

**Our Physicians:**

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*AASM accredited diagnostic sleep center*

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**Our Locations:**

*(main location)*

1455 Montego, Ste 102  
Walnut Creek, CA 94598

*(satellite location)*

141 Sand Creek Rd, Ste B  
Brentwood, CA 94513

**SECTION 1: PLEASE COMPLETE** *Please fax patient's history and physical and insurance info (enlarged copy of cards). We will verify benefits.*

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender:  M  F  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Primary Insurance: \_\_\_\_\_  
SS# or Subscriber ID #: \_\_\_\_\_ Auth #: \_\_\_\_\_ Auth Exp: \_\_\_\_\_  
Primary Language:  English  Spanish  Other: \_\_\_\_\_ Has patient had previous sleep study?  No  Yes *If Y*, when \_\_\_\_\_  
Preliminary DX:  OSA (G47.33)  Snoring (R06.83)  PLMS (G47.419)  Narcolepsy (G47.419)  CSA (G47.31)  Other \_\_\_\_\_

**SECTION 2: PLEASE SELECT ONE OPTION BELOW:**



**SECTION 3: IF ORDERING A SLEEP STUDY, CHOOSE FROM OPTIONS BELOW:** *Attended Studies:*

\*Does patient have any special needs?  No  Yes (*ie; O2, Caregiver needed, etc*) If yes, list: \_\_\_\_\_  
 Polysomnography with CPAP Titration (*Standard Split Night Study*) CPT # 95811 [1<sup>st</sup> half diagnostic; 2<sup>nd</sup> half PAP therapy.]  
 Polysomnography Only (*No therapy initiated*) CPT #95810 [diagnostic sleep study only]  
 PAP Titration Study (*for those with dx of OSA*) **Choose one:**  CPAP TITRATION  BIPAP TITRATION  ASV TITRATION  
**Special instructions for titration:**  
 PAP NAP Study CPT #95807-52 (*day nap study to assist patient with compliance issues with PAP therapy*)  
 Oral Appliance Titration: List type of device \_\_\_\_\_ Adjustment Instructions: \_\_\_\_\_  
 Polysomnography with Oral Appliance in Place (*No adjustments made to device during the night*)  
 INSPIRE TITRATION CPT#95811, 95976, 95977 (*Used to assess patients' voltage requirements post Inspire Implant Surgery*)  
 Multiple Sleep Latency Test (MSLT) CPT #95805 ( PSG or  PAP titration performed the preceding night to r/o narcolepsy)  
 Maintenance of Wakefulness Test (MWT) CPT #95805 (*daytime wake study usually for FAA requirements*)

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**Unattended (Home Studies) Available:** *Home studies are used as an alternative to attended studies for patients with a high suspicion for severe OSA that do not have periodic limb movement disorder, central apnea, Congestive Heart Disease, Chronic Pulmonary Disease and/or immobility/physical limitations. In some cases, health insurance will require or deny home sleep testing instead of attended studies.*

Diagnostic Home Sleep Study Only CPT # G0399  Diagnostic Home Study with Oral Appliance in place (no adjustments)

Referring Physician: \_\_\_\_\_ Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Office Contact: \_\_\_\_\_ Ph: \_\_\_\_\_ Fx: \_\_\_\_\_