Lawrence General Hospital
So good. So caring. So close.

The Sleep Center at Lawrence General Hospital
1 General Street Lawrence, MA 01841
(978) 946-8297 sleepcenter@lawrencegeneral.org

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 _____ Neck Size _____ Epworth Score _____

Insurance Company _____**Policy #**_____ **Contact #**_____

Masshealth referral number if applicable _____

Policy Holder _____ DOB ___/____/_____ Benefit Contact_____

Has patient had previous sleep study? ☐ **Yes** ☐ **No**

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 – PEDIATRIC <6y/o, 95782) PAP treatment will not be administered even if patient meets criteria for such
- ☐ PAP Titration: Full night titration for patients with documented sleep apnea (95811)
- ☐ 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 _____

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. ☐

☐ **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.**

Indication:

□ Unspecified Sleep Apnea Symptoms □ Obstructive Sleep Apnea □ Central Apnea

□ Narcolepsy □ REM Behavior Disorder □ 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

□ Gasping/choking □ Hypertension □ Other _____ Duration of symptoms:_____

Suspected Diagnosis:

□ Obstructive Sleep Apnea □ Parasomnias □ Sleep-Related Movement Disorder

□ Restless Legs Syndrome □ Narcolepsy □ Insomnia with Sleep Apnea

□ Hypersomnia with Sleep Apnea □ Other _____

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Documented Comorbidities: supporting office notes must be provided

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

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.

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The Epworth Sleepiness Scale

How Sleepy Are You?

How likely are you to doze off or fall asleep in the following situations? You should rate your chances of dozing off, not just feeling tired. Even if you have not done some of these things recently try to determine how they would have affected you. For each situation, decide whether or not you would have:

- No chance of dozing =0
- Slight chance of dozing =1
- Moderate chance of dozing =2
- High chance of dozing =3

Write down the number corresponding to your choice in the right hand column. Total your score below.

Situation Chance of Dozing

Sitting and reading _____
Watching TV _____
Sitting inactive in a public place (e.g., a theater or a meeting) _____
As a passenger in a car for an hour without a break _____
Lying down to rest in the afternoon when circumstances permit _____
Sitting and talking to someone _____
Sitting quietly after a lunch without alcohol _____
In a car, while stopped for a few minutes in traffic _____

Total Score = _____

Analyze Your Score
Interpretation:
0-7: It is unlikely that you are abnormally sleepy.
8-9: You have an average amount of daytime sleepiness.
10-15: You may be excessively sleepy depending on the situation. You may want to consider seeking medical attention.
16-24: You are excessively sleepy and should consider seeking medical attention.

Reference: Johns MW. A new method for measuring daytime sleepiness: The Epworth Sleepiness Scale. *Sleep* 1991; 14(6):540-5.