

Solon/Twinsburg Sleep Center

32901 Station Street, Suite 108, Solon, OH 44139

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 _____
- 95811 Split night study if patient qualifies

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.