



Desert
Pulmonary & Sleep
Consultants, PLC

2730 S. VAL VISTA DRIVE, SUITE 155
GILBERT, AZ 85295
SCHEDULE (LISA): 480.917.6798
FAX: 480.247.8109

SLEEP STUDY & CONSULT ORDER FORM

PATIENT NAME (LAST, FIRST):			DOB:		
HOME PHONE:		WORK PHONE:		CELL PHONE:	
PRIMARY INSURANCE:			SECONDARY INSURANCE:		
AUTH NEEDED? <input type="checkbox"/> Y <input type="checkbox"/> N		AUTH#:		CONTACT:	
REFERRING PHYSICIAN:		OFFICE CONTACT:		FOR INTERNAL USE ONLY WA HG PB (read only)	
OFFICE PHONE:		FAX:			

* SLEEP STUDIES *	(DESCRIPTION)
<input type="checkbox"/> CONSULTATION & TREATMENT (Split Study PSG if indicated)	Comprehensive evaluation by an ABMS board certified Sleep Specialist with sleep testing and treatment as appropriate.
<input type="checkbox"/> SPLIT STUDY PSG followed up by referring physician [95811]	PAP initiated if AHI* and time constraints meet AASM* criteria for split study. Treatment to be initiated by referring physician.
<input type="checkbox"/> SPLIT STUDY PSG followed up by SLEEP SPECIALIST [95811]	PAP initiated if AHI* and time constraints meet AASM* criteria for split study. Treatment and followup to be initiated by sleep specialist.
<input type="checkbox"/> PAP TITRATION PSG [95811] [CPAP, BiPAP, ASV OR IVAPS AS NEEDED]	Begin study with PAP therapy at a minimal level & titrate per policy. (Pt. must have previous PSG with qualifying AHI*).
<input type="checkbox"/> ROUTINE PSG ONLY: DO NOT INITIATE PAP [95810]	Diagnostic Study Only. No treatment initiated during study.
<input type="checkbox"/> MSLT (MULTIPLE SLEEP LATENCY TEST) [95805]	Consultation with Sleep Specialist is strongly recommended prior to testing. Must be preceded by overnight PSG.
<input type="checkbox"/> MWT (MAINTENANCE OF WAKEFULNESS TEST) [95805]	Daytime study to assess effectiveness of therapy.
<input type="checkbox"/> HOME SLEEP APNEA TEST [95806 OR G0399]	Indicated for probability of MODERATE to SEVERE Obstructive Sleep Apnea (snoring, EDS, witnessed apneas); initial followup will be done by Sleep Specialist.
Indications: (All that apply)	<input type="checkbox"/> Excessive Sleepiness (G47.10) <input type="checkbox"/> Central Apnea (G47.37) <input type="checkbox"/> Cheyne-Stokes (R06.3) <input type="checkbox"/> Cataplexy/Narcolepsy (G47.411) <input type="checkbox"/> Previous Sleep Study (Dx-OSA: G47.33) <input type="checkbox"/> Abnormal REM Sleep Behavior (G47.52) <input type="checkbox"/> Witnessed Sleep Apnea (R06.81)
NOTE: Sleep Studies for primary diagnosis and treatment of INSOMNIA are not indicated	
* AHI = APNEA+HYPOPNEA INDEX (# OF APNEAS + HYPOPNEAS PER SLEEP HOUR) *AASM = AMERICAN ACADEMY OF SLEEP MEDICINE	

ADDITIONAL COMMENTS:

PLEASE FAX THIS FORM WITH ORDERING PHYSICIAN SIGNATURE TO 480-247-8109 ALONG WITH COPIES OF CURRENT H&P OR PROGRESS NOTES, RESPONSIBLE PARTY INSURANCE CARD AND CURRENT DEMOGRAPHICS. ADEQUATE DOCUMENTATION OF INDICATIONS FOR TESTING ARE REQUIRED TO OBTAIN PRE-CERTIFICATION.

PHYSICIAN SIGNATURE: _____

DATE: _____

THANK YOU FOR THE REFERRAL!



Desert Pulmonary & Sleep Consultants Sleep & Diagnostic Center is fully accredited by the American Academy of Sleep Medicine (AASM)

{shl 10-15 v.lla}