

# University Suburban Sleep Center

1611 South Green Road; South Euclid, OH 44121 Phone: 888-285-9598

Medical Director: Anthony DiMarco, M.D. FCCP

## Certificate of Medical Necessity for Diagnostic Sleep Testing

**Patient Name** \_\_\_\_\_ Sex:  Male  Female

Date of birth: \_\_\_\_\_ **Primary Care Physician** \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

### Health Insurance

Carrier name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Group number: \_\_\_\_\_

Subscriber number: \_\_\_\_\_

### Clinical Indications

- Bedpartner observes apnea
- Dry mouth / sore throat
- Loud snoring
- Forgetfulness
- Gasping episodes at night
- Hypertension
- Loss of energy
- Overweight / obesity
- Morning headaches
- Trouble concentrating
- Nods off while driving
- Nonrestorative sleep
- Falls asleep during the day, at work, while watching TV, etc.
- Other \_\_\_\_\_

### PRELIMINARY DIAGNOSIS

- 780.53 Obstructive sleep apnea
- 780.56 Sleep stage dysfunction
- 780.57 Unidentified sleep apnea
- \_\_\_\_\_

### TYPE OF PROCEDURE NEEDED:

- 95810 Regular Polysomnogram
- 95811 Polysomnogram and CPAP Titration, *if medically necessary*
- 95811 CPAP Titration
- 95805 Multiple Sleep Latency Test (MSLT)
- \_\_\_\_\_ Other \_\_\_\_\_

### Ordering Physician (please print or stamp name here) \_\_\_\_\_

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Fax Number \_\_\_\_\_

Does Patient have cardiac problems? \_\_\_ NO \_\_\_ YES

Describe \_\_\_\_\_

Does Patient have lung problems? \_\_\_ NO \_\_\_ YES

Describe \_\_\_\_\_

Is Patient on O2? \_\_\_ NO \_\_\_ YES

Level \_\_\_\_\_ Start Study on O2? \_\_\_\_\_

Is Patient on CPAP? \_\_\_ NO \_\_\_ YES

Level \_\_\_\_\_ Start Study on CPAP? \_\_\_\_\_

**Physician Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Would you like Anthony DiMarco, M.D. to see patient?  YES  NO

### To Schedule

Please fax completed and signed CMN form, recent H&P or last patient visit notes and copy of insurance card(s) to the main scheduling office at (440) 286-9594. For any additional information, please call the main office at (440) 285-9598.