



Phone: 888.875.7557

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Sleep Disorders Testing
CERTIFICATE OF MEDICAL NECESSITY

Patient: S.S.#: D.O.B.:
Address: Gender M/F
City: State: Zip Code:
Phone: Home () Work () Other
Insurance Company: Telephone#:
Policy: Group#:
Referring Physician: Contact Person:
Phone: Fax:
Physician's Address:

DIAGNOSIS (Must check at least one or more)

- 327.23 Obstructive sleep apnea (adult) (pediatric)
333.2 Myoclonus (limb movement)
347.00 Narcolepsy, without cataplexy
347.01 Narcolepsy, with cataplexy
518.81 Acute respiratory failure
780.50 Sleep disturbance, unspecified
780.51 Insomnia with sleep apnea, unspecified
780.52 Insomnia
780.53 Hypersomnia with sleep apnea, unspecified
780.54 Hypersomnia, unspecified
780.55 Disruption of 24-hour sleep wake cycle, unspecified
780.56 Dysfunctions associated with sleep stages or arousal from sleep
780.57 Unspecified sleep apnea
780.58 Sleep related movement disorder, unspecified, excludes RLS
OTHER DIAGNOSIS

Check all signs and symptoms that apply:

- Heavy Snoring, Witnessed Apnea, Daytime Drowsiness
Morbid Obesity, Enlarged Neck Circumference, Loss of Energy/Fatigue
High Blood Pressure, Restless Sleep, Crowded Hypopharynx

Please order one of the following:

- PSG Followed By CPAP Titration/CPAP/Bi-level with Heated Humidifier*
PSG Diagnostic Study 95810
CPAP Titration Study 95811
Split Study 95811
Split Study/CPAP/Bi-level with Heated Humidifier*
CPAP/Bi-level @ cm H2O and Heated Humidifier
Duration: Lifetime or Other Supplies
2 Night Protocol(Driver Protocol)/CPAP/Bi-level with Heated Humidifier*
MSLT/MWT Preceded by PSG (95805)

*CPAP/Bilevel at a pressure setting as was found to be the "Optimal Pressure" directly following an overnight PAP Titration Study.

• Patient will have split study if insurance requires •

I authorize Sleep Solutions or one of its affiliates to perform the above - indicated services on the above patient in accordance with its established company protocols including the urgent initiation of NCPAP and oxygen.

PHYSICIAN SIGNATURE: DATE:

Insurance/Authorization and Scheduling Questions? Call Corporate Office.
Please Fax Insurance Card