Sleep Management Services
1310 West B Street, Suite A, Russellville, AR 72801
1-877-989-9919 or 501-224-5200 FAX: 501-224-5208

PHYSICIAN SLEEP EVALUATION AND ORDER

ATTACH: PATIENT DEMOGRAPHIC & INSURANCE INFORMATION, CURRENT H&P AND LAST TWO OFFICE VISIT NOTES

Patient Name:_____ **SSN:**_____ **Date:**_____

DOB:_____ **HT:**_____ **WT:**_____ **PHONE:**_____

HISTORY OF PRESENT ILLNESS / SUPPORTING DX AND SYMPTOMS:

○ Loud or Disruptive Snoring (R06.83)	○ Witnessed Apnea (G47.30)	○ Morning Headaches (R51)
○ Excessive Daytime Sleepiness (G47.10)	○ Fatigue or Malaise (R53.83)	○ Inappropriate daytime naps (G47.41)
○ Sleep Fragmentation (F51.8)	○ Sleep ○Walking ○Talking (G47.50)	○ Cataplexy
○ Choking/gasping during sleep	○ Nocturia (R35.1)	○ Impaired Cognition (G31.84)
○ Shortness of Breath/Dyspnea (R06.00)	○ Nocturnal Leg Movements	○ Mood Disorder (F39)
○ Hypoxemia (G47.36)	○ PAP compliance problems (Z91.19)	○ Other:

PAST MEDICAL HISTORY:

○ Hypertension	○ Diabetes	○ Obesity	○ CHF	○ Ischemic Heart Disease
○ COPD	○ Seizures	○ Stroke	○ Atrial Fib	○ Other:

Previous Sleep Study: ○ **YES** ○ **NO** **When:**_____ **Where:**_____

Currently on CPAP: ○ **YES** ○ **NO** **How long:**_____ **Pressure:**_____

IMPRESSION / PRIMARY DX: ***MUST HAVE AT LEAST ONE PRIMARY DX***

○ G47.30 Sleep Apnea, unspecified	○ G47.61 Periodic limb movements during sleep
○ G47.33 OSA-witnessed apnea during sleep	○ G25.81 Restless legs while falling asleep
○ G47.10 Excessive Daytime Sleepiness / Hypersomnia	○ G47.20 Circadian Rhythm Sleep Disorder
○ F51.01 Primary Insomnia (include another dx for sleep testing)	○ G47.419 Narcolepsy ○ G47.411 with cataplexy
○ G47.36 Hypoxemia	○ Other:

TREATMENT PLAN: ***I authorize the following tests and evaluations as medically necessary based on the above symptoms and diagnosis.***

○ Evaluate and Treat	CPT 95810, 95811, 95805 and 95807	Polysomnogram, with 2nd night CPAP Titration, and/or MSLT, and/or PAP Nap, if indicated.
○ Polysomnogram (PSG)	CPT 95810	1st Night Diagnostic Study for Evaluation only
○ CPAP / BiLevel Titration	CPT 95811	2nd Night Titration following Diagnostic Study with DX of OSA
○ Follow up Titration Study	CPT 95811	For Patients currently using PAP therapy
○ Split Night Study	CPT 95811	Initial Diagnostic period followed by CPAP initiation for AHI>40
○ MSLT	CPT 95805	Daytime Nap Study for EDS (PSG performed the preceding night)
○ PAP Nap	CPT 95807-52	Daytime abbreviated Cardio-Respiratory Sleep Study to Acclimate Insomnia patients with OSA to PAP therapy
○ Consultation with Sleep Specialist	○ Pre-Study ○ Post Study	Evaluation and Management of Patient for Sleep Complaints

Special Instructions:

Provider Name:_____ **NPI:**_____

Phone:_____ **Fax:**_____

Provider Signature: **Date:**

OFFICE USE ONLY: MD APPROVAL FOR AASM ACCREDITATION STANDARD C-2-F

STUDY APPROVED: □ ***YES*** □ ***NO, Study Ordered:***_____

COMMENTS:_____

MEDICAL DIRECTOR SIGNATURE:_____ ***DATE:***_____