East Jefferson General Hospital
LCMC Health

Sleep Disorder Center Orders

Accredited by the American Academy of Sleep Medicine

Physician Office Staff Instructions: Please Fax This Order to (504)503-5919 EJ North 4320 Houma Blvd. Metairie, La 70006 CALL TO SCHEDULE (504) 503-5920 Monday- Friday, 7:00a.m. – 3:30p.m.	Order date _____ If recurring, order duration _____
PATIENT INFORMATION	**INSURANCE INFORMATION**
Patient Name (Please Print) Last First Middle	Insurance Company(s) Name/Phone Number(s):
Date of Birth Sex Home Phone	Policy/Group Number(s): # 1
Work Phone Cell Phone	Policy/Group Number(s): # 2
Physician Name (please print) Last First Middle	Authorization #(s): must be provided if required for study

Physician's Signature (Required)	Date	Time	NPI#

DIAGNOSIS/ICD-10 CODE (Please check)

- ❑ Sleep Apnea Unspecified, G47.30
- ❑ Obstructive Sleep Apnea, G47.33
- ❑ Organic Hypersomnia, unspecified, G47.10
- ❑ Narcolepsy without Cataplexy, G47.419
- ❑ Narcolepsy with Cataplexy, G47.411
- ❑ Morbid (Severe) Obesity with Alveolar Hypoventilation, E66.2
- ❑ Other (please indicate including ICD-10 code) _____

TEST (Please check) below:

	CPT CODE:
❑ Split Night Study (with CPAP titration, if indicated)	95811
❑ Diagnostic Sleep Study (without CPAP titration)	95810
❑ Return visit for CPAP Titration (if determined by Medical Director)	95811
❑ CPAP Titration	95811
❑ Home Sleep Test, Type III	G0399
❑ Multiple Sleep Latency Test (MSLT) with Urine Drug Screen	95805, 80305
❑ Maintenance of Wakefulness Test	95805
❑ Actigraphy Sleep Study (72 hours- 14 Days)	95803

~ORDERING INSTRUCTIONS~

In order to assure a successful sleep study; *please provide us with the following necessary information.*

1. **Order:** must include the patient's name, diagnosis, type of test and physician signature and date and time of signature.
2. **History:** must accompany order and include documentation of morning headaches, snoring, witnessed apnea or abnormal breathing patterns during sleep and duration of symptoms.
3. **Epworth Sleepiness Scale score (ESS):** required by the American Academy of Sleep Medicine
4. **BMI and Neck Circumference:** required by the American Academy of Sleep Medicine
5. **Insurance information**: policy number, group number, telephone number as well as any necessary referrals, authorizations, or pre-certifications from the Insurance Company. A legible copy of insurance card, enlarged if necessary.