Sleep Study & Therapy Order

Promoting Better Sleep Health for 20 Years

FAX: (775) 851-8288

*** Phone (775) 851-8282 ***

10655 Professional Circle, Ste. B • Reno, NV 89521

Patient Name:________________________ D.O.B.: ____________ Date:__________

Phone Number:________________________ Height:__________ Weight:__________

Contracted Insurances				
Aetna	Cigna	Humana	Principle	Tricare Military
BCBS	Hometown Health Plan	Medicaid	Prominence	Triwest Healthcare Alliance
CDS Health Group	HPN Smart Choice	Medicare	Silver Summit	United Healthcare
Most Private PPO's and Most Union Plans				

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*__________

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__________________________ DOCTOR'S SIGNATURE

__________________________ CONTACT PERSON'S NAME

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

__________________________ TELEPHONE No. EXT / FAX No.