

## SLEEP SERVICE REQUEST

**PLEASE COMPLETE LOWER PORTION AND FAX TO 619-754-2204**

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Patient Phone:** \_\_\_\_\_ **Insurance:** \_\_\_\_\_

**Indication/Suspected Diagnosis** \*Please select 3 or more

- |  |   |
|--|---|
| <input type="checkbox"/> Observed Apnea/Breathing Pauses (G47.33)<br><input type="checkbox"/> Narcolepsy (G47.429)<br><input type="checkbox"/> Insomnia (G47.00)<br><input type="checkbox"/> Stroke (I63.9)<br><input type="checkbox"/> Transient Ischemic Attack (I99.8)<br><input type="checkbox"/> Neuromuscular Disease (G70.9)<br><input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Chronic Pulmonary Disease(G47.8)<br><input type="checkbox"/> Obesity Hypoventilation Syndrome (E66.2)<br><input type="checkbox"/> Chronic Narcotic Use (F11.90)<br><input type="checkbox"/> Hypertension (I10)<br><input type="checkbox"/> Oxygen Dependent For Any Reason (Z99.81)<br><input type="checkbox"/> Upper Airway Tissue Abnormalities (R06.9)<br><input type="checkbox"/> Other: _____ |
|--|---|

**Type of Testing Required**

**Polysomnography (PSG) and Sleep Consultation:** Full night, in-lab sleep study attended by a technologist and a consultation with a sleep physician

**Polysomnography (PSG):** Full-night, in-lab sleep study attended by a technologist (CPT: 95810)

**Split PSG:** PSG with possible PAP titration if patient meets diagnostic and procedural criteria (CPT: 95811)

**CPAP/BiPAP/ASV Titration:** PSG with PAP, O<sub>2</sub>, or oral appliance titration. Please attach previous diagnostic sleep study (CPT: 95811)

**Positive Airway Pressure (PAP) Nap:** A daytime study to ensure a patient tolerates the CPAP mask (CPT: 95807)

**SARS-CoV-2 RNA, Qualitative Real-Time RT-PCR (nasal swab):** COVID-19 testing required for all PAP studies.

**Home Sleep Test (HST):** At home sleep study primarily to diagnose obstructive sleep apnea (CPT: 95806)

**Multiple Sleep Latency Test (MSLT)/Multiple Wakefulness Test (MWT):** Used to rule out narcolepsy. Note: if patient meets diagnostic and procedural protocol, PAP titration will be performed and MSLT will be cancelled (CPT 95810 and 95811/95805)

**Treatment Authorization:** Sleep Medicine Physician to prescribe and manage appropriate treatment for patient.

**Notes/Special Requests:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Physician:** \_\_\_\_\_ **NPI #:** \_\_\_\_\_

**Phys. Phone Number:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Phys. Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FAX ORDER FORM BACK TO 619-754-2204**  
**PLEASE INCLUDE PATIENT CLINICAL INFORMATION AND INSURANCE CARD**