NORTH HILLS ENT

North Hills ENT
Sleep Lab

Sleep Study Order Form

Patient:_____ SSN: _____ DOB:_____/_____/_____

Address: _____ Home Phone: (_____) _____

City:_____ TX, Zip Code: _____ Work/Mobile Phone: (_____) _____

Sex: ○Male ○Female HEIGHT:_____ WEIGHT: _____ Email Address: _____

INSURANCE INFORMATION:

SUBSCRIBER'S NAME:_____ RELATIONSHIP:_____

INSURANCE CO.:_____ CONTACT PHONE:_____

POLICY #:_____ GROUP #:_____

STUDY REQUESTED:

○	Evaluate and Treat	(CPT 95810 & 95811)	Polysommnogram, with additional CPAP Titration Studies, as needed.
○	Polysomnogram (PSG)	(CPT 95810)	1st night Diagnostic study. If positive for OSA, CPAP Titration will be scheduled. Split-night protocol may be initiated in extreme cases-per sleep lab policy.
○	CPAP/BiPAP Titration	(CPT 95811)	2nd night Titration following Diagnostic Study. Patient has Diagnosis of OSA
○	Follow up CPAP Titration	(CPT 95811)	For patients currently using CPAP therapy.
○	PSG/MSLT	(CPT 95810 & 95805)	Daytime Nap Study for Excessive Daytime Sleepiness. (PSG on preceding night).
○	Split Night Sleep Study	(CPT 95811)	Initial Diagnostic period followed by CPAP initiation for AHI > 40.
○	Home Sleep Test	(CPT 95806)	Screening Home Sleep Test
○	Consultation with our Board Certified Sleep Doctor		Evaluation and Management of Patient for Sleep Complaints.

PRIMARY DX			SUPPORTING DX			Medical Comorbid Conditions
○	G47.33	OSA- Witnessed breathing pauses	○	R06.83	Loud or Disruptive snoring	○ Significant Pulmonary disease (eg. COPD)
○	G47.10	Excessive Daytime Sleepiness	○	R40.0	Somnolence or Drowsiness	○ Neuromuscular/Neurodegenerative disorder
○	G47.00	Insomnia of unknown etiology	○	R53.83	Fatigue	○ Significant CHF class III or IV
○	G47.419	Narcolepsy without Cataplexy	○	E66.8	Obesity	○ Obesity Hypoventilation Syndrome
○	G47.411	Narcolepsy with Cataplexy	○	E66.01	Morbid Obesity	○ Pulmonary Hypertension
○	G47.61	Periodic limb movements of sleep	○	G47.26	Shift Work Disorder	○ Recent inadequate Home sleep test
○	G25.81	Restless legs Syndrome	○	R35.1	Nocturia (Bed Wetting)	○ Neck Circ >17 inches-men, >16 inches-women
○	G47.31	Central Sleep Apnea	○	J35.1	Tonsillar Hypertrophy	○ Coronary Artery Disease
○	G47.50	Suspected Parasomnia	○	R09.89	Gasping or choking at night	○ CVA/Stroke
○	G47.52	REM Behavior Disorder	○	R51	Morning Headaches	○ Hypertension

DME EQUIPMENT NEEDED: ☐ **YES – please arrange for DME equipment following CPAP Titration.**

Previous Sleep Study: ☐ **Yes** ☐ **No** **When:** _____ **Where:** _____

Currently on CPAP: ☐ **Yes** ☐ **No** **Since When:** _____ **Pressure:** _____

REQUESTING PHYSICIAN: _____ **NPI:**_____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

PHYSICIAN'S SIGNATURE: _____ **DATE ORDERED:**_____

Check here if the doctor would like to interpret own study: ☐ **Clinic Phone: (___)_____ Clinic Fax: (_____)_____**

Fax Orders to (817) 285-8873. Please attach a copy of demographics sheet, clinical notes, and insurance card.

332 W. Pipeline Rd., Hurst, Texas 76053 Office 817-285-8880 Fax 817-285-8873