

Phone: (520) 207-8884 Fax: (520) 207-9746

Phone: (520) 918-1316 Fax: (520) 918-1347

Testing Request Form

Patient Name: _____ DOB: _____

Address: _____

Gender: M / F Patient Phone #: _____ Cell: _____

Insurance Company: _____ Secondary Ins.: _____

Please be sure to include the following items with this form: Clinical Notes ■ Insurance Info/Cards ■ Signed Order

For your convenience Infinity Sleep Solutions/S.T.A.R.S. will obtain any prior authorization needed

Indications for Testing: Check All That Apply

Primary Diagnosis	ICD 10 Codes	Secondary Diagnosis(must have primary dx checked)
<input type="checkbox"/> Obstructive Sleep Apnea/Observed Apneas G47.33		<input type="checkbox"/> Central/Complex Apnea G47.31
<input type="checkbox"/> Coronary Heart Disease I25.10		<input type="checkbox"/> Narcolepsy G47.419
<input type="checkbox"/> Unspecified Sleep Apnea G47.30		<input type="checkbox"/> Excessive Limb Movements F51.8
<input type="checkbox"/> Hypersomnia w/Sleep Apnea G47.30		<input type="checkbox"/> Morbid Obesity E66.01
<input type="checkbox"/> Excessive Daytime Sleepiness, Hypersomnia G47.10		<input type="checkbox"/> Parasomnia G47.50
<input type="checkbox"/> Hypoxemia R09.02		<input type="checkbox"/> Insomnia G47.30
<input type="checkbox"/> Snoring R06.83 (Other Primary DX Required)		<input type="checkbox"/> Other

Services/Test Ordered

- 95810 Routine Diagnostic PSG ADULT/PEDIATRIC
- 95810 Routine Pediatric Diagnostic PSG (No PAP administered with ETCO2 monitoring)
- 95811 Split Night PSG with Titration (Initiate PAP if Medicare AHI >15/hr or >5/hr with qualifying 2nd DX)
*** Initial for patient to return for a titration study if split night is unable to be performed or completed _____
- 95811 CPAP/BIPAP/ASV Titration (please circle one) - Previous diagnostic study required
- 95805 MSLT (Daytime Study - Preceding PSG required) 95805 MWT (Maintenance Wakefulness Test)
- 95806 Home Study - ApneaLink Plus
- 95807 PAP Acclimation - PAP Nap (Helpful for patients having trouble acclimating to PAP)
- 95808 3 Lead EEG Nap Study (Ideal for patients on CPAP or dental devices, previous sleep study required)
- Sleep Consultation with a Board Certified Sleep Physician
- Follow up Sleep Consultation after sleep study with a Board Certified Sleep Physician
- 94762 Complete Oximetry Test - Nocturnal, Rest, With Exercise On R/A then 2-4 l/m O2
- 94762 Nocturnal Oximetry on R/A (Default)

DX: Hypoxia-R09.02 (for all Oximetry Tests unless otherwise specified); Length of Need: Lifetime

Please fax face-to-face evaluation notes for government funded health plans indicating the need for therapy & both sides of insurance card

Thank you for your referral!

The information contained in this form has been completed by me or my employee & reviewed by me.

All of the information provided is true and complete to the best of my knowledge.

Physician Practice: _____ Physician Name/Provider: _____

Office Phone: _____ Fax: _____

Handwritten Signature: _____ Date: ____/____/____ NPI: _____

Infinity Locations - AASM, ACHC Accredited

 5983 E. Grant Rd.,
Suite 105
Tucson, Az 85712

S.T.A.R.S. Locations - ACHC Accredited

 1951 N. Wilmot Rd.,
Bldg.1-Unit 4 Tucson,
Az 85712