



REFER

SLEEP DISORDERS CENTER
2 Upper Ragsdale Drive, D-220
Monterey, CA 93940
(831) 649-7210 Fax (831) 649-7211

Thank you for referring your patient to the Community Hospital of the Monterey Peninsula's Sleep Disorders Center.

Anthem Blue Cross and other private insurance companies require preauthorization for any type of sleep study, including in-lab and home sleep studies. Please contact us with any questions regarding the best choice of service/test or with help regarding the preauthorization process.

- 1) Complete the patient information section
2) Indicate which service you would like us to perform
3) Signature required on the signature line (Physician, Nurse Practitioner or Physician Assistant)
4) Request preauthorization for sleep study and/or Sleep Medicine consultation
5) Include patient's most recent progress note/consultation documenting the face-to-face discussion of their sleep problems (required by insurance)
6) Include a copy of any prior sleep test reports, if available
7) Patients referred for overnight attended or home sleep studies without the proper documentation required by Medicare and other payors will be seen first in consultation by a sleep specialist to make sure the study and subsequent treatment (e.g. CPAP, oral appliance) is covered by insurance company.

Patient name: _____ DOB: ___ / ___ / ___ Phone no.: _____

Address: _____ City/State: _____ Zip: _____

Services requested

- [] In-center sleep study (CPT 95810, 95811)
[] Home sleep apnea study (CPT 95806)
[] Sleep Medicine consultation (CPT 99241-99245)

Special patient needs

- [] Caretaker recommended
[] Requires wheelchair [] Walker
[] Incontinent
[] Hearing impaired [] Visually impaired
[] Non - English speaking _____
(indicate language spoken)

Check appropriate symptoms and diagnoses

- [] Excessive daytime sleepiness (hypersomnia)
[] Falling asleep while driving
[] Witnessed sleep apnea
[] Loud snoring
[] Obesity (body mass index 30 or higher)
BMI: _____
Height: _____ Weight: _____ (if BMI unknown)
[] Hypertension
[] Arrhythmia
[] Stroke history
[] Myocardial infarction history
[] Cognitive impairment
[] Mandibular advancement splint assessment
(dental or oral appliance for sleep apnea)

- [] Patient has a prescribed sleep aid _____
medication/dose
[] Restless legs, arms or body
[] Difficulty sleeping (insomnia)
[] Nocturnal seizures
[] Cataplexy
[] Hypnagogic or hypnopompic hallucinations
[] Sleep paralysis
[] Post-op sleep apnea evaluation
[] Uvulopalatopharyngoplasty (UP3)
[] Genioglossus advancement
[] Maxillomandibular advancement
[] Other surgery: _____

Physician office phone number: _____

Time Date Physician signature Print physician full name



Community Hospital
of the Monterey Peninsula
Montage Health

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