Nevada Sleep Diagnostics

Sleep Study & Therapy Order

Promoting Better Sleep Health for 20 Years

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* 661 S. Blagg Rd. Pahrump NV 89048 *

The Joint Commission

Patient Name:_____ D.O.B.: _____ Date:_____

Phone Number:_____ Height:_____ Weight:_____

FAX THIS FORM WITH:

- ☑ Clinical notes that support medical necessity
- ☑ Copy of the current insurance card and demographics
- ☑ Copy of most recent sleep study if not conducted by NSD

Study / Therapy Ordered:

- ☐ **Diagnostic Sleep Study (PSG) 95810, followed by another night for CPAP titration study 95811 if positive for sleep apnea**
- ☐ **Split Night Study 95811**
- ☐ **CPAP Titration 95811**
- ☐ **Overnight Pulse Oximetry 94762 with Sleep Health Summary ($75)**
- ☐ **Diagnostic Sleep Study (PSG) 95810**
- ☐ **Home Sleep Apnea Test (HSAT) 95806 (Not applicable for Medicare or Medicaid Patients)**
- ☐ **Home Sleep Apnea Test (HSAT) 95806 while on CPAP**
- ☐ **CPAP Support ($75)**
- ☐ **CPAP Therapy Download ($75)**

Medical Necessity – Check all boxes that apply to patient's symptoms

- ☐ *Fatigue*
- ☐ *Excessive Daytime Sleepiness*
- ☐ *Witnessed Apnea*
- ☐ *Falling asleep at work*
- ☐ *Falling asleep in the car*
- ☐ *Cognitive Dysfunction*
- ☐ *Morning Headaches*

*Special Instructions*_____

_____

_____
DOCTOR'S SIGNATURE

_____
CONTACT PERSON'S NAME

_____
DOCTOR'S PRINTED NAME & (N.P.I.):

_____
TELEPHONE No. EXT / FAX No.