CONNALLY MEMORIAL MEDICAL ★ CENTER

Connally Memorial Medical Center- SLEEP LAB
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SLEEP EVALUATION AND MANAGEMENT ORDER FORM

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)	○ Muscle Weakness (M62.81)
○ Choking/gasping during sleep (R06.89)	○ 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 (I10)	○ Diabetes (E11.9)	○ Obesity (E66.9)	○ CHF (I50.9)	○ Ischemic Heart Disease (I25.9)
○ COPD (J44.9)	○ Seizures (G40.919	○ Stroke (I63.50)	○ Atrial Fib (I48.91)	○ 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 95806	Polysomnogram, with 2nd night CPAP Titration, and/or MSLT, and/or Home Sleep Test, if indicated or required by insurance
○ Polysomnogram (PSG)	CPT 95810	1st Night Diagnostic Study for Evaluation only
○ PAP Titration	CPT 95811	2nd Night Titration following Diagnostic Study with DX of OSA
○ Follow up Titration Study ○ CPAP ○ BiLevel ○ ASV	CPT 95811	For Patients currently using PAP therapy ***(patient must meet requirements to qualify for BiLevel or ASV)***
○ 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)
○ Home Sleep Testing	CPT 95806, G0399 (codes vary by insurance)	Sleep Study - unattended, Home Sleep Study - unattended, Type III device

Special Instructions:

Provider Name:_____ **NPI:**_____

Phone: (_____**)**_____-_____ **Fax: (**_____**)**_____-_____

Provider Signature:_____ **Date:**_____/_____/_____