Specialty Service Referral

Sleep Disorders

Sarah Bush Lincoln

SBL Sleep Disorders Center
Prairie Pavilion 1 • 1005 Health Center Dr., Suite 106 • Mattoon, IL 61938
217-238-4908 • Fax 217-238-4909

PATIENT INFORMATION

Name _____ Date of Birth _____ Social Security Last 4#_____

Address _____ City _____ State/Zip_____

Phone _____ County_____

Insurance Carrier Primary_____ Secondary _____

ID#_____ Precertification/Auth# _____

INFORMATION NEEDED

ICD10 Codes (check all that apply)

- ❑ G47.30 — Sleep apnea, unspecified
- ❑ G47.31 — Primary central sleep apnea
- ❑ G47.10 — Hypersomnia, unspecified
- ❑ G47.61 — Periodic limb movement disorder
- ❑ G47.52 — REM sleep behavior disorder
- ❑ G47.411 — Narcolepsy with cataplexy
- ❑ G47.42 — Narcolepsy without cataplexy
- ❑ G47.5 — Parasomnia, unspecified
- ❑ Other_____

1. Does patient currently use CPAP/BIPAP/ASV? ❑ Yes ❑ No
2. Has the patient had a face-to-face encounter within the last 4 months to document signs and symptoms for sleep apnea? ❑ Yes ❑ No
   When was the face-to-face visit? _____
3. Has the patient had a previous sleep study ❑ Yes ❑ No
4. Has the patient had a previous diagnosis of sleep apnea? ❑ Yes ❑ No
   If yes and study was done outside of SBL, please fax sleep report to 217-238-4909
5. Does a caregiver need to stay due to special needs or is the patient under 17 years old? ❑ Yes ❑ No
6. Does the patient use a wheelchair, walker or cane? ❑ Yes ❑ No
7. Does the patient need a Hoyer lift? ❑ Yes ❑ No
8. Does the patient snore? ❑ Yes ❑ No
9. Does the patient feel tired, fatigued or sleepy during daytime? ❑ Yes ❑ No
10. Has anyone observed the patient stop breathing during sleep? ❑ Yes ❑ No
11. Does the patient have high blood pressure? ❑ Yes ❑ No
12. Patient's Weight_____ Height_____ BMI _____

REFERRING PROVIDER

Name _____ NPI _____

Address _____ City _____ State/Zip_____

Phone _____ Fax _____

Signature _____ Date _____

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Procedures

95810 — **Baseline Sleep Study**
Patient will not be put on CPAP

95811— **Split Night Study**
First portion of the study is for screening purposes. If patient meets criteria, CPAP is started.

95811— **Titration Study** – CPAP BIPAP ASV
Sleep study using a PAP device for treatment of sleep apnea, snoring, hypoxia or other sleep-related disorders.
(This test requires a diagnosis of apnea from a previous sleep study; please fax all previous studies to 217-238-4909)

95805 & 95810 — **Multiple Sleep Latency Test (MSLT) Maintenance of Wakefulness test (MWT)**
OR Nap studies to evaluate sleepiness and/or narcolepsy performed the morning following a full night PSG
95805 & 95811 — Or order 95805 with 95811 for persons already diagnosed with sleep apnea and who currently use a CPAP machine

95806 — **Home Sleep Study**
Portable monitoring equipment used to assess snoring and sleep apnea in the patient's home.
Please select location for patient to pick up home sleep test device: ❑ **Mattoon** ❑ **Effingham**