

# SLEEP STUDY/EEG REFERRAL FORM



**Location:**

- 6000 Metrowest Blvd. #104 Orlando, FL 32835
- 120 Alexandria Blvd. #19 Oviedo, FL32765

**Phone: (407)365-3033 Fax: (407)365-3034**

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Patients age 12+ only** Priority Scheduling (Circle based on medical necessity)

- Demographics Attached**
- Dictated Clinical Note/Office visit/ H&P Attached (There must be clinical documentation for the reason of Sleep Study or EEG)**

**Phone#:** \_\_\_\_\_ **Insurance:** \_\_\_\_\_ **ID:** \_\_\_\_\_

**For certain insurances authorizations for study or consult is required to go through the Primary Care Physician. Most commonly: Careplus and Humana. Facility NPI:1700078979, (Consults/Physician) NPI:1427091727**

**Please select a study to be performed:**

**Sleep:**

- Home Sleep Test (95806 or G0399) (May not be suitable for all patients)
- Routine PSG (95810)
- CPAP / BiPAP /ASV titration (95811) (Must meet criteria)
- Split-Night Study (95811)
- MSLT or MSWT (Multiple Sleep Latency/Wakefulness Test) (95805)
- Sleep Specialist Consult / CPAP Compliance

**Diagnosed Co-Morbid Conditions:**

- Pulmonary Hypertension**
- CHF / CAD**
- Other:** \_\_\_\_\_

**Previous Sleep Study? Yes** \_\_\_\_ **No** \_\_\_\_

**If yes Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Neurodiagnostic:**

- Routine EEG (40-60min) (95816)
- Continuous EEG (72-160 hrs) 3, 5, 7 Days (95951)
- Neurology Consult

**Epworth Sleepiness Score**

(Rate based on likelihood of falling asleep)

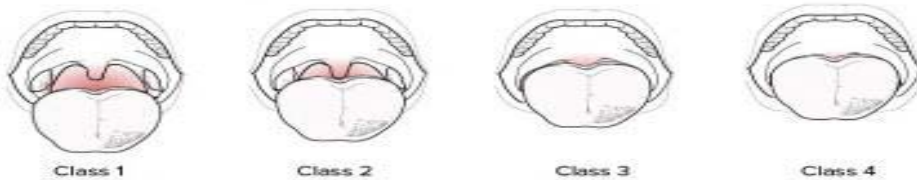
Situation	Scale
Sitting and reading	0 1 2 3
Watching TV	0 1 2 3
Sitting Inactive in a public setting	0 1 2 3
Lying down to rest in the afternoon	0 1 2 3
Sitting and talking to someone	0 1 2 3
Sitting quietly after lunch (no alcohol)	0 1 2 3
Sitting for a few minutes in traffic	0 1 2 3
<b>Total</b>	_____

**Diagnosis:** \_\_\_\_ Snoring (R06.83) \_\_\_\_ Hypersomnia(G47.1) \_\_\_\_ Insomnia (G47.00) \_\_\_\_ OSA (G47.33) \_\_\_\_ Parasomnia(G47.50) \_\_\_\_ PLMD (G47.61) \_\_\_\_ Witnessed apneas \_\_\_\_ Essential Hypertension

\_\_\_\_ Epilepsy/Recurrent Seizures (G40) \_\_\_\_ Syncope \_\_\_\_ S/T memory \_\_\_\_ Dizziness/Vertigo \_\_\_\_ Headache/Migraine

**Neck Size:** 13 14 15 16 17 18 19 20 21 22 \_\_\_\_\_

**Mallampati classification**



**Vitals:**

- Attached**
- Ht:** \_\_\_\_\_ **Wt.:** \_\_\_\_\_ **BMI:** \_\_\_\_\_
- BP:** \_\_\_\_\_ **Pulse:** \_\_\_\_\_ **O2:** \_\_\_\_\_

**Ordering Physician:** \_\_\_\_\_ **NPI:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Office Number:** \_\_\_\_\_ **Office Fax:** \_\_\_\_\_ **Form Filled By: Initials** \_\_\_\_\_

## **Insurance List**

**AvMed**

**Blue Cross Blue Shield (ALL HMO/PPO)**

- **All out of state plans**
  - **Federal**
  - **Florida Blue**
  - **My Blue**
  - **Simply**
- **Medicare Replacement and Secondary to Medicare**

**Cigna (Open Access/ Local plus/ Great West)**

**Freedom (requires authorization/referral from PCP)**

**Aetna (ALL)**

**Health choice Select ORHS (Couresource)**

**Humana (ALL, some plans may require authorization/referral from PCP)**

**Medicare state and Medicare HMO's**

**Tricare (both Primary and Secondary)**

**ChampVA**

**United Health Care (Choice Plus/Empire/Community/AARP Medicare Complete)**

**UMR**

**CarePlus (Requires PCP authorization/referral)**

**WellCare**

**If an insurance is not mentioned you may contact our office or the patient's insurance plan to verify if we are in network.**