



Sharp Grossmont Hospital Comprehensive Sleep Center

619-740-4488 Fax 619-740-4021

Patient Name: _____ DOB: _____

Referring Provider: _____ Office Phone: _____

Primary Care Doctor: _____ Office Fax: _____

Reason for testing:

- Hypersomnia
- Known diagnosis of sleep apnea
- Narcolepsy
- Parasomnia
- Sleep disorder unspecified
- Other _____

Symptoms:

- Snoring
- Gasping
- Witness apneas
- Other _____

Please provide patient demographics, a recent clinic note as well as authorization if required.

- Consultation with Sleep Medicine Physician (CPT 99204, 99205, 99212 and 99213)
- Polysomnogram with possible CPAP titration (CPT 95811) Split night study-CPAP will be started during the study if moderate to severe sleep apnea is noted.
- Polysomnogram without CPAP titration (CPT 95810) Diagnostic study only. CPAP will not be started regardless of findings.
- MSLT (CPT 95805) Has to follow a full night polysomnogram.
- CPAP titration (95811) >
- BiPAP titration (95811) > **Please provide copy of baseline sleep study if requesting only a titration study**
- ASV (Resmed) titration (95811) >
- iVAPS (Resmed) titration (95811) >
- Inspire Titration (95810) >
- Home Sleep Study (CPT 95806) Not appropriate for patients with certain cardio-pulmonary disorders such as CHF, COPD or when a disorder other than OSA is being evaluated. A negative home sleep study does not rule out OSA.

Once complete, we will fax the report to the referring provider who will be responsible for notifying the patient of results and managing further care including ordering CPAP and related equipment if needed.

Referring Provider Signature: _____ Date: _____