



PATIENT REFERRAL FORM

DIAGNOSTIC AND THERAPEUTIC PROCEDURES

DIAGNOSTIC SLEEP STUDY/PSG (95810)

No CPAP therapy initiated even when patient is positive for sleep apnea.

SPLIT NIGHT SLEEP STUDY* (95811)

Diagnostic sleep study followed by CPAP titration. CPAP therapy is applied if patient meets criteria.

TITRATION* (95811) (PLEASE INDICATE WHICH KIND)

Treatment sleep study only. Used when patient has had a sleep study within the past 5 years and a baseline is not necessary.

- CPAP TITRATION***
- BILEVEL TITRATION**
- ASV TITRATION**

MULTIPLE SLEEP LATENCY TEST (MSLT) (95805)

When narcolepsy is suspected. Must be preceded by overnight sleep study.

Home Sleep Test (95806) **Pulse Oximetry**

- on room air with CPAP with oxygen

JumpStart Auto Titrating CPAP with heated humidifier and all disposables. Length of Need: 99 months Dx G47.33

PROVISIONAL DIAGNOSIS

- Obstructive Sleep Apnea Narcolepsy
- Unspecified Sleep Apnea Hypoxemia

PRESENTING SYMPTOMS

- Snoring Excessive Daytime Somnolence
- Non-Restorative Sleep Leg Restlessness
- Observed Apnea Hypoxemia Insomnia

Other: _____

SPECIAL NEEDS

- Assistance in/out bed Oxygen ____ LPM
- Interpreter Incontinence Dementia

Patient Name: _____

DOB: _____

Preferred Phone: _____

Insurance Member ID: _____

For faster processing, please complete all sections above and attach the following: demographics, insurance cards front and back, last doctor's notes, medications list, and any sleep studies not completed by Z Sleep.

POSITIVE AIRWAY PRESSURE (PAP) THERAPY

- CPAP: (E0601) _____ cm H2O**
- Auto Titrating CPAP: _____ to _____ cm H2O**
- Bilevel: (E0470) _____ IPAP _____ EPAP cm H2O**
- Auto Bilevel: _____ MaxIPAP _____ MinEPAP cmH2O _____ PS**
- ASV: (E0471) _____ EPAP _____ MaxPS _____ MinPS**
- AutoASV: _____ MaxEPAP _____ MinEPAP cmH2O _____ MaxPS _____ MinPS**
- Heated Humidifier for chronic sinus symptoms and/or allergies (E0562)**

- All Disposables (mask, headgear, tubing, filters)**

Diagnosis: Obstructive Sleep Apnea G47.33

Estimated length of need (number of months) 99

Description of Medical Equipment Prescribed: CPAP or BIPAP & Supplies, heated humidifier for chronic sinusitis.

Comments: _____

***JumpStart CPAP Care Program**

After study and interpretation, patients (excluding Medicare) who meet criteria for therapy will automatically be set up with an auto titrating CPAP once insurance approval has been acquired.

Physician Signature

Physician Printed

Date