



Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome Authorization

Refer to the back of the patient's ID card under the heading Prior Authorization for the appropriate contact information.

Purpose of this form

You can use this form to initiate your precertification request. The form will also help you know what supporting documentation is needed for GEHA to review your request.

How to complete the form

We recommend reviewing [GEHA's coverage policy for Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome](#) before completing this form. You can find our coverage policies at [Provider resources](#). These will allow you to see the criteria used to determine medical necessity and procedures that are not allowable.

For us to review your request properly and to avoid delay, you must complete all sections of the form and provide the necessary supporting documentation. If you have questions about the form or need assistance, you can speak with a surgical specialist at 800.821.6136, ext. 3100.

After you have completed the form

Our reviews are completed within 15 days from the time that we receive complete information. Please allow for this time when scheduling the procedure. We are not able to consider a request "urgent" unless waiting the regular time limit for authorization could seriously jeopardize a patient's life, health or ability to regain maximum function.



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Refer to the back of the patient's ID card under the heading Prior Authorization for the appropriate contact information.

Date of request: _____ Anticipated service date: _____

Patient name: _____ Phone: _____

Preferred pronouns: _____ (optional)

ID number: _____ Date of birth: _____

Member address: _____

Physician: _____

Tax ID: _____

Address: _____

Contact: _____

Phone: _____ Ext. _____ Fax: _____

DX: _____ ICD-10 code: _____

List all proposed CPT/procedure codes: _____

IMPORTANT: In addition to this form, submit:

- Clinical notes related to preauthorization
- Current Polysomnogram data
 - Initial Sleep Study
 - CPAP Titration
 - Any other studies such as MSLT that have been performed
- Sleep study less than 18 months old
- Polysomnography including:
 - Total sleep time for the study
 - Total RDI or AHI for the study
 - Oxygen Saturation: Average and lowest
 - If below 90% the length of time at abnormally low
 - Obstructive event indices for supine and non-supine positions
 - Total sleep time spent supine
 - Periodic leg movement index
 - Summary table of polysomnogram results and titration for all devices used.

Submit completed form and supporting documents to:

GEHA
P.O. Box 21542
Eagan MN 55121

Fax: 816.257.3255 or
Color photos to secure email:
caremanagementsurgery@geha.com

Questions: Call GEHA at 800.821.6136, ext. 3100

All benefit payments are subject to review for any applicable deductibles, coinsurance, maximums, medical necessity and patient eligibility on the date that the service is provided, or the supply delivered.