



One night for a Lifetime of Better Sleep

FAX: 913-721-5402 OFFICE: 913-721-5511

Lab Location Patient Prefers: Kansas Missouri Hutton Rd, KCK Lansing, KS Northland KC / Liberty Date Scheduled: / /

PM SLEEP LAB: SLEEP STUDY SERVICE REQUEST

IMPORTANT: Please include the following to process this order per Medicare and Insurance payer requirements:

- 1) Office visit notes of daytime and nighttime sleep apnea signs and symptoms and/or other sleep disorder information. 2) Front/back copy of patient's insurance card. We accept electronic orders of this information to our fax number.

Patient Name Date of Birth SSN Address City State Zip Home Phone Work/Cell Best time to call: AM PM Between: to Physician NPI# Physician Phone: Physician Fax: Insurance Company Phone Member ID # Group #

Additional Information: Patient weight exceeds 400 lbs Day-sleeper Pt has Wheelchair Pt has Walker Accompanied by Caretaker

TYPE OF SLEEP STUDY TO BE PERFORMED:

- Split/Night Polysomnogram- A combination sleep study includes: minimum of 2 hours documenting sleep related abnormal breathing episodes followed by the initiation and titration of CPAP/ BiPAP therapy per protocol. CPAP/ BiPAP Titration Polysomnogram- CPAP/ BiPAP will be initiated at the start of the study and titrated as protocol dictates. Home Sleep Test (HST)- Used if patient screens positive for moderate or severe obstructive sleep apnea (OSA). HST is not advised for patients with co-morbid conditions such as pulmonary disease, neuromuscular disease, and congestive heart failure. Polysomnogram Only (PSG) - A diagnostic sleep study. CPAP will be initiated under Emergency Guidelines only. Post-Op Polysomnogram- This study is to assess benefits from upper airway surgery. PSG/Multiple Sleep Latency Test (MSLT) - To determine daytime sleepiness in relationship to sleep disorders especially narcolepsy. Multiple Sleep Latency Test (MSLT) Only - To determine daytime sleepiness in relationship to sleep disorders especially Narcolepsy when an overnight polysomnogram (PSG) has recently been performed. Maintenance of Wakefulness Test (MWT) - Determination of ability to sustain wakefulness. Required most often by the Federal Aviation Administration (FAA), the Department of Transportation (DOT), Railroad or if patient operates heavy equipment.

TREATMENT AND CONSULTATION:

Sleep Medicine Consultation: Please select the appropriate sleep study (above) for this patient. After the sleep study is performed, patient and the sleep study information will be sent to Dr. Aman Khan, Medical Director of PM Sleep Lab, KCK or to Dr. Cynthia Spilker, Medical Director of PM Sleep Lab, KCMO for a patient consultation. The respective specialist will order treatment and follow the patients care.

INDICATION FOR EVALUATION: (IMPORTANT: Please include for billing requirements)

- Excessive Daytime Sleepiness (EDS), Daytime Somnolence, Hypersomnia (780.54 ICD-9) - \*\*Applicable ICD-10 code (G47.10) Obstructive Sleep Apnea (Previous Dx) (327.23 ICD-9) - Direct ICD-10 code (G47.33) Organic Sleep Apnea Unspecified (Documented Nervous/Respiratory Disorders) (327.20 ICD-9) - \*\*Applicable ICD-10 code (G47.30) Insomnia with Sleep Apnea, Unspecified (780.51 ICD-9) - \*\*Applicable ICD-10 code (G47.30) Other:

\*Snoring & fatigue cannot be the sole indications for doing a sleep study. They are non-covered diagnoses.\* \*\*Codes may require clinical interpretation in order to determine the most appropriate conversion code(s) for your specific coding situation.

Referring Physician Signature (required) Date We'll verify patient's insurance coverage and obtain authorizations if allowed.