Heartland Health

"A better night's sleep."

Sleep Testing Request Form

Phone: (402) 991-9933 **Fax: (402) 926-4910**

Patient Name: _____ DOB: _____

Address: _____

Gender: M / F Patient Phone #: _____ Cell: _____

Insurance Company: _____ Secondary Ins.: _____

Please include the following with your order: Clinical Notes ▪ Insurance Info/Card(s) ▪ Signed Order

For your convenience Heartland Health Therapy will obtain any prior authorization needed

Indications for Testing

□ Obstructive Apneas/Witnessed Breathing Pauses G47.33
□ Primary Central/Complex Sleep Apnea G47.31
□ Unspecified Sleep Apnea G47.30
□ Hypersomnia, Unspecified G47.10
□ Excessive or Abnormal Body/Limb Movements G47.61
□ Habitual Choking, Gasping, or Night sweats G47.30
□ Central/Complex Apnea G47.61
□ Excessive Daytime Sleepiness G47.10
□ Narcolepsy G47.419
□ Other _____

Services/Tests Ordered

□ **95810 Diagnostic PSG**
□ **95810 Pediatric Diagnostic PSG (No PAP administered: ETCO2 monitored - Ages 6+)**
□ **95811/95810 Split Night PSG with Titration (Initiate PAP if Medicare AHI >15/hr or >5/hr with qualifying 2nd DX)**

*** Initial for patient to return for a titration study if split night is unable to be performed or completed _____

□ **If in-lab study is denied, proceed with Home Sleep Study (HST)**
□ **95811 CPAP/BIPAP/ASV Titration (please circle one) - Previous diagnostic study required**
□ **95805 MSLT (Daytime Study - Preceding PSG required)**
□ **95805 MWT (Maintenance Wakefulness Test)**
□ **95806 Home Sleep Study (HST)**
□ **Sleep Consultation before sleep study with a Board Certified Sleep Physician**
□ **Follow-up Sleep Consultation after sleep study with a Board Certified Sleep Physician**

Special Instructions:

The information contained in this form has been completed by me or my employee & reviewed by me.
All of the information provided is true and complete to the best of my knowledge.

Physician Practice:_____ **Physician Name/Provider:** _____

Office Phone: _____ **Fax:**_____

Handwritten Signature: _____ **Date :** ____/____/_____ **NPI:**_____

Heartland Health Therapy is accredited by ACHC

www.hhtomaha.com

11011 Q Sreet, Suite 101C, Omaha, Ne 68128