

# Ohio Sleep Solutions

Managed by: 

Sleep Study Order Form

Phone: 614-259-6770

Fax: 614-259-6771

## Medical History and Symptoms

- Acute Epilepsy
- Asthma
- Atrial Fibrillation/SVT
- Cognitive Impairment
- Congestive Heart Failure
- COPD
- Diabetes
- History of Stroke
- Hypertension
- Neuromuscular Impairment
- Obesity
- Oxygen Dependent
- Parkinson's Disease
- Previously diagnosed with OSA
- Pulmonary Hypertension
  
- Apnea-witnessed by bed partner**
- Daytime Hypersomnolence**
- Drowsy Driving**
- Leg Jerks or Restless Legs**
- Loud Snoring/Disrupted Sleep**
- Morning Headaches**
- Nocturnal Choking/Gasping**
- Non-Refreshing Sleep**
- Sleep Paralysis**

## Patient Information

Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_  M  F

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

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_

ID#: \_\_\_\_\_ MR#: \_\_\_\_\_

## Referring Physician Information

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

Office Contact: \_\_\_\_\_

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

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

NPI#: \_\_\_\_\_

## Suspected Diagnosis\*

\* required field

- OSA (G47.33)
- Unspecified Sleep Disorder (G47.9)
- Narcolepsy (G47.419)
- Excessive Daytime Sleepiness (G47.10)
- Central Sleep Apnea (G47.31)
- Other: \_\_\_\_\_

## Physician Order Section

- Office Visit- Consultation with Sleep Physician prior to any testing. Consultation with: \_\_\_\_\_
- Comprehensive Order**- Diagnostic, Titration and Follow up- Titration study performed upon recommendation in the interpretation. Patients will go on to a Titration study on a second night **OR** if they meet the split criteria of an AHI>15. They will then be scheduled for a consultation with the interpreting physician for additional care.
- NPSG- Diagnostic Sleep Study- Diagnostic study only  Titration Study- PAP titration only
- Split Night Study- CPAP Titration is initiated if patient's AHI>15  Multiple Sleep Latency Test- Preceded by PSG
- Home Sleep Apnea Test
- Follow up and treatment- Patients will be seen in follow up and provided a treatment plan by the interpreting physician.
- I additionally order a home sleep apnea test (HSAT) for the patient if (1) it is required by the patient's insurance company or (2) There is insufficient clinical information for an attended sleep study.**

**I certify: That this service is medically necessary. The information provided is true, accurate and documented in the patient's clinical notes.**

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Q&A

### What is the news regarding the sleep lab?

MedBridge Healthcare is the new management company for Ohio Sleep Solutions, legally known as OhioHealth Sleep Services.

### What has changed?

Each of the five sleep labs remain in Central Ohio. Patients are currently seen Monday through Saturday, with the expectation to expand operations to 7 nights a week. MedBridge provides the insurance authorizations and scheduling of sleep studies to improve efficiencies. There is a fulltime manager on-site daily for questions and information.

### Have there been improvements?

Once the referral is received, patients are contacted within 24-hours to schedule their sleep study. Studies are scored within 48 hours and sent to the interpreting physician.

If patients are referred for a sleep study and they do not have proper documentation for a sleep study, their information will be sent to a sleep physician and the sleep physician's office will reach out to you regarding next steps.

Patient information packets are mailed to patients' homes once they schedule their sleep study. This packet has instructions for the day of the test, driving directions with a map, as well as medical history and sleep history questionnaires to be completed by the patient for review by the interpreting physician.

### What about home sleep apnea testing?

The home sleep apnea testing, (HSAT) is also now managed by MedBridge Healthcare. Patients have convenient access to testing with pick up options at three lab locations. Medicare patients are required to pick up their devices in the lab and receive face to face instruction.

### How do I refer?

We have one phone number and one fax line for all sleep related care in Central Ohio.

**phone 614-259-6770**

**fax 614-259-6771**

To make a sleep study referral, complete the sleep study order form and fax to the scheduling office with the day-of-visit office notes, insurance information, and demographics. Please be sure to check the box noting to proceed with a Home Sleep Apnea Test (HSAT), in case the insurance company should require this study type first. This will eliminate the need to reach out to you to request a new sleep study order.

**You will receive a notice via fax with the scheduled appointment date or any cancellations that may occur.**

### Who should I contact for additional information?

You can call CINDY CAMPANA the daytime manager, at 614-259-6983 for any additional questions about this service or if you have questions about the status of a patient. You may also contact the scheduling office, at 614-259-6770, for sleep study scheduling. We are happy to schedule patients while they are in your office. Just send the day-of-visit office notes, insurance and demographics when they are ready.

## Sleep Study Order Options-*Defined:*

**Office Visit- Consultation with Sleep Physician-**Prior to any testing. Options for ENT OR Pulmonary consult appointments are available. If you mark this box, you do not need to select any of the test options.

**Comprehensive Order- Diagnostic, Titration and Follow up-** Diagnostic study followed by Titration study, *performed upon recommendation in interpretation.* Patients may begin Titration study if they meet the split criteria with an AHI of >15. If they are not split but the interpretation recommends a Titration, the patient will automatically be scheduled without obtaining an additional order. 95810 & 95811 Patients will then be scheduled for follow up care with the interpreting physician.

**NPSG-Diagnostic Sleep Study-** *This is for a diagnostic study only.* Patients will not be scheduled for a titration without requesting an additional order. 95810

**Split Night Study-** *CPAP Titration is initiated according to AASM Guidelines* – patients will be split if they meet the criteria of an AHI of 15. Additional studies will require an additional order. 95811

**Titration Study-** PAP titration only -to determine therapy pressure. 95811

**Multiple Sleep Latency Test-** Preceded by Diagnostic Sleep Study ONLY-this option requires two tests. 95805

**Home Sleep Apnea Test-** Unattended diagnostic sleep study for suspicion of simple sleep apnea. 95806

**Follow up and treatment by the interpreting physician-** Patient's follow up appointment and treatment plan will be carried out by the interpreting physician.

**AHI-** Apnea-Hypopnea Index that measures sleep apnea severity. AHI is the sum of the number of apneas (pauses in breathing) plus the number of hypopneas (periods of shallow breathing) that occur, on average, each hour.

## Contact Info

### Scheduling

Phone: 614-259-6770

Fax: 614-259-6771

### Locations



**Bethel-** 974 Bethel Rd.  
Columbus, OH 43214  
Medical Director- Dr. Eickholt



**Delaware-** 801 OhioHealth Blvd  
Suite 250  
Delaware, OH 43015  
Medical Director- Dr. Dzodzomenyo



**Grove City-** 1325 Stringtown Rd.  
Suite 230  
Grove City, OH 43213  
Medical Director- Dr. Bloch



**Hilliard-** 4363 All Seasons Dr.  
Suite 280  
Hilliard, OH 43026  
Medical Director- Dr. Ko



**Westerville-** 300 Polaris Parkway  
Suite 2450  
Westerville, OH 43081  
Medical Director- Dr. Borchers