

Baylor Scott & White Medical Center – Frisco Sleep Lab

6601 Preston Rd., Suite 200, Plano TX 75024

Patient Information				
First, Last:	Address:			
Home Phone:	Alternate Phone:			
Date of Birth:	Height:	Weight:	Gender:	Male Female
Insurance Company:				

Physician Information		
Practice Name:	(First, Last):	
Address:	Contact:	
City:	State:	Zip:
Office Phone:	Office Fax:	

Procedure Ordered	-- Please check a sleep study service
<input type="checkbox"/> Evaluate and Treat -- (CPT 95810 & 95811) Polysomnogram with 2nd night CPAP Titration if indicated. IMPORTANT: _____ Initial here to authorize a home sleep study (CPT 95800) if an attended study is denied by the insurance company.	
<input type="checkbox"/> Diagnostic PSG -- (CPT 95810) 1st night diagnostic only . No CPAP therapy will be applied. IMPORTANT: _____ Initial here to authorize a home sleep study (CPT 95800) if an attended study is denied by the insurance company.	
<input type="checkbox"/> CPAP Titration -- (CPT 95811) 2nd night Titration study only . Only after positive 1st night diagnostic study (Must have copy of PSG on file.)	
<input type="checkbox"/> Bi-Level Titration -- (CPT 95811) Patient failed CPAP and requires further titration efforts.	
<input type="checkbox"/> ASV Titration -- (CPT 95811) Confirmed Central Sleep Apnea.	
<input type="checkbox"/> Split Night PSG -- (CPT 95811) Diagnose and Treat (CPAP Therapy) in the same night. Patient must meet AHI > 40 to receive treatment. IMPORTANT: _____ Initial here to authorize your patient's return for CPAP titration if titration is unable to be performed.	
<input type="checkbox"/> Multiple Sleep Latency Test (MSLT) -- (CPT 95805) Daytime study following a full night PSG to diagnose narcolepsy or excessive daytime sleepiness.	
<input type="checkbox"/> Maintenance Wakefulness Test (MWT) -- (CPT 95805) Daytime study to verify wakefulness in a sleep inducing environment.	
<input type="checkbox"/> Sleep Specialist Consultation -- Appointment with Sleep Specialist, evaluate and follow-up recommendations.	

Study Indications	– Please check all that apply for insurance authorization (ICD-10 / ICD-9)	
	Personal Health Indicators	
<input type="checkbox"/> Obstructive Sleep Apnea (G47.33 / 327.23)	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Cardiovascular Disease
<input type="checkbox"/> Sleep Disturbance, Unspecified (G47.9 / 780.55)	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Obesity
<input type="checkbox"/> Sleep Apnea, Unspecified (G47.30 / 327.20)	<input type="checkbox"/> Stroke / TIA	<input type="checkbox"/> Chronic Heart Failure
<input type="checkbox"/> Hypersomnia, Unspecified (G47.10 / 327.10)	<input type="checkbox"/> Snoring	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Insomnia (G47.00 / 307.42) *if only code checked, we would recommend an Initial Consultation*	<input type="checkbox"/> Atrial Fibrillation	<input type="checkbox"/> Excessive Daytime Sleepiness
<input type="checkbox"/> Sleep Related Movement, Unspecified (G47.69 / 327.59)		
<input type="checkbox"/> Narcolepsy with Cataplexy (G47.411 / 347.01)		
<input type="checkbox"/> Narcolepsy, w/o Cataplexy (G47.419 / 347.00)		
MD Signature: _____	Date: _____	Time: _____

**Please Fax Order Form, Clinical Notes, and a copy of Insurance Card to
 Fax: 972-473-2335 Scheduling Phone: 972-473-2339
 Manager Laura Linley RST/RPSGT E-mail: sleepstudy@bmcfrisco.com**

Thank You For Your Referral!

BAYLOR SCOTT & WHITE MEDICAL CENTER – FRISCO

Sleep Test Order Form-- MD Order for Sleep Test



SLEEPMDORDER

(Rev. 07/01/2016)