

## Service Request Certificate of Medical Necessity

Patient (Last, First, MI) \_\_\_\_\_ Today's Date \_\_\_\_\_  
 Subscriber ID# \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_  
 Insurance Payor: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Patient Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 \_\_\_\_\_ Cell Phone \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Epworth Score \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Sleep History/Conditions/Symptoms (check all applicable-at least one)			
<input type="checkbox"/> Snoring	<input type="checkbox"/> Chronic Fatigue	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Periodic Limb Movements
<input type="checkbox"/> Witnessed Apneas	<input type="checkbox"/> Excessive daytime sleepiness	<input type="checkbox"/> History of Stroke	<input type="checkbox"/> Narcolepsy
<input type="checkbox"/> Nasal Obstruction	<input type="checkbox"/> Acid Reflux	<input type="checkbox"/> Ischemic Heart Disease	<input type="checkbox"/> Insomnia
<input type="checkbox"/> Obstructive sleep Apnea	<input type="checkbox"/> Cardiac Arrythmia	<input type="checkbox"/> Restless Legs Syndrome	<input type="checkbox"/> Other:

### DIAGNOSTICS/TREATMENT SERVICES

- Polysomnography (PSG):** Full night in lab Polysomnography attended by a technologist (CPT: 95810)
- Split PSG:** Full night in lab Polysomnography attended by a technologist with possible PAP titration if patient meets diagnostics and procedural criteria. (CPT: 95811)
- CPAP/BiPAP/ASV Titration:** Full night in lab Polysomnography attended by a technologist with PAP, Oxygen or oral appliance titration. Please attach previous diagnostics sleep study. (CPT: 95811)
- CPAP/BiPAP/ASV Titration with Sleep Consultation/Evaluation:** Full night in lab Polysomnography attended by a technologist with PAP, Oxygen or oral appliance titration, **and** evaluation by a Certified Sleep Physician to determine and order appropriate therapies. Please attach previous diagnostics sleep study. (CPT: 95811 **and** either 99242,99244,99213, or 99215)
- Home Sleep Study:** Diagnostics sleep study primarily to diagnose obstructive sleep apnea. (CPT: 95806)
- Multiple Sleep Latency Test (MSLT)/ Multiple Wakefulness Test /(MWT),** used to rule out narcolepsy. Note: if patient meets diagnostic and procedural protocol, PAP titration will be performed and MSLT will be canceled. (CPT 95810 **and** 95811 or 95805)
- Treatment authorization:** Sleep Medicine Physician to prescribe and manage appropriate treatment for patient.
- Special Requests:** \_\_\_\_\_

Patients Insurance Information:

\*\* Attach copy of front and back of insurance card \*\*

Office Contact: \_\_\_\_\_

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Name (Print)