EASTLAKE SLEEP CENTER, INC.
841 Kuhn Dr., Ste# 201, Chula Vista, CA 91914
Ph# (619) 623-3816 Fax: (619) 623-3824
www.eastlakesleepcenter.com

Preferred providers for: Medicare, Tricare, Blue Cross, Blue Shield, Aetna, United Health, Cigna, Great West, CHG, Multicultural Primary Medical Group, Vantage Medical Group, Mercy Physicians Medical Group, San Diego Physicians Medical Group.

POLYSOMNOGRAPHY ORDER/APPROVAL FORM

Please fill out the sleep study request form and include a copy of the patient's insurance card, authorization (if applicable), current history and physical or recent progress notes to justify medical necessity of the study (as required by Medicare). The patient will be contacted for immediate scheduling.

Patient Information:

Last Name: _____First Name:_____ Date: _____
Address: _____
Phone: Home#:_____ Work or Mobile#:_____
Insurance: _____Policy#: _____
DOB: _____: Sex : M F Ht:_____, Wt. _____lbs.

Ordering Physician:_____
Phone:_____Fax:_____

Requested Sleep Study:

- ☐ **EVALUATE AND TREAT (Diagnostic Polysomnogram with 2nd night CPAP titration, if indicated. CPT codes 95810 and 95811)**
- ☐ **POLYSOMNOGRAM (Diagnostic study only. CPT Code 95810)**
- ☐ **SPLIT NIGHT POLYSOMNOGRAM-SPLIT (Initial diagnostic period followed by CPAP titration if AHI criteria is met. CPT Code 95811)**
- ☐ **CPAP TITRATION (Therapeutic Study. CPT Code 95811)**
- ☐ **BI-LEVEL TITRATION (CPT Code 95811**
  - ☐ The patient tried and failed CPAP (E0601). The work of exhalation with the current setting prevents the patient from tolerating CPAP. Lower CPAP pressures fail to improve symptoms of OSA and/or reduce the AHI.
- ☐ **ASV BILEVEL TITRATION**
  - ☐ Central/Complex Sleep apnea was present in the previous sleep study.
- ☐ **MSLT (Daytime Nap Study for EDS, preceded by PSG. CPT Code 95805)**
- ☐ **UNATTENDED CARDIO-PULMONARY HOME STUDY (CPT Code 95806)**

Diagnosis: _____

This sleep study is medically necessary because the patient is exhibiting the following symptoms: (PLEASE CHECK ALL THAT APPLY)

- ☐ **SNORING**
- ☐ **EXCESSIVE DAYTIME SOMNOLENCE (EDS)**
- ☐ **WITNESSED APNEAS**
- ☐ **UNREFRESHED SLEEP**
- ☐ **DIFFICULTY INITIATING AND MAINTAINING SLEEP**
- ☐ **SUSPECTED NARCOLEPSY**
- ☐ **AM HEADACHES**
- ☐ **RESTLESS LEGS**
- ☐ **DIABETES**
- ☐ **HYPERTENSION**
- ☐ **ISCHEMIC HEART DISEASE**
- ☐ **OBESITY**

OTHER_____
Special Instructions:_____

Physician's Signature:_____Date:_____