



### Adult and Pediatric Sleep Medicine

Daniel I. Rifkin MD, Medical Director

PLEASE FAX COMPLETED FORM to the office indicated at the bottom. Thank you as always!

Referring MD: \_\_\_\_\_ NPI # \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Test Date: \_\_\_\_\_

Patient Phone Number(s): (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_ Patient Insurance ID# \_\_\_\_\_

**DIAGNOSIS:**

\_\_\_\_\_ Obstructive Sleep Apnea                      \_\_\_\_\_ Narcolepsy                      \_\_\_\_\_ Oral Appliance  
\_\_\_\_\_ Nocturnal Seizure Disorder                      \_\_\_\_\_ Other \_\_\_\_\_

**JUSTIFICATION / PRIMARY SYMPTOMS:**

\_\_\_\_\_ Daytime Sleepiness – G47.33                      \_\_\_\_\_ Episodes of loud snoring and/ or sudden awakening, struggling to breathe (witnessed by partner)  
\_\_\_\_\_ Poor sleep quality/ restless sleep                      \_\_\_\_\_ Patient has obstructive sleep apnea and is currently on CPAP/ BIPAP therapy  
\_\_\_\_\_ Difficulty staying awake driving/ during periods of inactivity  
\_\_\_\_\_ Other \_\_\_\_\_

**TYPE OF STUDY ORDERING:**

\_\_\_\_\_ Complete sleep testing  
            Includes Polysomnography (95810) & CPAP titration (95811) \*\* If AHI or RDI > 10 or if meets AASM split night criteria  
            **\*\*If in-lab sleep study is denied, is a Home Apnea Test & Home Auto Titration okay?    Yes    No**  
\_\_\_\_\_ Complete sleep testing w/ Consultation with Board Certified Sleep Physician or Sleep Specialist  
            Includes Polysomnography (95810) & CPAP titration (95811) \*\* If AHI or RDI > 10 or if meets AASM split night criteria  
\_\_\_\_\_ Level III Adult Home Apnea Test  
\_\_\_\_\_ Pediatric Sleep Study (All Locations or Children’s Hospital if under 5yo)  
\_\_\_\_\_ CPAP Titration  
\_\_\_\_\_ BiPAP Titration  
\_\_\_\_\_ PSG with MSLT (rule out narcolepsy)  
\_\_\_\_\_ CO<sub>2</sub> Monitoring (Amherst and Children’s locations)  
\_\_\_\_\_ Baseline Polysomnography ONLY  
\_\_\_\_\_ AUTO CPAP Testing  
\_\_\_\_\_ Other (Sz Montage, Extended Limb Lead Montage, etc.) \_\_\_\_\_

Is patient currently on CPAP therapy? \_\_\_\_\_ Yes    \_\_\_\_\_ No  
If DME equipment is recommended, is there a preferred supplier? \_\_\_\_\_

Significant past medical history: \_\_\_\_\_

Special Needs or Request: (O2, Hospital Bed, Heart Condition, etc...) \_\_\_\_\_

**Letter of Medical Necessity**

Today’s office visit indicates that the above listed symptoms are consistent with the presence of a sleep disorder, potentially a life-threatening one. These finding warrant the medical necessity of sleep testing and evaluation of the patient to access the presence and severity of obstructive sleep apnea or other related sleep disorders.

As a direct referring provider, I am requesting that this study which is noted above, be completed based on the acceptance criteria for an accredited sleep center, as established by the AASM in the Practice Parameters from 2005.

**SIGNATURE (required):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Amherst Sleep Medicine**  
1120 Youngs Road  
Williamsville, New York 14221  
(716) 923-7326 F: (716) 250- 4000

**Buffalo Niagara Sleep Medicine**  
640 Ellicott Street  
Buffalo, New York 14203  
(716) 923-7326 F: (716) 887- 5332

**Southtown Sleep Medicine**  
3612 Seneca Street  
West Seneca, New York 14224  
(716) 923-7326 F: (716) 677- 5255

**Ken-Ton Sleep Medicine**  
1491 Sheridan Drive  
Tonawanda, New York 14217  
(716) 923-7326 F: (716) 875-3818

**Children’s Sleep Medicine (age 5 and younger)**  
John R. Oishei Children's Hospital, 2<sup>nd</sup> floor  
818 Ellicott Street  
Buffalo, New York 14203  
(716) 923-7326 F: (716) 250-4000

