



SLEEP DISORDERS SERVICES

PATIENT IMPRINT

PATIENT LEGAL NAME	DATE OF BIRTH	PATIENT PHONE: H, W, C
INSURANCE NAME	MEMBER / POLICY / ID #	
PHYSICIAN NAME	PHYSICIAN TELEPHONE	PHYSICIAN FAX
SYMPTOMS		ICD 10

- Prov. St. Vincent Medical Center
 Prov. Portland Medical Center
 Prov. Milwaukie Hospital
 Prov. Medford Medical Center
 Prov. Newberg Sleep Center
 (see back for detailed contact info.)

Please Enclose: (Required for Accreditation)

- Copy of Insurance Card
 H & P and/or Chart Notes, incl. Sleep History
 Medications/Allergies

Indications for Referral/Sleep Study:

- Snoring
 Insomnia
 Hypoventilation/Hypercarbia
 Observed Apnea
 Bariatric Surgery
 REM Behavior Disorder
 Excessive Daytime Sleepiness
 Restless Legs/PLMS
 Parasomnia: _____
 Retitration CPAP/BiPAP
 Hypoxemia
 Other: _____

Medications

- By signing this order-form – I signify the patient has been deemed capable of self-administering their own medications.
- Sleep personnel are not able to administer any medications during the patient’s stay in the sleep center.
- Sleep Aid – if desired by patient/provider, please have patient fill a prescription for a sleep aid, such as Ambien, 5 mg or 10 mg qhs PRN insomnia, and bring the medication with them to the sleep center. (we are unable to fill the written prescription)
 - o It is our policy to monitor the patients for a minimum of 6 hours after last dose of sleep aid.
 - o JCAHO Policy prevents us from dispensing medications, including over-the-counter medications such as Tylenol.

Referral Options: Please choose one of the following check-box options.

- Direct Sleep Study Referring physician is responsible for reviewing results of sleep study with patient, follow-up and ongoing treatment. Patient WILL NOT meet with sleep specialist:**
 - Routine Sleep Study - CPT 95810 or 95811**
Split-night (CPAP) protocol will be used, if criteria met
Interpreting physician may arrange for qualifying patients to return for a titration study.
 - CPAP/BiPAP Titration - CPT 95811**
Provide copy of previous study if done at another facility.
 - Re-Titration - CPT 95811**
Current CPAP/BiPAP Settings? _____
- Consultation with Sleep Specialist** Sleep specialist will provide consult, sleep study if indicated, treatment and follow-up with patient. (Use this section if you want all aspects of the sleep disorder, treatment and follow-up taken care of through our center and specialists.)
- Home Sleep Test - CPT 95806** Patient will consult with sleep specialist to assure AASM Standards are met and patient is an appropriate candidate for HST. Sleep specialist will provide follow-up, sleep study and/or other treatment as indicated.
- Pediatric Sleep Study (ages 6 mo to 12 yo) - CPT 95782 or 95783** will provide consult with pediatric sleep specialist and any indicated testing/follow-up.
- Other Services** These studies **may require** consultation with a sleep specialist.
 - MSLT - CPT 95805 MWT - CPT 95805 BiPAP Auto-SV Titration- CPT 95811 AVAPS Titration - CPT 95811
 - Parasomnia Evaluation - CPT 95810 or 95811 Specify _____

Special Instructions:

Physician Signature: _____ Date: _____ Time: _____

<p>Providence St. Vincent Sleep Center 9155 S.W. Barnes Road, Suite 409 Portland, OR 97225 Phone: 503.216.2010 Fax: 503.216.2614</p>	<p>Providence Portland Sleep Center 4805 N.E. Glisan Street, Floor 3M Portland, OR 97213 Phone: 503.216.2010 Fax: 503.216.2614</p>
<p>Providence Milwaukie Sleep Lab 10150 S.E. 32nd Ave. Portland, OR 97222 Phone: 503.216.2010 Fax: 503.216.2614</p>	<p>Providence Newberg Sleep Center 1515 Portland Road Newberg, OR 97132 Phone: 503.537.5649 Fax: 503.537.5645</p>
<p>Providence Medford Sleep Center 1111 Crater Lake Ave Medford, Oregon 97504 Phone: 503-216-2010 Fax: 503-216-2614</p>	<p>Providence Sleep Centers Website: www.providence.org/sleep</p>

Frequently Asked Questions

Q: How do I order a Home Sleep Test?

A: Check Home Sleep Test box under section 2 of the order form – the consultation section. Providence follows American Academy of Sleep Medicine standards for assuring these patients meet evidence-based standards for indications for Home Sleep Testing.

Q: What happens when I order a Sleep Consultation?

A: We will coordinate scheduling the patient with one of our Board-Certified Sleep Specialists who will do a comprehensive evaluation, order testing, provide follow-up and order any indicated treatment. You will be sent the results of the consultation, testing, treatment and follow-up.

Q: What are the criteria for CPAP?

A: Most insurances follow Medicare criteria, which requires adult patients with obstructive sleep apnea syndrome (OSAS) to have an AHI (apnea-hypopnea index; the number of apneas and hypopneas per hour of sleep) > 15. Alternatively, if the AHI is > 5 but < 15, CPAP is covered if the patient has excessive daytime sleepiness, impaired cognition, mood disorders or insomnia, or documented hypertension, ischemic heart disease, or history of stroke.

Q: What is a split-night study?

A: A split-night study is when both a diagnostic PSG and a CPAP titration are performed in the same night. Such studies avoid having the patient return for a second titration study and are more cost effective. About 1/3 of our patients with OSAS qualify for a split-night study. The remaining 2/3 either do not require further study, or are best served by returning for a second night completely dedicated to titration of CPAP/BiPAP.

Q: What are the criteria for a split-night study?

A: Medicare requires two full hours of diagnostic sleep time, that is, actual time spent in sleep. To be confident of the diagnosis of OSAS, we require that the patient have an AHI of > 20. A patient may be placed on CPAP earlier for severe/sustained desaturations or severe cardiac arrhythmias. Both of these requirements must be met before 3:00 AM in order to permit adequate time for titration.

Q: Why didn't my patient get a split-night study?

A: The most common reason is an overall AHI of < 20. Some patients will have an AHI of > 20 by the end of the study, but will not manifest their apneas/hypopneas early enough in the study to meet the 3:00 AM deadline. Less commonly, a patient's sleep is so disturbed, either by OSAS or from trying to sleep in an unfamiliar environment, that they do not achieve two hours of sleep by 3:00 AM.

Q: What is a complete CPAP/BiPAP titration?

A: OSAS is typically most severe during REM sleep in the supine position. An optimal CPAP setting should control apneas/hypopneas, desaturations, and snoring during supine REM sleep, and identifying that pressure constitutes a complete titration. For the occasional patient who truly does not sleep supine, a setting that permits non-supine REM sleep can be acceptable. CPAP titration which does not achieve the above criteria is considered incomplete.