

CATHOLIC HEALTH SLEEP STUDY PRESCRIPTION

Mercy Hospital of Buffalo
Marian Professional Bldg
515 Abbott Road Suite 102-B
Buffalo, NY 14220
Ph: 828-2335 ♦ Fax: 828-2396

Kenmore Mercy Hospital
2950 Elmwood Avenue
Kenmore, NY 14217
Ph: 447-6046 ♦ Fax: 447-6047

Sisters of Charity Hospital
St. Joseph Campus
2605 Harlem Road
Cheektowaga, NY 14225
Ph: 891-2782 ♦ Fax: 891-2781

***** Fax completed Sleep Prescription to the sleep lab choice - We will contact the patient to schedule*****

PATIENT INFORMATION

Date: _____

Name: _____ DOB: _____ Phone: _____

Consultation with Sleep Physician to Evaluate and Manage Sleep Disorder

STUDY TYPE:

CPT CODE

DESCRIPTION

- | | | |
|---|-------------|---|
| <input type="checkbox"/> Polysomnogram/PAP Titration | 95810/95811 | Diagnostic study with titration per recommendations of interpreting physician |
| <input type="checkbox"/> Polysomnogram (PSG) only | 95810 | Diagnostic study in sleep lab |
| <input type="checkbox"/> CPAP/BiPAP Titration | 95811 | Titration for previously diagnosed patients only |
| <input type="checkbox"/> MSLT | 95805 | Daytime study for EDS (PSG preformed preceding night) |
| <input type="checkbox"/> MWT | 95805 | Maintenance of Wakefulness Test |
| <input type="checkbox"/> Portable Unattended Sleep Test | 95806 | Diagnostic unattended sleep study recording heart rate, oxygen saturation, respiratory airflow and respiratory effort |

REASON FOR STUDY: (please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Sleep Apnea Unspecified (780.54) | <input type="checkbox"/> Loud Snoring (786.09-1) |
| <input type="checkbox"/> Obstructive Sleep Apnea (327.23) | <input type="checkbox"/> Shift Work Disorder (327.36) |
| <input type="checkbox"/> Sleep Hypoventilation / hypoxemia (327.26) | <input type="checkbox"/> Sleep Walking (307.46) |
| <input type="checkbox"/> Insomnia (307.42) | <input type="checkbox"/> Periodic Limb Movement Disorder (327.51) |
| <input type="checkbox"/> Narcolepsy (347.00) | <input type="checkbox"/> Restless Leg Syndrome (333.94) |
| <input type="checkbox"/> Hypersomnia (780.54) | <input type="checkbox"/> Morbid Obesity (278.01) |
| <input type="checkbox"/> Maintaining Wakefulness Disorder (307.44) | |
| <input type="checkbox"/> Other (please specify): _____ | |

DURABLE MEDICAL EQUIPMENT (DME) SET-UP PER RECOMMENDATIONS OF INTERPRETING

PHYSICIAN: (Please check box if you would like us to contact and send sleep reports to the DME company for patient setup)

- Catholic Health Home Respiratory DME** Company for Set Up
 Referring Provider preferred DME Company: _____
 Referring Provider will make DME arrangements

Referring Provider Signature _____

Referring Provider (please print) _____

Referring Provider Address _____

Phone _____

Fax _____

