

Treasure Coast Sleep Disorders, LLC

NPI# 1356363212 * Tax Id# 202778995

Accredited by the American Academy of Sleep Medicine

Phone 772-232-9990 * Fax 877-395-1447 * 1380 NW Federal Hwy., Stuart, FL 34994

Sleep Disorder Assessment and Medical Necessity Form

Due to insurance regulations, all information must be completed prior to scheduling of appointments.

Date: _____ **Physician Name/Phone:** _____ **Physician Signature:** _____

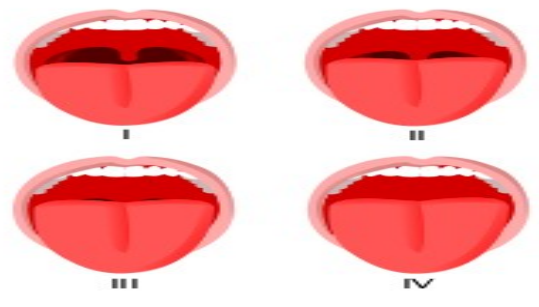
Patient: _____ **DOB:** _____

Patient Contact #: _____ **Insurance:** _____
Authorization #: _____ **Effective dates: From:** _____ **To:** _____

Study Requested:
_____ 95810 Diagnostic Polysomnogram
_____ 95811 CPAP Titration
_____ 95811 ASV Titration
_____ 95810 & 95811 Split Night
_____ 95811 BiLevel Titration
_____ G0399 Home Sleep Study
_____ 95807 PAP Nap
_____ 95805 MSLT
_____ Other _____

Diagnosis:
_____ 780.57 Sleep Disorder Breathing
_____ 327.23 Obstructive Sleep Apnea
_____ 327.51 Periodic Limb Movement Disorder
_____ 347.00 Narcolepsy ___347.01 with Cataplexy
_____ 327.27 Central Complex Apnea
_____ 780.51 Insomnia with Sleep Apnea
_____ 780.53 Hypersomnia with Sleep Apnea
_____ 327.44 Parasomnia
_____ Other _____

Neck: _____ inches Weight: _____ Height: _____ BMI: _____
Cardio-pulmonary Exam (date): _____ Heart Rate: _____ Respiration Rate: _____



Mallampati Class: _____
Date of Upper Airway Exam: _____
Other findings: _____

Epworth Sleepiness Scale
Circle the number that is most accurate

Sitting and Reading	0	1	2	3
Watching Television	0	1	2	3
Sitting Inactive in a public place	0	1	2	3
Lying down in the afternoon	0	1	2	3
Sitting and Talking to someone	0	1	2	3
Sitting quietly after lunch (no alcohol)	0	1	2	3
Stopped for a few minutes in traffic	0	1	2	3
As a passenger in a car (1 hour w/o break)	0	1	2	3

Total: _____

Comorbid condition:
_____ COPD
_____ CHF
_____ Neuromuscular Disease
_____ Asthma
_____ Hypertension
_____ Coronary Artery Disease
_____ Atrial Fibrillation
_____ PLMS
_____ Other _____