

**\* \*\*Please Make Copies For Your Office\*\*\***

**In Home Sleep Apnea / Compliance Testing Order Form**

**Complete, Sign and Fax to: (928) 444-8948**

**HST - HST/APAP – Compliance Order Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **~ Provider Info. ~**  Name: | | | |
| Practice Name: | | | | Practice Type: | | |
| Address: | | City: | | | St: | Zip: |
| Phone: | Fax: | | | | NPI: | |
| Office Contact: | | Contact Email: | | | | |

**~ Patient Information ~**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name (First): | | | MI: | Last: | | |
| Address: | | | | City: | St: | Zip: |
| Cell Phone: | | Other Phone: N/A | | | DOB: | |
| Sex: M - F | Age: Height: Weight: | | | | Id#: | |

**~ Sleep History & Physical:** Must select at least one ~

|  |  |
| --- | --- |
| **🗌** Disruptive Snoring | **🗌** Disturbed or Restless Sleep |
| **🗌** Non-Restorative Sleep | **🗌** Witnessed Apnea Event During Sleep |
| **🗌** Choking During Sleep | **🗌** Gasping During Sleep |
| **🗌** BMI >30 | **🗌** Frequent Unexplained Arousals From Sleep |
| **🗌** Excessive Daytime Sleepiness (EDS) | **🗌** Epworth Scale Score >10 |

**~ Diagnosis – ICD 10 ~**

|  |  |
| --- | --- |
| **🗌** Obstructive Sleep Apnea (OSA) – G47.33 | **🗌** Other organic sleep apnea – G47.39 |
| **🗌** Organic hypersomnia – G47.10 | **🗌** Insomnia w/ sleep apnea, unspecified – G47.30 |
| **🗌** Idiopathic hypersomnia w/ long sleep time – G47.11 | **🗌** Hypersomnia w/ sleep apnea, unspecified – G47.30 |
| **🗌** Idiopathic hypersomnia w/o long sleep time – G47.12 | **🗌** Hypersomnia, unspecified – G47.10 |
| **🗌** Recurrent hypersomnia – G47.13 | **🗌** Unspecified sleep apnea – G47.30 |
| **🗌** Other organic hypersomnia – G47.19 | **🗌** Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**~ HST Diagnostic / HST w/ APAP / Compliance Report Service Ordered & Patient Out Of Pocket Cost ~**

|  |  |  |
| --- | --- | --- |
| **In Home Sleep Apnea Test**  **(HST up to 3 Night)**  **🗵 Patient OOP: $289.00** | **In Home Sleep Test with AutoPAP**  **(Efficacy HST/APAP up to 3 Nights)  🗌 Patient OOP: $239.00** | **APAP/BiPAP Compliance Report**  **(Medicare/Occupational Report) 🗌 Patient OOP: $49.95** |
| **Provider Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **NPI#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Ordered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  I certify that the above HST, Auto PAP and/or Auto BiPAP Titration are medically indicated and necessary with reference to the standards of the medical practice and treatment of this patient’s condition. | | |

**Prescott Valley: (928) 713-9631 ~www.1stopCPAPshop.com~ Cottonwood: (928) 713-0860 Rev: 11-01-2024**