



REFER

**SLEEP DISORDERS CENTER**  
2 Upper Ragsdale Drive, D-220  
Monterey, CA 93940  
(831) 649-7210 Fax (831) 649-7211

**Commercial insurance companies require preauthorization for any type of sleep study, including in-lab and home sleep studies. Medicare** requires office visit notes dated and showing discussion of sleep issues accompanying the referral. **Central California Alliance for Health (CCAH)** does not require prior authorization for in-lab sleep studies (CPT Codes 95810 & 95811), but the order must include office visit notes. A checklist has been included for your convenience.

- Complete all sections below. If the form is not completely filled out it will be faxed back for completion.
- Signature required on the signature line (Physician, Nurse Practitioner or Physician Assistant).**
- Request and obtain preauthorization for sleep study and/or Sleep Medicine consultation.
- Include patient's most recent progress note/consultation documenting the face-to-face discussion of their sleep problems (required by insurance).
- Include a copy of any prior sleep test reports.

Patient name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Phone no: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Services requested**

In-center sleep study:

- Diagnostic only (CPT 95810)
- Split Night (first half of study is diagnostic, pt. will be put on treatment the second half of the night IF they qualify (CPT 95810, 95811))
- Titration only (must have diagnostic sleep study results within 5 years of testing date) (CPT 95811)
- Home sleep apnea study (CPT 95806)
- Sleep Medicine consultation with a Sleep Doctor (CPT 99241-99245)

**Is the patient independent with ADL's?**

- Yes
- No, \_\_\_\_\_

Non-English Speaking: \_\_\_\_\_  
(indicate language)

Patient has a prescribed sleep aid: \_\_\_\_\_  
(medication/dose)

**Check appropriate symptoms and diagnoses**

- Excessive daytime sleepiness G47.19
- Falling asleep while driving
- Witness sleep apnea G47.30
- Loud snoring R06.83
- Obesity (body mass index 30 or higher) E66
- Hypertension I10
- Arrhythmia I49.9
- Oral appliance
- Restless legs, arms, or body G25.81
- Difficulty sleeping (insomnia) G47.0
- Nocturnal seizures N39.44
- Cataplexy G47.411
- Hypnagogic or hypnopompic hallucinations R44.3
- Sleep paralysis G47.53
- Post-op sleep apnea evaluation surgery performed: \_\_\_\_\_
- Other symptoms and diagnoses \_\_\_\_\_

Physician office phone number: \_\_\_\_\_ Physician office fax number: \_\_\_\_\_

Time \_\_\_\_\_ Date \_\_\_\_\_ Physician signature \_\_\_\_\_ Print physician full name \_\_\_\_\_



**Community Hospital**  
of the Monterey Peninsula  
Montage Health

**SLEEP DISORDERS REFERRAL**