

Sleep Center Order Form

Please FAX Sleep Study Order Form to (617) 243-6776
Patient should call (617) 243-5699 directly to schedule

PATIENT NAME: _____ DOB: _____ PHONE: _____

NWH MEDICAL RECORD #: _____ INSURANCE: _____

PRE- AUTHORIZATION NUMBER*: _____ RANGE OF DATES FOR PREAUTHORIZATION*: _____

REASON FOR STUDY: *Indicate all reasons for the sleep study/ Test*

- Excessive daytime sleepiness / fatigue _____
- Excessive nocturnal/ sleep limb movements _____
- Other (ex: excessive snoring, gasping) _____

PERTINENT PAST MEDICAL HISTORY: _____

TEST REQUEST: *Place a check mark next to the test you are ordering for your patient, for questions, call 617-243-5699*

Pre-authorization may be required depending on the patient's insurance provider and type of test ordered.

- Preauthorization is **not** required for Full Sleep Evaluations (the Sleep Specialist Office will obtain pre-authorizations), Medicare and CPAP Clinics.
- For all other test types, the Sleep Center will obtain preauthorization for insurance types: BCBS, Harvard Pilgrim, Tufts and United Health when this form is submitted with the [Sleep Center General Pre Authorization form](#). We will notify you if we are unable to secure pre-auth.
- If you do not select Full Sleep Evaluation (and select a different test), and the insurance is different than what is listed above then please obtain preauthorization and fax along with this order form.

- Full Sleep Evaluation (cpt: 95810):** Overnight sleep study and referral for consultation with a sleep specialist. If indicated, a split night CPAP titration will be performed. **Please note: Any required pre-authorizations will be completed by the sleep specialist when this option is ordered. If a follow up CPAP is indicated by the test results, the sleep specialist will make the appropriate recommendations and initiate treatment.**
- Diagnostic overnight sleep study and treatment (cpt: 95810)** Overnight sleep study and if indicated, a split night CPAP titration or follow up full night CPAP titration. **Please note: A split night (CPAP titration on the night of the diagnostic study) may be performed if the patient meets the AASM criteria in the first half of the night.**
- Diagnostic overnight only (cpt: 95810):** Please **DO NOT** perform a split night or schedule a follow up titration.
- CPAP or BiPAP titration study (cpt: 95811)** For patients with documented obstructive sleep apnea hypopnea syndrome or other diseases requiring CPAP or BiPAP titration. Please fax the results of the Sleep Study if the patient had the test performed outside NWH.
- Narcolepsy testing (cpt: 95810 & 95805)** Diagnostic overnight sleep study followed (cpt: 95810) by Multiple Sleep Latency Test (MSLT) (cpt:95805) the next day.
- CPAP Clinic (cpt: 94660)** Referral for a daytime appointment with a CPAP Clinic Coordinator to address difficulties using CPAP mask
- Home Sleep Test (cpt: G0399)** Sleep Study conducted at patient's home. With or without Referral for sleep consultation

PATIENT'S SPECIAL NEEDS: *Place a check mark/provide details below for all needs that apply to your patient*

- Non-ambulatory Interpreter required CPAP/ BiPAP at home. Pressure is _____ cmH2o.
- Home Oxygen. Flow is: _____ lpm. Study will be done using same settings unless otherwise requested.

REFERRING PHYSICIAN: PRINT LEGIBLY (required) _____ SIGNATURE: (required) _____

DATE: _____ PHONE: (_____) _____ FAX: (_____) _____