

Rocky Mountain Sleep Disorders Center

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401 S. Alabama, Ste 3A, Butte MT 59701 406-782-7570 * fx 406-782-7575

Referral for Diagnostic Sleep Testing

Patient Name: _____ SSN: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Male Female Height: _____ Weight: _____

Primary Insurance: _____ Secondary Insurance: _____

Symptom(s):

ICD-9 Codes covered for Sleep Testing Circle any that apply

- 327.20 Possible Sleep Apnea
- 327.23 Obstructive Sleep Apnea (diagnosed)
- 345.80 Other forms of epilepsy with no mention of intractable epilepsy
- 345.81 Other forms of epilepsy with intractable epilepsy
- 780-39 Seizures
- 347.01-Narcolepsy with Cataplexy
- 780-09 Other alteration of consciousness
- 780-51 Insomnia with sleep apnea
- 780-53 Hypersomnia with sleep apnea
- 780-54 Other Hypersomnia
- 780-55 Disruptions of 24 hour sleep cycle
- 780-56 Dysfunctions associated with sleep stages or frequent arousal from sleep
- 780-57 Other and unspecified sleep apnea
- 780-59 Other sleep disturbances
- 786-09 Snoring/Dyspnea
- 799-02 Hypoxemia

Diagnostic Procedures

Please Mark the appropriate procedure.

- Overnight Pulse Oximetry Study** – Patient can check out Oximeter to help physician determine if a sleep study is needed.
- Sleep Study (Polysomnogram, PSG)** First diagnostic study done. Most insurance require this study be done to show medical need for more studies.
- Multiple Sleep Latency Test (MSLT)** Rules out narcolepsy or persistent daytime hypersomnolence in patients with no sleep disordered breathing. Must have PSG prior to this test.
- Maintenance of Wakefulness Test (MWT)** Used to validate a patients ability to remain alert. Required for all commercial drivers and pilots to maintain their license. Must be preceded by PSG testing.
- Continuous Positive Airway Pressure (Cpap with Polysomnography Study)** If PSG shows patient has sleep apnea or other disturbances that will improve with a CPAP machine, the physician will recommend this study.
- PSG Sleep Study with Cpap study to follow (Split study)** *Per Interpreting Physician's Recommendation. May also be subject to insurance providers criteria.*
- Equipment./Mask Consultation.** This service is provided for patients on CPAP who are having a difficult time using their equipment. Requires a physician referral.
- Follow up with Sleep Specialist.** If you or your PCP would prefer you follow up with our sleep specialist regarding your possible sleep problems.

****Please include a copy of your patient's most recent medical history and a copy of your patient's insurance card(s)**

LETTER OF MEDICAL NECESSITY

The symptom(s) checked above are consistent with the presence of a sleep disorder, which could possibly be life-threatening. These findings warrant the medical necessity of an overnight polysomnographic evaluation of this patient to assess the presence and severity of the sleep disorder.

Physicians signature

Date

Physician's Printed Name

Phone