

Southern California Sleep Disorders Specialists
 at Walnut Grove Medical Center

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SLEEP EVALUATION REQUEST

Patient Name: _____	DOB: _____
Address: _____	
Patient Contact Home: _____	Work: _____ Cell: _____

- Consultation with an Accredited Sleep Physician** Initial consultation CPT #99244
 Consultation with board certified sleep physician for all sleep/wake disorders. Follow up CPT #99214

- Polysomnography (PSG) *Baseline Study*** CPT #95810
 An overnight sleep study in which there is continuous monitoring of the following:
 Electroencephalogram, electrooculogram, submental electromyogram, body position, movement, Electrocardiogram, oxygen saturation (pulse oximetry), nasal/oral airflow, chest and abdominal movement, anterior tibialis electromyogram.

- Continuous Positive Airway Pressure (CPAP) *PAP Therapy Study*** CPT #95811
 Prescribed for a second night Polysomnography after a positive diagnosis of Obstructive Sleep Apnea.

- Split-Night (Split) *Combination of Diagnostic and PAP Therapy Study*** CPT #95811
 CPAP treatment is initiated after a period of baseline recording indicates the patient meets CPAP initiation protocol requirements.

- Multiple Sleep Latency Test (MSLT) *Daytime Study*** CPT #95805
 A series of naps performed during the day following a polysomnogram, for patients with symptoms of unexplained daytime somnolence. An MSLT can be diagnostic for Narcolepsy.

- Maintenance of Wakefulness Test (MWT) *Daytime Study*** CPT #95805
 A series of naps performed during the day following a polysomnogram, to assess the ability to remain awake throughout the day despite possible suboptimal conditions.

- Daytime Desensitization Study (PAP-Nap) *2 Hour Daytime Appointment*** CPT #95807-52
 To acclimate and desensitize to PAP therapy to increase compliance to positive airway pressure (PAP) therapy among patients with sleep disordered breathing (SDB)

- Home Sleep Test (HST) *In Home, Screening Diagnostic (PSG) Study, 2 Nights*** CPT #95806
 To screen patients for obstructive sleep apnea, who are unable to attend an in-lab diagnostic study.

Please fax an H&P, Insurance Card, Authorization (if HMO insurance) with this order form

Physician Signature: _____	
Print Physician Name: _____	Specialty: _____
Office Contact Person: _____	Phone: _____ Fax: _____