

Sleep Testing Referral Form

Please attach copy of insurance card, patient demographics,
and provider notes and fax to: (303) 957-5414



Mountain
Sleep Diagnostics

LOCATIONS:

Phone: (303) 396-5923

- Brighton** 191 Telluride St Suite 5
 Broomfield 3301 W. 144 Ave Suite 205
 Colorado Springs 1849 Austin Bluffs Pkwy Suite 150
 Denver 1210 S. Parker Rd. Suite 100
 Glenwood Springs 1517 Blake Ave Suite 202
 Littleton 8151 Southpark Ln Suite 200
 Longmont 2350 17th Ave Suite 201
 Woodland Park 821 Lafayette Ave

Patient Name: _____

Date of Birth: ____/____/____ Phone: (____) _____ - _____

Overnight Sleep Study Requested:

- Split Night OR In Home Sleep Study, with SLEEP CONSULT** - Split Night is baseline (CPT 95810) or CPAP/BiPAP/ASV titration (CPT 95811). If patient's insurance requires In Home, (CPT 95800).
 Split Night OR In Home Sleep Study - Split Night is baseline (CPT 95810) or CPAP/BiPAP/ASV titration (CPT 95811). If patient's insurance requires In Home, (CPT 95800).
 Altitude Testing - Select if patient's home altitude is more than 1,000 ft. higher than testing location. Performed in Littleton and Glenwood Springs locations only.
 In Home Sleep Study - (CPT 95800) CPAP/Bi-Level Titration may follow in lab, if appropriate.
 Baseline Diagnostic Polysomnogram Only - (CPT 95810)
 CPAP/Bi-Level/ASV Titration Only - (CPT 95811)
 Home Nocturnal Pulse Oximetry on Room Air If appropriate, please circle: CPAP | Supplemental Oxygen | Oral Appliance
 MSLT (Multiple Sleep Latency Test) - For patients with suspected Narcolepsy. (CPT 95805) (Should be scheduled after a PSG on the previous night.)
 Sleep Consultation - Our doctors will consult, order tests and equipment as needed, and follow all insurance compliance requirements.

**For patients who have difficulty sleeping, please prescribe a sleep aid for the patient to self-administer on the night of the study. Eszopiclone or Zolpidem will not significantly affect breathing and may improve sleep.*

Reason(s) for Study:

- Obstructive Sleep Apnea (G47.33) Morbid Obesity (E66.01)
 Hypersomnia with Sleep Apnea (G47.10) Unspecified Sleep Apnea (G47.30)
 Insomnia with Sleep Apnea (G47.00) Sleep Disturbances (G47.9)
 Sleep Arousal Disorder-repetitive intrusions of sleep (307.46)
 Other _____
 Please arrange DME (preferred DME) _____

Physician Signature _____ Date _____

Physician Name (Print) _____ NPI # _____

Contact Name _____

Office Phone _____ Office Fax _____

Insurance Information: We will verify coverage and obtain prior authorization.

Fax: (303) 957-5414