



SERVICE REQUEST
Certificate of Medical Necessity

OCEANSIDE
3998 Vista Way, Ste G
Oceanside, CA 92056

SAN DIEGO
4025 Camino Del Rio S, Ste 103
San Diego, CA 92108

SCHEDULING DEPARTMENT
Phone: (619) 717-8102
Fax: (619) 754-2204
www.amerisleepsd.com

Patient Name _____

Date of Birth _____

Patient Phone _____

DIAGNOSTICS/TREATMENT SERVICES

- Polysomnography (PSG):** Full night in lab Polysomnography attended by a technologist (CPT: 95810)
- Split PSG:** Full night in lab Polysomnography attended by a technologist with possible PAP titration if patient meets diagnostics and procedural criteria. (CPT: 95811)
- CPAP/BiPAP/ASV Titration:** Full night in lab Polysomnography attended by a technologist with PAP, Oxygen or oral appliance titration. Please attach previous diagnostics sleep study. (CPT: 95811)
- CPAP/BiPAP/ASV Titration w Sleep Consult/Evaluation:** Full night in lab Polysomnography attended by a technologist with PAP, Oxygen or oral appliance titration, and evaluation by a Certified Sleep Physician to determine and order appropriate therapies. Please attach previous diagnostics sleep study. (CPT: 95811 and either 99242,99244,99213, or 99215)

- Home Sleep Study:** Diagnostics sleep study primarily to diagnose obstructive sleep apnea. (CPT: 95806)
- Multiple Sleep Latency Test (MSLT)/ Multiple Wakefulness Test /(MWT):** Used to rule out narcolepsy. Note: if patient meets diagnostic and procedural protocol, PAP titration will be performed and MSLT will be canceled. (CPT 95810 and 95811 or 95805)
- Treatment authorization:** Sleep Medicine Physician to prescribe and manage appropriate treatment for patient.

Notes/Special Requests: _____

Physician Signature

Physician Name (Print)

Physician Phone

Please fax patient demos and insurance card to (619) 754-2204