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|----------------------------------------|-------|
| 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
(316) 687-3056**

Patient Name: _____ DOB: _____

Telephone: (Home) _____ (Daytime) _____

Primary Insurance: _____ ID # _____

Referring Physician: _____ NPI# _____

Patient Epworth Sleepiness Scale (ESS) score _____

Indication for Sleep Evaluation: (Please Check)

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

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:

CPAP Treatment Authorization: If patient meets guidelines for CPAP/BiPAP treatment, an appointment will be arranged with the patient for DME set-up and instruction with our Registered Respiratory Therapist.

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

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|-----------------------------------------------------------|------|
| Physician Signature | Date |
| 2020 N Woodlawn #450 ▪ Wichita, KS 67208 ▪ (316) 687-3071 | |