Certificate of Medical Necessity for a Sleep Study

Diagnosis supporting study:

Diagnosis	Code		Diagnosis	Code	
Sleep Disturbance	780.57	_______	Hyperventilation	786.01	_______
Hypersomnia	780.53	_______	Hyposomnia	780.51	_______
Daytime Somnoience	780.09	_______	Dyspnea	786	_______
Snoring	786.09	_______	Tachypnea	786.06	_______
Restless Leg Syndrome	333.99	_______	Narcolepsy	347	_______
COPD	492.8	_______	Seizures	780.39	_______
Mental Retardation	319	_______	CHF	428	_______
Sleep Walking	307.46	_______	Sleep Terrors	307.4	_______
Dementia	331.1	_______			

Type of Study Requested:

_______ Baseline Sleep Study (PSG)
_______ 2 Night Study Protocol (PSG and CPAP, Recommended)
_______ CPAP Tiration/Reassessment
_______ BiPAP Tiration/Reassessment
_______ Multiple Sleep Latency Test (MSLT)
_______ Maintenance of Wakefulness (MWT)
_______ PSG with CPAP Tiration if RDI > _______ and/or SaO2 < _______%. (Split night Not Recommended)

Study Interpretation by Dr.:____

Pertinent Patient Findings: ____
____
____

Permission to administer 10mg Lunesta in no sleep onset within first hour of study. YES______ NO______

Physician Name: ____________________ Signature: ____________________
Adress: ____________________ NPI: ____________________
____________________ Date: ____________________
Phone: ____________________ Fax: ____________________

Note: Please include a face sheet with the patients demographics and insurance information and fax to 512-303-0885, attention Sleep Lab.

Once the patient has been scheduled you will receive a fax with the patient's name and date of study.

____________________	____________________
Patient Name	Schedule Date
Address	Scheduled Time
City, State, Zip	Phone Number
DOB	