

Suburban Hospital Sleep Disorders Center

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SUBURBAN HOSPITAL

JOHNS HOPKINS MEDICINE

8600 Old Georgetown Road | Bethesda, MD
suburbanhospital.org

PHYSICIAN'S ORDER FOR SLEEP STUDY

Patient Name: _____ Home Ph: _____ Cell/Wk Ph: _____

Address: _____ City: _____ State/Zip: _____

Type of Study Requested ☐ Please schedule patient for consult with sleep physician.

- | | |
|---|--|
| <input type="checkbox"/> Polysomnogram (NPSG) 95810 | <input type="checkbox"/> CPAP titration study 95811 |
| <input type="checkbox"/> Split night study (NPSG/CPAP) | <input type="checkbox"/> Bi-level titration Study 95811 |
| <input type="checkbox"/> NPSG with Multiple Sleep Latency Test (MSLT) 95805 | <input type="checkbox"/> Maintenance of Wakefulness Test (MWT) 95805 |
| <input type="checkbox"/> Comprehensive NPSG, CPAP (if AHI>5 on NPSG) & Placement with CPAP for home use if medically necessary. | |

Reason for Study (i.e. daytime sleepiness, snoring, apnea): _____

Special Instructions/Needs: _____

**I AUTHORIZE SUBURBAN HOSPITAL TO PERFORM A SLEEP STUDY ON THE ABOVE PATIENT
ACCORDING TO THEIR PROTOCOLS, INCLUDING URGENT INITIATION OF OXYGEN & CPAP.**

Physician Name: _____ Signature: _____ Date: _____

NPI: _____ License#: _____

Address: _____ City: _____ State/Zip: _____

Phone: _____ Fax: _____ Specialty: _____

For Government Payors Only (Medicare, Medicaid, Tricare)

Medicare requires documentation of face to face evaluation from the ordering physician that clearly includes H&P, BMI, sleep symptoms and medical necessity for a polysomnogram. Insomnia is not an acceptable indication in and of itself.