

## SLEEP SERVICE REQUEST

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

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

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

### Indication/Suspected Diagnostic

- |  |   |
|--|---|
| <input type="checkbox"/> Suspected Sleep Apnea/Breathing Pauses/Habitual Choking/Gasping during sleep (G47.30)<br><input type="checkbox"/> Obstructive Sleep Apnea (G47.33)<br><input type="checkbox"/> Night Sweats (L74.9)<br><input type="checkbox"/> Snoring (R06.83)<br><input type="checkbox"/> Hypertension (I10) | <input type="checkbox"/> Excessive Daytime Sleepiness/Hypersomnia (G47.10)<br><input type="checkbox"/> Obesity/Significant Weight Loss/Gain (E66.01)<br><input type="checkbox"/> Excessive/Abnormal Body/Limb Movement (G47.61)<br><input type="checkbox"/> Abnormal Sleep Behaviors - Violent/Injurious (F51.8)<br><input type="checkbox"/> Narcolepsy (G47.419) |
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### Type Of Testing Required

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Polysomnography (PSG):</b> Full-night, in-lab sleep study attended by a technologist (CPT: 95810)<br><br><input type="checkbox"/> <b>Split PSG:</b> PSG with possible PAP titration if patient meets diagnostic and procedural criteria (CPT: 95811)<br><br><input type="checkbox"/> <b>CPAP/BiPAP/ASV Titration:</b> PSG with PAP, O <sub>2</sub> , or oral appliance titration. Please attach previous diagnostic sleep study (CPT: 95811)<br><br><input type="checkbox"/> <b>CPAP/BiPAP/ASV Titration w/ Sleep Consult/Evaluation:</b> Titration and evaluation by Certified Sleep Physician to determine and order appropriate therapies. Please attach previous diagnostic sleep study (CPT: 95811 and 99242/99244/99213/99215)<br><br><input type="checkbox"/> <b>Home Sleep Test (HST):</b> Diagnostic sleep study primarily to diagnose obstructive sleep apnea (CPT: 95806) | <input type="checkbox"/> <b>Multiple Sleep Latency Test (MSLT)/Multiple Wakefulness Test (MWT):</b> 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)<br><br><input type="checkbox"/> <b>Abbreviated Daytime Sleep Study/"PAP Nap":</b> Hour-long study for patients with anxiety about starting PAP therapy and or difficulty tolerating PAP therapy for their sleep-related breathing disorder (CPT 95807-52)<br><br><input type="checkbox"/> <b>Notes/Special Requests:</b> _____<br>_____<br>_____<br>_____ |
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**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**