



# Sleep Study Order Form

## Patient Information

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Ph#: \_\_\_\_\_ Alt Ph#: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_

## Referring Physician

Name: \_\_\_\_\_

NPI: \_\_\_\_\_

PH#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Contact Name: \_\_\_\_\_

### Please Include

As a courtesy, we will obtain authorization and schedule the patient.

To expedite scheduling, please fax this completed form **and** the following information:

- Patient Demographics
- Copy of Insurance Card (front and back)
- Medical History Related to Sleep Disorder (please include a copy of any prior sleep study)

## Sleep Consultation Options (please include paper referral, if required by insurance)

Consultation with Sleep Specialist

- ☐ Pre-Study      ☐ Post Study/Follow Up (Includes Physician follow up and treatment options)

## Study Indications (Check all that apply)

**DOCUMENTATION OF DIAGNOSIS MUST BE CLEARLY STATED AND SUPPORTED IN THE OFFICE NOTE**

Primary Central Sleep Apnea (G47.31)

Narcolepsy w/o Cataplexy (G47.419)

Obstructive Sleep Apnea (G47.33)

Hypersomnia (G47.10)

Unspecified Sleep Apnea (G47.30)

Periodic Limb Movement Disorder (G47.61)

## Study Ordered

**95782 Pediatric Diagnostic PSG** – Full night diagnostic sleep study for pediatric patients <6 years, with ETCO<sub>2</sub>.

**95783 Pediatric CPAP Titration** – Full night titration sleep study for pediatric patients <6 years, with ETCO<sub>2</sub>.

**95811 Split Night Study** – Diagnose and treat (CPAP Therapy) in the same night. Per insurance criteria.

**95811 CPAP/BPAP Titration** – Full night titration for patients with documented sleep apnea.

**95811 ASV** (Adaptive Servo Ventilation) – Full night titration for patients with Complex sleep apnea.

**95810 Diagnostic PSG** - \*Do Not Initiate CPAP even if AHI is greater than 15.

**95805 MSLT** (Multiple Sleep Latency Test) – Daytime test to diagnose Narcolepsy. Must be preceded by an overnight PSG (95810) documenting >6 hours sleep time.

**95805 MWT** (Maintenance of Wakefulness Test) – Daytime study to measure ability to remain awake.

**95806 Home Sleep Apnea Test (HST) and Treatment** – Four channel, Type III study

- Includes HST, post study consult, and PAP therapy DME order, if indicated.
- HST intended for patients that have a moderate to high probability of OSA, no significant co-morbidities, and no other sleep disorders.

**95806 Home Sleep Apnea Test** – Four channel, Type III study (Apnea Link Plus oximetry)

Referring Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for the referral. Please fax to: 623-815-8901**

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