Registered Polysomnographic Technologist on Staff

*Specializing in Sleep Studies (Lab or Home)*

Respiratory Therapist on Staff

# SLEEP STUDY ORDER FORM

Dr. Sever Surdulescu, Medical Director (Lake Norman Pulmonary & Critical Care Spec.)
Board Certified in Sleep Medicine
www.piedmontsleepcenter.com

**H** 1022 3rd Avenue Dr. NW
Hickory, NC 28601
Phone: (828) 322-3111
Fax: (828) 322-3160

**L** 302 Mulberry St. SW
Lenoir, NC 28645
*(across from Caldwell Memorial)*
Phone: (828) 322-3111
Fax: (828) 322-3160

## CERTIFICATE OF MEDICAL NECESSITY
## SECTION A:

**Physician's Name** ________________________________
**Physician's NPI #** ________________________________
Address ________________________________
City ______________ State ______ Zip ______________
Nurse/Contact Person ______________________________
Phone ____________ Email ________________________
Fax ________________________________

***Please fax front and back of insurance card and clinical notes to the correct fax above.***
1. Insurance ________________ Phone ______________
ID# ______________________ Group ______________
2. Insurance ________________ Phone ______________
ID# ______________________ Group ______________
**☐ CHECK THIS BOX FOR SELF-PAY**

**Patient's Name** ________________________________________________
Address ______________________ City ______________ State ______ Zip ________ Email ______________________
Home Phone _______________ Cell _____________ Work __________ DOB ______________ SS# ______________
Male _____ Female _____ Married ____ Single ____ Other _________ Height __________ Weight ________

## SECTION B: Reasons For Sleep Study *(check all that apply)*:

☐ R/O OSA, ☐ HKTN, ☐ Sleep Disturbance, ☐ H/O CVA, ☐ Hypersomnia/Excessive Daytime Sleepiness, ☐ H/O CHF, ☐ Pulmonary HTN, ☐ H/O Ischemic Heart Disease, ☐ Severe Snoring, ☐ Evaluate for Narcolepsy *(Order MSLT)* NOTES: ________________________________________________

***DIAGNOSIS CODES (ICD-9):** ______________________ ______________________ ______________________

***TEST TO BE PERFORMED:**

☐ **95810-PSG in sleep lab** *(Sleep staging with 4 or more additional parameters of sleep, attended by a technologist.)*
**A PSG is the gold standard for diagnosing every type of sleep disorder.*
☐ **95811-Split sleep study in sleep lab** *(PSG and CPAP titration, ONLY if protocols are met that night.)*
☐ **95806-Home sleep study PSG** *(Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, unattended by a technologist; to diagnose sleep apnea only.)*
☐ **95811-CPAP sleep study in sleep lab** *(Sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or Bilevel ventilation, attended by a technologist) *Need copy of PSG or home study.*
☐ **95805-Multiple Sleep Latency-MSLT** *(Maintenance of wakefulness testing, recording, analysis, and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness.)*

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*****If PSG is positive for OSA, may we proceed with a CPAP titration study?** Yes ________ No ________

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*(Hickory only)* **Would you like patient to have a consultation with Dr. Surdulescu to go over sleep study results & set up at a DME?** Yes_____ No_____
**Referring Physician will go over sleep study results and set up at a DME.** Yes_____ No_____

**I certify that I am the treating physician identified in Section A. I have the Certificate of Medical Necessity and any statement here has been reviewed and signed by me. I certify that the medical necessity information in Section B is true and accurate and complete, to the best of my knowledge. I certify that the above test ordered is medically necessary in the treatment of this patient.**

**PHYSICIAN'S SIGNATURE** ________________________________ **DATE** ________________________________