

PHYSICIAN ORDER FORM FOR SLEEP STUDIES

Accredited by the American Academy of Sleep Medicine

For appointment scheduling - Please call (574) 647-7700 **and** fax completed order form, sleep related office visit notes and patient demographics to (574) 647-2200.

Patient Name: _____ **DOB:** _____

Location to Schedule: Elkhart South Bend First Available

Preferred Interpreting Physician (Optional): _____

PROCEDURE (18 years old and over)

Home Sleep Apnea Test - Type 3 (HSAT)

CPT CODE

95806

PROCEDURE (6 years old and over)

Polysomnogram (PSG)

95810

CPAP/BPAP Titration

95811

ASV Titration

95811

Split Study (PSG w/ PAP Titration if indicated)

95811

PSG & Multiple Sleep Latency Test (MSLT) Set

95810 & 95805

PROCEDURE (under 6 years old)

Pediatric Polysomnogram (PSG)

95782

Pediatric CPAP/BPAP Titration

95783

Pediatric PSG & Multiple Sleep Latency Test (MSLT) Set

95782 & 95805

ICD-10 Diagnostic Code _____

If Medicare patient, please refer to the Medicare Coverage Database for approved diagnosis codes.

Reason for the study:

Circadian Rhythm Sleep Disorder

Parasomnia

Insomnia

Sleep Related Breathing Disorder

Narcolepsy

Sleep Related Movement Disorder

Other Hypersomnia of Central Origin

Other _____

Provider Signature: _____ **Date:** _____

Provider Printed Name: _____

Phone #: _____ **Fax #:** _____

