

# Centra Sleep Disorder Centers

**Virginia Baptist Hospital**  
Lynchburg, Virginia  
Phone (434) 200-4628

**Southside Community Hospital**  
Farmville, Virginia  
Phone (434) 315-2407

## Request For Sleep Disorders Testing

After Scheduling Sleep Study...Fax Order Sheet To: **434-200-4400 - Lynchburg** **434-315-2408 - Farmville**

\*\*\*Please **INCLUDE** Patient Demographics, Insurance Card, Clinical Notes, & Completed Health History Questionnaire\*\*\*

Date of Study: \_\_\_\_\_  Cancellation List Medical Record #: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Epworth Sleepiness Score: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI \_\_\_\_\_ Neck Circumference \_\_\_\_\_

### Signs and Symptoms:

Witnessed Apnea G47.30  Snoring R06.83  Excessive Daytime Sleepiness G47.10  Insomnia G47.00  HTN I10

Frequent Awakenings G47.9  Obstructive Sleep Apnea (Adults/ pediatric) G47.33  Obesity Hypoventilation Syndrome E66.2

Parasomnias G47.54  Suspect PLMD G25.81  Central Apnea G47.31  Altered Mental Status R41.82

Idiopathic hypersomnia w/long sleep time G47.11  Idiopathic hypersomnia w/o long sleep time G47.12

Other: \_\_\_\_\_  Other: \_\_\_\_\_ Prior sleep study/ CPAP/ Bilevel use \_\_\_\_\_

YES  NO

Is patient on any narcotics?

YES  NO

Is patient on oxygen? How much? \_\_\_\_\_

### Split Night Study

• Diagnostic-Split **IF** criteria is met  
**CPT: 95811 (Attended)**

### PAP Titration

• Patient must have prior  
diagnostic study  
**CPT: 95811 (Attended)**  
CPAP / BiLevel titration / ASV

### Polysomnogram (PSG)

• Entire night study  
**CPT: 95810 (Attended)** EEG, EOG,  
EMG, EKG, Airflow, Resp Effort,  
SpO2, Body Pos

### PapNap

• Assistance in solving issues for  
CPAP noncompliance  
**CPT: 95807 (Attended)**

### At Home

**Portable Sleep Study**  
• If insurance approves  
• Entire night diagnostic study  
**CPT: 95806 (Unattended)**  
Cardiopulmonary and limited sleep  
data

### Multiple Sleep Latency Test (MSLT)

### Maintenance of Wakefulness Test (MWT)

• Patient must have previous PSG  
Study  
• If Narcolepsy is suspected (MSLT)  
**CPT: 95805 (Attended)**

### Special Instructions and Requests:

Insurance \_\_\_\_\_  
Policy # \_\_\_\_\_  
Group # \_\_\_\_\_

**YES** - Patient will be referred to LPA Sleep Wellness Center after sleep study.

**NO** - This ordering physician will assume responsibility for management of sleep disorder diagnosed by this study

**NOTE:** All patients tested at the CSCH Sleep Center will be followed in the clinic located at the hospital **434-315-2407**

Office Stamp

Facility Name/Address: \_\_\_\_\_

Provider Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

Provider Printed Name \_\_\_\_\_ Dictation # \_\_\_\_\_

Sleep Center Physician Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

Sleep Center Physician Printed Name \_\_\_\_\_ Dictation # \_\_\_\_\_

Patient Label

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Sleep Disorder Centers  
Request For Sleep Disorders Testing  
Centra #999-2248  
Rev 02/12/21  
[www.centrahealth.com](http://www.centrahealth.com)

DRAFT