist for instruction on use and fitting of mask:

Signature: Date:

Certification Number: