

Baylor Scott & White Medical Center – Frisco Sleep Lab
5757 Warren Parkway, POB II, Suite 235
Frisco, TX 75034

Patient Information				
First, Last:	Address:			
Home Phone:	Alternate Phone:			
Date of Birth:	Height:	Weight:	Gender:	Male Female
Insurance Company:				

Physician Information				
Practice Name:	(First, Last):			
Address:	Contact:			
City:	State:	Zip:		
Office Phone:	Office Fax:			

Procedure Ordered	-- Please check a sleep study service
<input type="checkbox"/> Evaluate and Treat -- (CPT 95810 & 95811) Polysomnogram with 2nd night CPAP Titration if indicated. <input type="checkbox"/> Home Sleep Test (HST) -- (CPT 95806) Four channel Type III testing unattended sleep study. <input type="checkbox"/> Diagnostic PSG -- (CPT 95810) 1st night diagnostic only . No CPAP therapy will be applied. IMPORTANT: _____ Initial here to authorize a home sleep study (CPT 95800) if an attended study is denied by the insurance company. <input type="checkbox"/> CPAP Titration -- (CPT 95811) 2nd night Titration study only . Only after positive 1st night diagnostic study (Must have copy of PSG on file.) <input type="checkbox"/> Bi-Level Titration -- (CPT 95811) Patient failed CPAP and requires further titration efforts. <input type="checkbox"/> ASV Titration -- (CPT 95811) Confirmed Central Sleep Apnea. <input type="checkbox"/> Split Night PSG -- (CPT 95811) Diagnose and Treat (CPAP Therapy) in the same night. Patient must meet AHI > 40 to receive treatment. IMPORTANT: _____ Initial here to authorize your patient's return for CPAP titration if titration is unable to be performed. <input type="checkbox"/> Multiple Sleep Latency Test (MSLT) -- (CPT 95805) Daytime study following a full night PSG to diagnose narcolepsy or excessive daytime sleepiness. <input type="checkbox"/> Maintenance Wakefulness Test (MWT) -- (CPT 95805) Daytime study to verify wakefulness in a sleep inducing environment. <input type="checkbox"/> Sleep Specialist Consultation -- Appointment with Sleep Specialist, evaluate and follow-up recommendations.	

Study Indications	-- Please check all that apply for insurance authorization (ICD-10 / ICD-9)
<input type="checkbox"/> Obstructive Sleep Apnea (G47.33 / 327.23) <input type="checkbox"/> Sleep Disturbance, Unspecified (G47.9 / 780.55) <input type="checkbox"/> Sleep Apnea, Unspecified (G47.30 / 327.20) <input type="checkbox"/> Hypersomnia, Unspecified (G47.10 / 327.10) <input type="checkbox"/> Insomnia (G47.00 / 307.42) *if only code checked, we would recommend an Initial Consultation* <input type="checkbox"/> Sleep Related Movement, Unspecified (G47.69 / 327.59) <input type="checkbox"/> Narcolepsy with Cataplexy (G47.411 / 347.01) <input type="checkbox"/> Narcolepsy, w/o Cataplexy (G47.419 / 347.00)	Personal Health Indicators <input type="checkbox"/> Hypertension <input type="checkbox"/> Cardiovascular Disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Obesity <input type="checkbox"/> Stroke / TIA <input type="checkbox"/> Chronic Heart Failure <input type="checkbox"/> Snoring <input type="checkbox"/> Fatigue <input type="checkbox"/> Atrial Fibrillation <input type="checkbox"/> Excessive Daytime Sleepiness
MD Signature: _____	Date: _____ Time: _____

Please Fax Order Form, Clinical Notes, and a copy of Insurance Card to

Fax: 972-473-2335 Phone: 972-473-2339

Thank You For Your Referral!

BAYLOR SCOTT & WHITE MEDICAL CENTER – FRISCO

Sleep Test Order Form-- MD Order for Sleep Test



SLEEPMDORDER

(Rev. 08/03/20)