

# A·S·L Advanced Sleep Labs, LLC

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Fax: (573) 449-4491

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_ Ins. ID#: \_\_\_\_\_ Group#: \_\_\_\_\_

Diagnosis/ICD-10 Code(s): \_\_\_\_\_ Special Instructions: \_\_\_\_\_

**Please include the following documentation (Required per Insurance Guidelines):**

- Signed referral/ASL order form - with providers' signature & study checked.
- Patient demographics
- Insurance information - (preferably copies of the front and back of the insurance card(s) if available).
- Most recent consult (face to face) - with ordering provider discussing the reason for visit, patients sleep complaints /issues, that a sleep study is being ordered.
- Any other related or pertinent/associated information - (e.g., prior sleep studies or screenings, prior pulse oximetry's, etc.).

**Patient Symptoms (check all that apply):**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Snoring                              | <input type="checkbox"/> REM Behavior Disorder (RBD)    | <input type="checkbox"/> Cataplexy / Narcolepsy                       |
| <input type="checkbox"/> Observed Apnea                       | <input type="checkbox"/> Congestive Heart Failure (CHF) | <input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD) |
| <input type="checkbox"/> Hypertension                         | <input type="checkbox"/> Hypoxemia                      | <input type="checkbox"/> Cerebrovascular Accident (CVA)               |
| <input type="checkbox"/> Restless Legs / PLMS                 | <input type="checkbox"/> Hypoventilation / Hypercapnia  | <input type="checkbox"/> Morbid Obesity or BMI: _____                 |
| <input type="checkbox"/> Excessive Daytime Sleepiness/Fatigue | <input type="checkbox"/> Mood Disorders                 |   |

**Medications:**

- Sleep Aid – if desired by patient/provider, please have patient fill a prescription for a sleep aid and bring the medication with them to the sleep center. (we are unable to fill the written prescription)
- Sleep personnel are not able to administer any medications during the patient's stay in the sleep center, including over-the-counter medications such as acetaminophen or NSAID.

**Sleep Testing (with CPT codes):** (Referring physician is responsible for reviewing results with patient, follow-up and ongoing treatment).

**Routine Sleep Study - CPT 95810 or 95811**

Split-night (diagnostic w/ intervention) protocol will be used if criteria are met. Interpreting physician may recommend for qualifying patients to return for subsequent studies for titration of PAP.  
(unless otherwise indicated per referring provider)

**Pediatric Sleep Study (ages 5 and greater)**

- CPT 95782/95810 - Baseline Diagnostic only.  
(call on-call physician before initiating treatments, standard on pediatrics) with ETCO<sub>2</sub> monitoring (standard on all pediatric testing).

**CPAP/Bilevel/ASV Titration - CPT 95811**

Provide copy of previous study if done at another facility.  
(a recent echocardiogram is needed for/prior to ASV titration)

**PAP Re-Titration - CPT 95811**

Current Therapy/Settings? \_\_\_\_\_

**Home Sleep Test - CPT 95806** - with subsequent studies for titration of PAP therapy as necessary.

(unless otherwise indicated per referring provider)

**Additional Sleep Testing Procedures/Services:** (These studies may require consultation with a sleep specialist).

**Multiple Sleep Latency Testing (MSLT) - CPT 95805** (narcolepsy)

**Parasomnia / REM Behavior Disorder (RBD) Evaluation**

**Maintenance of Wakefulness Test (MWT) - CPT 95805**

- CPT 95810 or 95811 Specify: \_\_\_\_\_

**EEG Testing (with CPT codes):** (In-Lab EEG testing (routine, sleep-deprived, extended) performed on ages 5 and greater).

**Routine EEG Awake/Drowsy (95816)**

**Sleep-Deprived EEG Awake/Asleep (95819)**

**Extended EEG 41-60 minutes (95812)**

**Extended EEG Greater Than 1 Hour (95813)**

Ordering Provider: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Ordering Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Please fax signed order along with required documentation to Advanced Sleep Labs at (573) 449-4491. ASL will contact the patient to schedule appointment(s), check for prior authorization, and update the ordering provider when the appointment is scheduled. If you have questions, or need any clarification on the referral process, do not hesitate to contact us and let us know how we can assist you.