



**PHYSICIANS ORDER FOR HOME SLEEP STUDY**

Independent Diagnostic Testing Facility: Instant Diagnostic Systems, Inc  
1740 4<sup>th</sup> Ave SE Suite A, Decatur, AL 35601 - Ph: (800)-355-0691  
Fax Completed Form to: (888) 771-5159



**PATIENT** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Day: (\_\_\_\_) - \_\_\_\_\_ Evening: (\_\_\_\_) - \_\_\_\_\_ Alt: (\_\_\_\_) - \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Circle Gender: Male - Female | Height: \_\_\_\_\_ in. Weight: \_\_\_\_\_ lbs

**INSURANCE** Medicare # \_\_\_\_\_ Also attach copy of primary and secondary ins cards.

**ASSIGNMENT OF BENEFIT: PLEASE HAVE PATIENT SIGN IF POSSIBLE WHILE IN PHYSICIAN OFFICE**

I the undersigned authorize and release Instant Diagnostic Systems (IDS) to bill Medicare/insurance on my behalf for the costs of testing. I authorize and request Medicare/Insurance to pay Instant Diagnostic Systems the amount due to me under the terms of my policy as a result of the medical service rendered. I understand that I am responsible for denial, deductible, and/or co-payment.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CPAP / HOME MEDICAL EQUIPMENT SUPPLIER(S) – (OPTIONAL)** The following is a local supplier(s) of Home Medical Equipment that may be used to treat your medical condition based on the results obtained from the test ordered on this form:

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL RECORDS RELEASE (Only valid if Home Medical Equipment Company is listed above):** I, the undersigned, authorize Instant Diagnostic Systems, Inc (the IDTF) to release my medical information on this test order as well as the results of this test, from my medical records file to the company listed above as the "CPAP / Home Medical Equipment Supplier(s)"

Patient Signature: (\*Optional) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**ORDERING PHYSICIAN** NPI (REQUIRED): \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PROCEDURE ORDERED:** Home Sleep Test : CPT - G0400 Type 4 Monitor Records O2 Saturation, Pulse, Airflow

**DIAGNOSIS: PHYSICIAN OFFICE -- ONLY – MUST CHECK DIAGNOSIS CODE AND SIGN AND DATE**

**327.23 Obstructive Sleep Apnea** or Write in Other Code & Desc:

*I the undersigned understand that by completing the form and signing below that I am ordering a Home Sleep Test for patient listed above and that the patient or their insurer is responsible for testing fees. I also understand that Medicare coverage guidelines require a face to face clinical evaluation for Obstructive Sleep Apnea to be documented in the patient's chart prior to a home sleep test*

**PHYSICIAN SIGNATURE:** x \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Stamped Signatures are Not Accepted

**Fax Completed Form to: (888)-771-5159**

Download additional fillable forms and/or learn more about home testing at [www.instantdiagnostic.com](http://www.instantdiagnostic.com)



## Home Sleep Testing Program

This document is a quick reference guide for the Instant Diagnostic Systems Home Sleep Testing Program for Physicians and potential treatment equipment suppliers.

**NOTE:** This program at this time is intended only for Medicare (CMS) and Medicare HMO patients and those patients choosing to self-pay for the test. Other Insurance providers will likely be added in 2009 as they continue to revise their policies to be consistent with CMS. Contact IDS at 1-800-355-0691 and click the 'sales' option from the menu.

### **Prerequisites to testing:**

- New CPAP guidelines require that Medicare patients must have a face-to-face clinical evaluation for OSA prior to any sleep testing and CPAP treatment.
- For Home Sleep Tests, patient should present symptoms that make them highly probable for OSA.
- Patients with co-morbid conditions COPD or CHF are NOT candidates for Home Sleep Testing.
- Patient's primary diagnosis MUST be 327.23 OSA and that code must be indicated on the IDS order form or Medicare may not provide coverage for test or CPAP.
- The IDS order form must be hand signed and dated by the patient's treating physician.

### **How Testing Works:**

- Physician performs clinical evaluation on patient and chooses to order Home Sleep Test.
- Physician completes and signs the IDS test order form and faxes to IDS.
- Optionally, the CPAP supplier's information appears on the order form, and the patient may sign the included medical release for the supplier to receive test reports when available.
- IDS technician will contact patient and schedule shipment as soon as possible.
- Patient will perform the simple testing at home assisted by IDS video and written instructions, supplemented with 24hr patient phone by credentialed technician..
- Patient drops equipment in mailbox utilizing the included return packaging and prepaid shipping labels.
- Studies are interpreted one of our panel of Board Certified sleep physicians.
- For Medicare patients: Just as with traditional in-lab PSG, CPAP is covered for 12 week trial by Medicare, following a positive test and physician's clinical correlation. Longer durations are approved with follow-up evaluation for clinical benefit, compliance, & positive response to therapy.
- Titration may be performed in home with Auto-titrating CPAP or in a follow up titration study in a local sleep lab.
- IDS does not dispense CPAP. Please discuss the treatment and/or follow-up policies and procedures with your local home medical equipment suppliers and/or labs.
- IDS will bill for testing. We are a participating Medicare provider. Medicare Patient responsibility with no coinsurance is typically 20% of allowable. (\$30-\$40)

\*\*Instant Diagnostic Systems (branded IDS) is an Independent Diagnostic Testing Facility based in Alabama with CMS approval for Home Sleep Testing and Overnight Oximetry testing.



# Obstructive Sleep Apnea Clinical Evaluation Guide

Recent Medicare guidelines require that all patients have an initial face-to-face clinical evaluation for OSA prior to any sleep test. The following is a simple guide extracted from CMS recommendations (PAP LCD - document L11518) for initial evaluation of patients for the likelihood of Obstructive Sleep Apnea (OSA). The evaluation report would commonly document pertinent information about the following elements, but may include other details:

## Conduct Physical Exam of Patient

- Use Height and Weight to Calculate BMI – Obesity is often linked to Obstructive Sleep Apnea.
- Evaluate for large neck circumference – generally greater than 17” Male or 16” Female
- Evaluate Cardiopulmonary and upper airway system.

## Evaluate Sleep History for typical OSA Symptoms and the duration of these symptoms

- Snoring
- Choking/Gasping During Sleep
- Observed Apneas
- Daytime Sleepiness
- Morning Headaches

## Complete Sleep Questionnaire

- Epworth Sleepiness Scale (below) And/Or Berlin Questionnaire are validated & recommended screening tools to help identify likely OSA candidates.
- Epworth Sleepiness Scale:

Take a moment to think about day-to-day life over the past few weeks How likely are you to doze off or fall asleep verses just feeling tired while participating in a situation that requires your attention, such as driving, reading, or attending a meeting? The Epworth Sleepiness Scale presents various daily situations and asks you to rate your degree of sleepiness in each circumstance. Even if you have not done some of these things recently, try to think about how they would affect you. Use the following scale to choose the most appropriate number for each situation: 0 = no chance of dozing 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing

SCORE EACH SITUATION:

- Sitting and reading \_\_\_\_\_
- Watching TV \_\_\_\_\_
- Sitting inactive in a public place (e.g. a theater or a meeting) \_\_\_\_\_
- As a passenger in a car for an hour without a break \_\_\_\_\_
- Lying down to rest in the afternoon when circumstances permit \_\_\_\_\_
- Sitting and talking to someone \_\_\_\_\_
- Sitting quietly after a lunch without alcohol \_\_\_\_\_
- In a car, while stopped for a few minutes in traffic \_\_\_\_\_

TOTAL: \_\_\_\_\_ (Normal Population Total is 0-9 – Higher score generally means higher likelihood of OSA)

## Document Results in Patient Record

Document the face-to-face clinical evaluations and re-evaluations in a detailed narrative note in patient charts in the format that they use for other entries.

## Discuss Testing & Treatment Options

If patient evaluates positive for OSA, discuss potential testing options such as Home Sleep Testing (if there are no co-morbid conditions such as COPD or CHF). Also discuss the dangers of untreated OSA, and the treatment options, which is typically Positive Airway Pressure (CPAP) combined with weight loss and improved sleep hygiene.