



Let us know when patient is scheduled:

YES NO

Date Scheduled: _____

Scheduled By: _____

Referral Form

Please fax patient demographics, referral form, H&P, & a copy of patients' insurance cards to (785) 404-3333

Patient Name: _____ DOB: _____

Telephone: (Home) _____ (Daytime) _____

Primary Insurance: _____ ID # _____

Referring Physician: _____ NPI# _____

Patient Epworth Sleepiness Scale (ESS) score _____

Indication for Sleep Evaluation: (Please Check)

- Insomnia with Sleep Apnea, Unspecified (780.51)**Applicable ICD-10 (G47.30)
- Hypersomnia (780.54)**Applicable ICD-10 (G47.10)
- Unspecified Sleep Apnea (780.57)**Applicable ICD-10 (G47.30)
- Other _____
- Organic Sleep Apnea, Unspecified (327.20)**Applicable ICD-10 (G47.30)
- Periodic Limb Movement Disorder (327.51)/Direct ICD-10 (G47.61) except BCBS
- Obstructive Sleep Apnea (327.23) Direct ICD-10 (G47.33)

Snoring & fatigue cannot be the sole indications for doing a sleep study. They are non-covered diagnoses.
**Codes may require clinical interpretation in order to determine the most appropriate conversion code(s) for your specific coding situation.

Study Type: (Please Check)

- 95810 1st Night Test: All Night Polysomnography
- 95811 2nd Night Test: All Night CPAP Titration
- 95811 Split Night PSG/CPAP Titration (Will initiate CPAP if criteria met)
- 95810 PSG (Diagnostic) study followed by 95805 MSLT (Multiple Sleep Latency Test)
- 95805 MWT (Maintenance of Wakefulness Test)
- 95806 Home Sleep Study

TREATMENT AND CONSULTATIONS:

_____**Dr. Kent Berquist Consultation:** After the sleep study, final results will be sent to Dr. Berquist for patient consultation, treatment and follow-up

Patient will be followed up by ordering physician.

Special Instructions: (Please indicate if the patient will need any type of assistance, if the patient is on oxygen, uses a wheelchair, walker, etc.)

Physician Signature

Date

1007 Albert Ave ▪ Salina, KS 67401 ▪ (785) 785-6900