Valley Sleep Center
A Night and Day Difference!

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

ACCREDITED FACILITY MEMBER

DIAGNOSTIC TESTING REQUEST FORM

Name _____ Practice Name _____

Address _____ Physician _____

_____ Zip Code _____ Physician NPI Number _____

Phone _____ Address _____

Patient Email _____ _____

Primary Insurance _____ Phone _____

Secondary Insurance _____ Fax _____

DOB _____ Age _____ Gender _____ Provider Contact Name _____

Height _____ Weight _____ Neck Size _____ Contact Email _____

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)

TYPE OF TESTING REQUESTED

- ☐ **Sleep Consultation and Management**
- ☐ **NO Sleep Consult or Follow-up 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
- ☐ **95806-26** Home Sleep Test Interpretation Only
- ☐ **94762** Nocturnal Oximetry
  - ☐ On Room Air ☐ On O_2 @ _____ Lpm
- ☐ Inspire (Upper Airway Stimulation) Consult
- ☐ Sleep to Slender (Medically Supervised Weight Management)
- ☐ CBT-I (Cognitive Behavioral Therapy for Insomnia)

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

CHANDLER
1120 S. Dobson Rd.
Bldg. B, Suite 100
Chandler, AZ 85286

GLENDALE
6320 W. Union Hills Dr.
Bldg. B, Suite 1000
Glendale, AZ 85308

GOODYEAR
13481 W. McDowell Rd.
Suite 200A
Goodyear, AZ 85395

MESA
4555 E. Inverness
Bldg. 3
Mesa, AZ 85206

PHOENIX
4141 N. 32nd St.
Suite 104
Phoenix, AZ 85018

SCOTTSDALE
9767 N. 91st St.
Suite B104
Scottsdale, AZ 85258