Valley Sleep Center
A Night and Day Difference!

PHONE: (480) 830-3900
FAX: (480) 830-3901
valleysleepcenter.com

DIAGNOSTIC TESTING REQUEST FORM

ACCREDITED FACILITY MEMBER

Name _____
Address _____
_____ Zip Code _____
Phone _____
Diagnosis Code(s) _____
Social Security # _____
Primary Insurance _____
Secondary Insurance _____
DOB _____ Age _____ Gender _____
Height _____ Weight _____ Neck size _____

Physician _____
Physician NPI Number _____
Address _____
_____
Phone _____
Fax _____
Referral Contact _____

INDICATIONS FOR SLEEP TESTING

- ❑ G47.33 Observed Apneas/Witnessed Breathing Pauses
- ❑ G47.31 Central/Complex Apnea
- ❑ R06.83 Snoring
- ❑ G47.429 Narcolepsy
- ❑ G47.30 Habitual Choking, Gasping, or Night Sweats
- ❑ I10 Hypertension
- ❑ Other _____
- ❑ G47.10 Excessive Daytime Sleepiness/Hypersomnia
- ❑ E66.01 Obesity or Significant Weight Gain
- ❑ R63.4 Abnormal Weight Loss
- ❑ G47.61 Excessive or Abnormal Body/Limb Movements
- ❑ F51.8 Abnormal Sleep Behaviors (violent or injurious)

SCREENING FOR OBSTRUCTIVE SLEEP APNEA

STOP		
S (snore)	Have you been told that you snore?	YES / NO
T (tired)	Are you often tired during the day?	YES / NO
O (obstruction)	Do you know if you stop breathing or has anyone witnessed you stop breathing while you are asleep?	YES / NO
P (pressure)	Do you have high blood pressure or are you on medication to control high blood pressure?	YES / NO
BANG		
B (BMI)	Is your body mass index greater than 28?	YES / NO
A (age)	Are you 50 years old or older?	YES / NO
N (neck)	Are you a male with a neck circumference greater than 17 inches, or a female with a neck circumference greater than 16 inches?	YES / NO
G (gender)	Are you a male?	YES / NO

TYPE OF TESTING REQUESTED

- ❑ **95811/95810** Split PSG (Initiate PAP if Medicare/AASM AHI >15/hr*)
  - ❑ If a second sleep study is required to achieve PAP titration please proceed
- ❑ **95811** Adult PAP Titration (Previous Diagnostic Study Required)
- ❑ **95810** Adult PSG (No PAP Initiated)

- ❑ **95805** MWT (Drivers and Pilots)
- ❑ **95805** MSLT (Preceding PSG Required)

- ❑ **95810** Youth PSG (No PAP Initiated: $ETCO_2$ Monitored **(Ages 6+)**
- ❑ **95811** Youth Titration **(Ages 6+)**
- ❑ **95782** Pediatric PSG ❑ **95783** Pediatric Titration

- ❑ **95806** Home Sleep Test (Nocturnal Oximetry Included) Interpreted by a Board Certified Sleep Physician
- ❑ **94762** Nocturnal Oximetry
  - ❑ On Room Air ❑ On O_2 @ _____ Lpm

- ❑ **Sleep Consultation with a Board Certified Sleep Physician**
- ❑ **Follow-up Consultation after Sleep Study**

Special Instructions:

Physician Signature: **Date:**

PLEASE BE SURE TO INCLUDE THE FOLLOWING WITH THIS FORM:
• Clinical Notes • Insurance Info/Card(s) • Signed Order

LARGEST ACCREDITED SLEEP CENTER IN ARIZONA

MESA
4555 E. INVERNESS
BLDG. 3
MESA, AZ 85206

BILTMORE
4141 N. 32ND ST.
SUITE 104
PHOENIX, AZ 85018

ARROWHEAD
6320 W. UNION HILLS
BLDG. B, SUITE 1000
GLENDALE, AZ 85308

CHANDLER
1120 S. DOBSON RD.
BLDG. B, SUITE 100
CHANDLER, AZ 85286

SCOTTSDALE
9767 N. 91ST ST.
BLDG. B, SUITE 104
SCOTTSDALE, AZ 85258