

## SLEEP APNEA:

#179	Sleep Apnea, Central Sleep Apnea, Narcolepsy, Periodic Limb Movement, Restless Leg Syndrome or other sleep disorders	Due to your history of _____ (NVIC 04-08 condition #179), please submit sleep specialist evaluation completed within the last 12 months to include current evaluation of the condition, documentation of CPAP compliance/efficacy (for OSA only), a copy of a recent sleep study with titration study results (for OSA only-must be completed within the last 5 years). If OSA was surgically treated, should include a post-op PSG to document cure or need for further treatment. Include documentation on the use of any medications with side effects. For OSA, a CPAP compliance log for the previous 12 months or a current Maintenance of Wakefulness Test (MWT) is required. If the CPAP machine is unable to produce a downloaded compliance log, then an MWT will be required. For Narcolepsy, recent successful completion of MWT (Maintenance of Wakefulness Testing) should be included to objectively assess for resolution of daytime somnolence. For RLS, include documentation from your treating provider on how the diagnosis was made, current treatment plan, side effects, and efficacy of treatment. All information requested should be within the past twelve months unless otherwise noted.
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