



SLEEP STUDY ORDER

Patient Name _____ DOB _____ SSN _____
 Address _____
 Home Phone # _____ Other Phone # _____

Copy of insurance card (front & back) is required.

Select One:

- Complete Care by sleep medicine specialist: Consultation, sleep study (if needed), review of results and follow up care. Insurance pre-authorization will be obtained if necessary.**
- Sleep Study & Interpretation only- with Sleep Center obtaining Pre-Authorization: Please Attach H&P and/or most recent progress notes indicating need for sleep study.**
- Sleep study & Interpretation only - Pre-Authorization completed by your office: Authorization # & Dates required**

Select at least one box from each section:

I. Indications/Medical Necessity (Select 1 or more.)

<input type="checkbox"/> Excessive daytime sleepiness/hypersomnolence	<input type="checkbox"/> Loud/obstructive snoring
<input type="checkbox"/> Witnessed apnea or gasping, choking during sleep	<input type="checkbox"/> Morbid obesity (BMI greater than 35)
<input type="checkbox"/> Excessive sleep-related movements, twitches, kicking or arm jerking	<input type="checkbox"/> Pulmonary Disease: specify _____
<input type="checkbox"/> Prior diagnosis of sleep apnea - copy of prior Polysomnogram (PSG) required if titration is ordered and prior study was performed elsewhere.	<input type="checkbox"/> Cardiac disease/arrhythmia: specify _____
<input type="checkbox"/> Neuromuscular disease: specify _____	<input type="checkbox"/> Pre-op: specify date & type of surgery: _____
<input type="checkbox"/> Efficacy of mandibular device or nasal EPAP: specify _____	<input type="checkbox"/> Other: _____

Medical necessity approval by sleep specialist: Initials _____ date: _____

II. Preliminary Diagnosis (Select 1 or more.)

<input type="checkbox"/> Obstructive Sleep Apnea	<input type="checkbox"/> Central Sleep Apnea	<input type="checkbox"/> Narcolepsy or Idiopathic Hypersomnia
<input type="checkbox"/> Periodic limb movement disorder	<input type="checkbox"/> Parasomnia	<input type="checkbox"/> REM Behavior Disorder (RBD)
<input type="checkbox"/> Other: _____		

III. Select Sleep Study Type (See reverse side for assistance.)

- Diagnostic PSG (Polysomnography) with unanticipated split criteria AHI (Apnea Hypopnea Index) 40
- CPAP Titration BiPAP Titration ASV (Assisted Servo Ventilation) Titration Center use only: C&T (criteria AHI 20)
- MSLT (Multiple Sleep Latency Test) following PSG MWT (Maintenance of Wakefulness Test)
- Portable monitor/Home Sleep Study (HST) - (consultation required)
- End Tidal CO2 (ETCO2) monitor Oxygen Titration: _____
- Expanded EEG Extra-limb leads - RBD (REM Behavior Disorder), PLMS (Periodic Limb Movement Disorder)
- Custom order: _____

IV. Interpreting Sleep Specialist

Jeffrey Barasch, MD Rakesh Sharma, MD Rahat Salamat, MD Sleep Center to Assign Physician

Interpreting physician does not report results to patient unless patient has been seen in consultation.

Ordering Physician _____ Signature _____ Date _____

Following required if physician is not on Valley Staff:

Address _____ Tel _____ Fax _____

Sleep Study Ordering Tips

1) **Select the level of service:**

The **Complete Care** option is recommended as best practice. This would begin with a comprehensive sleep evaluation, which would provide medical necessity for the appropriate test and provide comprehensive treatment and follow up care as needed.

Sleep Study & Interpretation only option: the ordering physician will be assuming the follow up care of the patient's sleep study results.

- 2) Contact information for a sleep specialist affiliated with The Valley Hospital Center for Sleep Medicine can be obtained by calling **201-251-3487, extension 4** or can be found on our web page: www.valleyhealth.com/sleep
- 3) The Center for Sleep Medicine will assist in coordinating consultation appointments with the specialist's office.
- 4) Consultations with a sleep specialist may or may not cause a delay in the scheduling of a sleep study depending on the availability of the sleep specialist.
- 5) Sleep study test results for a patient referred directly to a sleep specialist will be sent to the referring physician only upon request.

Selecting the proper sleep study type:

- 1) If Complete Care option is selected, the sleep specialist will determine appropriate testing. Ordering physicians can contact the Center for Sleep Medicine for test descriptions if needed.
- 2) During a basic diagnostic PSG if a patient meets emergency criteria, a "split-night study" will be performed in accordance with Center protocols.

Selecting an Interpreting Physician:

- 1) The Center for Sleep Medicine has a panel of Board Certified sleep specialists who interpret the sleep test results and a summary report of that interpretation is sent to the ordering physician.
- 2) If you do not select an Interpreting Physician, or if you choose Sleep Center Panel, the Center will assign the interpreting physician.
- 2) Follow up care, including results explanation and ordering additional tests and prescribing treatment options will only be provided with Complete Care. For Sleep Study & Interpretation only option, all follow up care remains the responsibility of the ordering physician.

This is not a part of the Permanent Record