# Home Sleep Study & Therapy Order

Nevada Sleep Diagnostics

*Promoting Better Sleep Health for 16 Years*


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The Joint Commission

* 62 N. Pecos Rd., Suite B. Henderson, NV 89074 *

* 2911 N. Tenaya Way, Suite 200. Las Vegas, NV 89128 *

* 661 S. Blagg Rd., Pahrump, NV 89048 *


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

Phone Number:_____ Height:_____ Weight:_____

**FAX THIS FORM WITH:**

- ☑ Clinical notes that report fatigue, witnessed apnea or falling asleep at work or in the car
- ☑ Copy of the current insurance card and demographics
- ☑ Copy of most recent sleep study if not conducted by NSD

**Study / Therapy Ordered:**

- ☐ **Home Sleep Apnea Test (HST) 95806 - Not Applicable for Medicare and Medicaid Patients**
- ☐ **Diagnostic Sleep Study (PSG) 95810, followed by another night for CPAP titration study 95811 if positive for sleep apnea**
- ☐ **Split Night Study 95811**
- ☐ **Diagnostic Sleep Study (PSG) 95810**
- ☐ **CPAP Titration 95811**
- ☐ **CPAP-BIPAP @_____ CmH2O + Supplies**
- ☐ **Overnight Pulse Oximetry 94762 with Sleep Health Summary**
- ☐ **Evaluation + Review with RPSGT**
- ☐ **CPAP Compliance Review with RPSGT**

***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.**