



Sleepwatchers, LLC

50 S. Milwaukee Avenue

Suite 201

Lake Villa, IL 60046

Phone (847) 838-WAKE

Fax (888) 608-0343

SLEEP SERVICES ORDER

Patient: _____ DOB: _____ Mobile #: _____

1.	SERVICES	SYMPTOMS / DIAGNOSIS	OPTIONS
	☐ Medical Sleep Evaluation - 9920x	If a Sleep Evaluation is NOT requested, clinical records are REQUIRED to support medical necessity for Tests Ordered	☐ Face to Face ☐ Virtual
	☐ Endoscopy - 31231	☐ Allergic Rhinitis	
	☐ At-Home Sleep Apnea Test - 95800 / 95806	☐ Snoring – R06.83	☐ No Preference
	☐ NO significant comorbidities	☐ EDS Hypersomnia – G47.10	☐ WatchPAT One (Disposable)
		☐ Gasping, choking or pauses in breathing sleep	☐ VirtuOx Dream (Reusable, 7 channels)
		☐ Obesity – E66.9	☐ NightOwl (Reusable up to 10 nights)
	☐ Baseline PSG - 95810 Split if indicated -95811	☐ Limb Movement Disorder – G47.61	PSG Additional Parameters:
		☐ Seizure Disorder - specify	☐ Nocturnal Oxygen: _____ LPM
		☐ Sleep related movement disorder – G47.69	☐ Extended EEG
		☐ Parasomnias Organic unspecified – G47.50	☐ End Tidal CO2 Monitoring
		☐ REM behavior – G47.52	☐ Repeat Testing Until Behaviors are Documented
	☐ Titration PSG – 95811	☐ OSA - G47.33	☐ CPAP
		☐ AHI < 15 with EDS	☐ Bilevel
		☐ AHI > 15	☐ Servo Ventilation
		☐ CSA – G47.31	☐ Oral Appliance
		☐ Central Sleep Apnea >50% of AHI	(Prior SS results Attached as Evidence)
	☐ MSLT - 95805 preceded by: PSG w/out CPAP - 95810 or PSG with CPAP - 95811	☐ EDS Hypersomnia – G47.10	Performed after normal PSG to evaluate for Narcolepsy and/or Idiopathic Hypersomnolence
		☐ Hypnagogic or Hypnopompic Hallucinations	
		☐ Sleep Paralysis – G47.53	Explain Symptoms:
		☐ Cataplexy – G47.411	
	☐ Behavioral Sleep Medicine Evaluation & Treatment (CBTi)	☐ Circadian Rhythm Disorder – G47.29	Explain Symptoms:
		☐ Insomnia – G47.00	
		☐ PAP Intolerance	

2.	ORDERING PROVIDER
NAME:	PHONE #:
NPI #:	FAX #:

PROVIDER SIGNATURE _____ DATE _____

PLEASE ATTACH ANY MEDICAL RECORDS THAT SUPPORT MEDICAL NECESSITY

FAX TO: (888) 608-0343