

# Referral Form

When providing an enlarged copy of Patient's Insurance Card and/or Patient Demographic/Insurance information is not necessary to complete entire form.

Patient: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Home/Phone: (\_\_\_\_) \_\_\_\_\_  
 Sex:  M  F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Work/Mobile: (\_\_\_\_) \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Primary Insurance Company: \_\_\_\_\_  HMO  PPO  POS  EPO  
 Referring Provider: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

I AUTHORIZE THE FOLLOWING SLEEP STUDY TO BE PERFORMED AT THE GRANDHEALTH INSTITUTE FACILITY (CHECK ONE):

- Evaluate and Treat** (CPT 95810 & 95811) Polysomnography, with 2nd night CPAP Titration, if indicated.
- Polysomnogram (PSG)** (CPT 95810) 1st Night Diagnostic Study for Evaluation Only.
- CPAP / BiPAP Titration** (CPT 95811) 2nd Night Titration following Diagnostic Study with DX of:
- Follow up CPAP Titration** (CPT 95811) For Patients currently using CPAP therapy.
- Split Night Study** (CPT 95811) Initial Diagnostic period followed by RDI > 40. CPAP initiation for:
- MSLT** (CPT 95805) Daytime Nap Study for EDS (PSG performed the preceding night).
- Consultation with a Sleep Specialist** Evaluation and Management of Patient for Sleep Complaints.
- Consultaion with a Pulmonologist** Evaluation and Management of Patient for Pulmonology.

THIS SLEEP STUDY IS MEDICALLY NECESSARY BECAUSE THE PATIENT IS EXHIBITING THE FOLLOWING SYMPTOMS:

Order must have at least one primary diagnosis.

**\*PRIMARY DX**

- 327.23** OSA - Witnessed breathing pauses during sleep
- 780.54** Excessive Daytime Sleepiness/Hypersomnia
- 780.52** Insomnia of unknown etiology.
- 347.00,01** Narcolepsy - Daytime sleep attacks
- 780.51** Insomnia with apnea
- 327.51** Periodic limb movements during sleep
- 333.94** Restless legs while falling asleep
- Other:**

**\*SUPPORTING DX**

- 786.09\* Loud or Disruptive snoring
  - 780.09\* Somnolence or Drowsiness
  - 780.79\* Fatigue or Malaise
  - 278.00\* Obesity
  - 278.01\* Morbid Obesity
  - 307.45\* Shift Work Disorder
- \*Must include a PRIMARY DX.

Previous Sleep Study  Yes  No When: \_\_\_\_\_ Where: \_\_\_\_\_  
 Currently on CPAP:  Yes  No Since When: \_\_\_\_\_ Pressure: \_\_\_\_\_

Special Instructions:

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