

**Sleep Center EZ Form**

Please fax completed forms with most recent office notes and other applicable documentation to 978-946-8102

Patient Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Preferred Language \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
 Height (cm) \_\_\_\_\_ Weight (kg) \_\_\_\_\_ BMI \_\_\_\_\_ Epworth score \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Policy ID/Group \_\_\_\_\_  
 Masshealth referral number if applicable \_\_\_\_\_  
 Policy Holder \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Benefit Contact \_\_\_\_\_

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**Sleep Study Procedure:**

- Split Night Study: includes PSG with CPAP titration if criteria are met. (95811) Pediatric (95783)
  - PSG: Full night diagnostic polysomnography ADULT (95810) PAP treatment will not be administered even if patient meets criteria for such
  - Pediatric diagnostic polysomnography(95782)
  - PAP Titration: Full night titration for patients with documented sleep apnea (95811) Pediatric (95783)
    - If I order an in-lab test (above), and the insurance company denies the test and approves a home sleep test, I authorize the home sleep test UNLESS this box is checked.**
  - HSAT: Home sleep apnea test (95806, G0399)
  - MSLT: Requests for this test will be reviewed by sleep center medical director in order to assure that a valid testing protocol is followed
  - Other: \_\_\_\_\_
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I wish to enroll my patient in the LGH comprehensive sleep management program. LGH will automatically assign patients to an LGH sleep specialist for follow up. Follow up may include a subsequent clinic visit to review results or immediate initiation of PAP through a qualifying home medical equipment company. Ongoing PAP management (if applicable) will be handled by the LGH sleep specialist.

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**Indication:**

- Unspecified Sleep Apnea Symptoms
- Narcolepsy
- Obstructive Sleep Apnea
- REM Behavior Disorder
- Central Apnea
- Other \_\_\_\_\_

**Symptoms/Complaints:**

- Observed apneas
  - Loud snoring
  - Excessive sleepiness
  - Chronic fatigue
  - Drowsy driving
  - Leg restlessness /jerks
  - Sleep walking/talking
  - Morning headaches
  - Decreased libido
  - Low concentration
  - Prior OSA Diagnosis
  - Hallucinations
- Other: \_\_\_\_\_ Duration of symptoms: \_\_\_\_\_

**Suspected Diagnosis:**

- Obstructive Sleep Apnea
  - Restless Legs Syndrome
  - Hypersomnia with Sleep Apnea
  - Parasomnias
  - Narcolepsy
  - Other \_\_\_\_\_
  - Sleep-Related Movement Disorder
  - Insomnia with Sleep Apnea
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#### Documented Comorbidities: supporting office notes must be provided

- |  |  |
|--|--|
| <input type="checkbox"/> Negative or inconclusive HSAT with high likelihood of OSA       | <input type="checkbox"/> Developmentally incapable of following instructions |
| <input type="checkbox"/> Physical impairment that prevent the use of portable machine    | <input type="checkbox"/> Suspected narcolepsy                                |
| <input type="checkbox"/> Appropriate environment for home sleep test not available       | <input type="checkbox"/> Interpretation suggest in-lab titration (O2 desats) |
| <input type="checkbox"/> No location available to complete home sleep test               | <input type="checkbox"/> Suspicious of REMB sleep behavior disorder          |
| <input type="checkbox"/> History of central or mixed sleep apnea (previously documented) | <input type="checkbox"/> Cataplexy   |
| <input type="checkbox"/> Tachycardia or Bradycardia not controlled by medication         | <input type="checkbox"/> Moderate to severe CHF                              |
| <input type="checkbox"/> Unexplained hypertension  | <input type="checkbox"/> History of MI (within 3 months)                     |
| <input type="checkbox"/> Moderate to severe pulmonary disease like COPD or CF            | <input type="checkbox"/> History of nocturnal seizures                       |
| <input type="checkbox"/> Neuromuscular disorder affecting respiratory function           | <input type="checkbox"/> History of stroke                                   |
| <input type="checkbox"/> Symptomatic lung disease not controlled by medication           | <input type="checkbox"/> Documented hypoventilation syndrome                 |
| <input type="checkbox"/> Polycythemia (>18.5g/dL males, >16.5g/dL females)               | <input type="checkbox"/> Patient on opiates or SSRIs                         |
| <input type="checkbox"/> HCO3 ≥ 29 (serum)   | <input type="checkbox"/> Other: _____  |

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I attest that the documentation submitted is accurate to the best of my knowledge. I authorize submission of this information for the purposes indicated above:

Ordering Provider Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_ NPI \_\_\_\_\_

#### **Information regarding home sleep testing**

Home sleep tests are only used to diagnose obstructive sleep apnea (OSA). Patients meeting the clinical criteria listed below and who are eligible through their insurance coverage can have a home sleep test. A home sleep study should be utilized only as part of a comprehensive sleep evaluation. Professional organizations have published suggested guidelines for the use of home sleep studies in the diagnosis of OSA. They recommend that it be used only in the context of a comprehensive sleep evaluation and for the following patients:

- Patients with a high pre-test probability of moderate to severe OSA. .
- Patients with No co-morbid medical condition. Examples of some co-morbid conditions include moderate-severe pulmonary diseases (cystic fibrosis, pulmonary fibrosis, active asthma, COPD), congestive heart failure and neuromuscular diseases (ALS, multiple sclerosis, Parkinson's disease).
- Patients suspected of having no co-morbid sleep disorder other than OSA.
- Patients unable to be studied in a sleep laboratory. Example would be a patient that is immobile or has a critical illness.
- To monitor response to non-PAP treatments after the diagnosis has already been made.
- For follow-up studies in patients already diagnosed and using treatment but whom have had a change in symptoms or complaints despite treatment. Again for patients with No co-morbid conditions.
- HST is not appropriate for general screening of asymptomatic patients.