

Physician Referral Form for Sleep Studies

Sleep Disorders Center

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martinhealth.org



MARTIN HEALTH SYSTEM

Patient's Name: _____ D.O.B. : _____

Height: _____ Weight: _____ Neck Size: _____

Please Check Appropriate Type of Test:

- _____ CPT 95810 – Diagnostic Nocturnal Polysomnogram (without Cpap)
- _____ CPT 95811 – Cpap, BiPap or ASV (Adaptive Servo-Ventilation) Titration (circle one)
- _____ CPT 95811 – Split Night Study (Two hours of diagnostic followed by titration if meets AASM standards. A second night may be required)
- _____ CPT 95805 – Multiple Sleep Latency Test (MSLT) (Daytime nap study immediately following full night diagnostic nocturnal polysomnogram to diagnose narcolepsy or excessive sleepiness)
- _____ CPT 95805 – Multiple Wakefulness Test (MWT) (Daytime study to evaluate ability of patient to stay awake)
- _____ CPT 95806 – Home Sleep Study Unattended (An at-home test will be performed if a baseline Polysomnogram is denied by insurance)

Suspected Diagnosis and ICD-10 Code (Check all that apply):

- | | | |
|---|---|--|
| _____ Obstructive Sleep Apnea (G47.33) | _____ Congenital central alveolar hypo-ventilation syndrome (G47.35) | _____ Narcolepsy w/out Cataplexy (47.419) |
| _____ Sleep Apnea Unspecified (G47.30) | _____ Central/Complex Sleep Apnea (G47.37) | _____ Narcolepsy w/ Cataplexy (G47.411) |
| _____ Hypoxemia (R09.02) | _____ Central Sleep Apnea w/Cheyne-Stokes Breathing (R06.3) | _____ Sleepwalking (F51.3) |
| _____ Hypersomnia, Unspecified (G47.10) | _____ Circadian Rhythm Sleep Disorders (G47.20) | _____ Sleep Terrors (F51.4) |
| _____ Other Sleep Apnea (G47.39) | _____ Periodic Limb Movement Disorder (G47.61) | _____ Insomnia (F51.01) |
| _____ Nightmare Disorder (F51.5) | _____ Primary Central Sleep Apnea (G47.31) | _____ Idiopathic hypersomnia with long sleep time (G47.11) |
| _____ Other Sleep Disorders (G47.8) | _____ Sleep related hypoventilation in conditions classified elsewhere (G47.36) | _____ Idiopathic hypersomnia w/out long sleep time (G47.12) |
| _____ REM Behavior Disorder (G47.52) | | _____ Idiopathic sleep related nonob-structive alveolar hypoventilation (G47.34) |
| _____ Restless Leg Syndrome (G25.81) | | |
| _____ Parasomnia, Unspecified (G47.50) | | |

Primary Symptoms (Check all that apply):

- | | | |
|--|-----------------------------------|--------------------------------|
| _____ Witnessed Apneas | _____ Nightmares / Night Terrors | _____ Teeth Grinding / Bruxism |
| _____ Wakes up Choking / Gaspings | _____ Morning Headaches | _____ Dyspnea |
| _____ Nocturia | _____ Difficulty Initiating Sleep | _____ Depression |
| _____ Snoring | _____ Limb jerks / Twitches | _____ Restlessness |
| _____ Excessive Daytime Sleepiness / Fatigue | _____ Sleep Walking / Talking | _____ Other _____ |

Comorbidities (Check all that apply):

- | | | |
|-------------------------------|--------------------------------|--------------------------|
| _____ Diabetes | _____ Atrial Fibrillation | _____ Impaired Cognition |
| _____ Heart Failure | _____ COPD | _____ Depression |
| _____ History of Stroke | _____ Epilepsy | _____ Migraine |
| _____ Obesity | _____ Parkinson's Disease | _____ Asthma |
| _____ Coronary Artery Disease | _____ Anxiety | _____ Esophageal Reflux |
| _____ Hypertension | _____ Hypoxemia | _____ Mood Disorder |
| _____ Pulmonary Hypertension | _____ Restrictive Lung Disease | _____ Emphysema |
| _____ Other (specify): _____ | | |

Epworth Sleepiness Scale (the Epworth scale is provided on back page.)

The result of the Epworth Sleepiness Scale is _____ out of a total possible score of 24.

New Medicare Guidelines: In Order for a Sleep Study to be covered and a CPAP unit paid for, the following must be met:

- A. Prior to sleep testing, the patient has a face-to-face clinical evaluation by the treating physician to assess the patient for OSA which must include, as a minimum, the following:
 1. Sleep history and symptoms including, but not limited to, snoring, daytime sleepiness, observed apneas, choking or gasping during sleep, morning headaches.
 2. Epworth Sleepiness Scale
 3. Physical examination that documents body mass index, neck circumference and focused cardiopulmonary and upper airway system evaluation.

Physicians' Signature: _____ Date: _____