



8425 F Street, Suite B  
 Omaha, NE 68127  
 PHONE: 402-339-7378 FAX: 1-844-240-1558

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender  M  F  
 Home Phone \_\_\_\_\_ Cell Phone/Other \_\_\_\_\_ Email \_\_\_\_\_  
 Insurance Name \_\_\_\_\_ ID \_\_\_\_\_ Group # \_\_\_\_\_  
 Secondary Insurance \_\_\_\_\_ ID \_\_\_\_\_ Group # \_\_\_\_\_

SCREENING STUDIES:  Apnea Link Screening  Overnight Oximetry

TEST PROTOCOL REQUESTED/STUDY INDICATIONS (must mark at least one)

\*\*CODING: (ICD 9, ICD 10)\*\*

- Split Night PSG (Most commonly ordered) (95810 or 95811)**
  - Obstructive Sleep Apnea (327.23, G47.33)
  - Insomnia With Sleep Apnea, Unspecified (780.51, G47.30)
  - Hypersomnia (Excessive Daytime Sleepiness), With Sleep Apnea, Unspecified (780.53, G47.30)
  - Complex/Central Sleep Apnea (327.21, G47.31)
- Titration (full night on CPAP, Bi-PAP, VPAP therapy) (95811)**
  - Obstructive Sleep Apnea (327.23, G47.33)
  - Insomnia With Sleep Apnea, Unspecified (780.51, G47.30)
  - Hypersomnia With Sleep Apnea, Unspecified (780.53, G47.30)
  - Complex/Central Sleep Apnea (327.21, G47.31)
  - Sleep Disordered Breathing (780.57, G47.30)
- Diagnostic PSG (no therapy applied) (95810)**
  - Obstructive Sleep Apnea (327.23, G47.33)
  - Insomnia With Sleep Apnea, Unspecified (780.51, G47.30)
  - Hypersomnia With Sleep Apnea, Unspecified (780.53, G47.30)
  - Complex/Central Sleep Apnea (327.21, G47.31)
  - Unspecified Sleep Disturbance (780.50, G47.90)
  - Excessive Daytime Sleepiness, Hypersomnia (780.54, G47.10)
- HST (Home Sleep Test) (95806)**
  - Hypersomnia With Sleep Apnea, Unspecified (780.53, G47.30)
  - Obstructive Sleep Apnea (327.23, G47.33)
  - Excessive Daytime Sleepiness, Hypersomnia (780.54, G47.10)
- Diagnostic PSG followed by an MSLT (95810/95805)**
  - Repetitive Intrusions of Sleep (307.48, F51.8)
  - Narcolepsy, with Cataplexy (347.01, G47.411)
  - Hypersomnia With Sleep Apnea, Unspecified (780.53, G47.30)
  - Excessive Daytime Sleepiness, Hypersomnia (780.54, G47.10)
- Maintenance Wakefulness Test (MWT) (95805)**
  - Repetitive Intrusions of Sleep (307.48, F51.8)
  - Narcolepsy, with Cataplexy (347.01, G47.411)
  - Hypersomnia With Sleep Apnea, Unspecified (780.53, G47.30)
  - Excessive Daytime Sleepiness, Hypersomnia (780.54, G47.10)

**PATIENT SYMPTOMS (please be sure these are documented in patients medical file as well)**

- |   |  |   |  |   |
|---|--|---|--|---|
| <input type="checkbox"/> Witnessed Apnea (786.03, R06.81) | <input type="checkbox"/> Hypertension (401.9, I10) | <input type="checkbox"/> Heart Disease (429.9, I51.9)       | <input type="checkbox"/> History of Stroke (434.91, I63.50)      | <input type="checkbox"/> Mood Disorders (296.90, F39) |
| <input type="checkbox"/> Diabetes (250., E10., E11.)      | <input type="checkbox"/> Insomnia (780.52, G47.0)  | <input type="checkbox"/> Morning Headaches (339.44, G44.59) | <input type="checkbox"/> Restless Legs Syndrome (333.94, G25.81) | <input type="checkbox"/> Other: _____                 |

Ordering Provider: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Ordering Provider Signature (PECOS Certified Required) \_\_\_\_\_ NPI \_\_\_\_\_ Date \_\_\_\_\_

Please fax **face-to-face evaluation notes** which support the diagnosis codes & **both sides of the insurance card**.

The patient will be scheduled when all documentation is received

**Thank you for your referral!**