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**DIAGNOSTIC PRESCRIPTION/CERTIFICATE OF MEDICAL NECESSITY**

**PLEASE SEND CHART NOTES AND A COPY OF THE INSURANCE CARD WHEN FAXING THIS FORM**

**PATIENT DEMOGRAPHICS & INSURANCE INFORMATION**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
Insurance Provider: \_\_\_\_\_ Insurance ID #: \_\_\_\_\_

**TYPE OF SLEEP STUDY**

- Baseline and Titration Sleep Study (CPT 95810/95811)-Facility Based, Diagnostic and return for Titration treatment
- Split-Night Sleep Study (CPT 95811)-Facility Based, Diagnostic with Titration sleep study
- CPAP, BiPAP or Adapt Servo (CPT 95811)-Facility Based, Previously diagnosed with OSA
  - Oxygen per Protocol or \_\_\_\_\_ L/min
- MSLT/Multiple Sleep Latency Test (CPT 95805)-Facility Based, Rule-out Narcolepsy & evaluate Idiopathic Hypersomnia
- MWT/Maintenance of Wakefulness Test (CPT 95805)-Facility Based, Measures ability to stay awake & alert
- Home Sleep Test-HST (CPT 95806/G0399)-Unattended

**Diagnosis: Patient Medical Necessity**

(CHECK ALL BOXES THAT APPLY)

- Obstructive Sleep Apnea (G47.33)     Central Sleep Apnea (G47.31)     Narcolepsy, without Cataplexy (G47.419)
- COPD     HTN     CHF     Asthma     Snoring     Insomnia     Daytime Sleepiness     Witnessed Apnea
- Morning Headaches     Restless Leg     Large Neck Circumference     Obesity     History of Stroke
- Other: \_\_\_\_\_

**Statement of Medical Necessity**

I hereby certify that the above referenced patient is under my care and the prescribed procedure(s) is/are medically necessary with reference to the standards of medical practice for this patient's condition.

Physician Name: \_\_\_\_\_ NPI: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medicare requires the Signature and Signature Date be completed by a PECOS enrolled MD, DO, PA, NP, or CNS.**