Sleep Management Services
St. Vincent Morrilton
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:

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

PAST MEDICAL HISTORY:

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

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

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

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

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

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

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