



## **ORDERING HOME SLEEP TEST (HST)**

- **Please fax the following documents to 434-528-2196**
  - HST Order Form
  - Completed Epworth Sleepiness Scale
  - Patient Demographics
  - Signed note from office visit stating reason for HST.
- **After documents are faxed, call 528-2194 ext. 111 and Sleep Wellness Center Medical Records will help with scheduling of HST and preauthorization, if required.**
- **If no preauth, please inform patients that we are expecting them directly and that there will be some paperwork upon arrival but this should not take more than 10-15 min. They will be seen for instruction on the HST device as soon as this is completed.**
- **If a preauth is required then we will schedule this out a few days at patient's convenience and once preauthorization is given, will call patient and notify of approval and remind them of upcoming appointment. These appointments will most likely be group teaching sessions held at 4:15pm Monday-Friday.**



# HOME SLEEP TEST ORDER FORM

Date: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

\_\_\_\_\_

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

Email: \_\_\_\_\_

Epworth Sleepiness Score \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_

**ORDER** Portable Sleep Study x 2 nights, Entire night diagnostic study, Unattended sleep study, CPT: 95806 x 2

### SIGNS AND SYMPTOMS:

Witnessed Apnea  Snoring  Excessive Daytime Sleepiness  Known Obstructive Apnea

Change in weight \_\_\_\_\_  Atrial Fibrillation/Other arrhythmia

Others reason/symptoms not listed above for HST: \_\_\_\_\_

### Contraindications for HST: If any of these are present then patient should be referred for an in-lab attended study.

- Moderate to Severe COPD (FEV1 <70%)
- Poorly controlled asthma (especially if effecting sleep)
- Moderate to Severe CHF (ordinary activity produces fatigue)
- Oxygen dependent
- Presently using narcotics (any amount)
- Cognitive impairment
- Physical impairment (adjusting straps to proper tightness, cannula in place, etc)
- 18 year of age or younger

### Less commonly seen but definite exclusions to Home Testing:

- |   |   |
|---|---|
| - Neuromuscular impairment              | - Recent h/o CVA (within 30 days)                   |
| - Seizure disorder not well controlled. | - Previously Suboptimal HST (2 failed attempts)     |
| - History of arrhythmias – VT/VF        | - Previous HST not showing OSA but ongoing symptoms |
| - Sleep disorders other than OSA:       |   |
| Narcolepsy                              | REM Behavior Disorder                               |
| Restless Leg Syndrome                   | Central Sleep Apnea                                 |

\_\_\_\_\_  
Provider Signature / Date

\_\_\_\_\_  
NPI

## EPWORTH SLEEPINESS SCALE

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times.

Use the following scale to choose the **most appropriate number** for each situation:

0 = would **never** doze

1 = **slight chance** of dozing

2 = **moderate chance** of dozing

3 = **high chance** of dozing

*It is important that you answer each question as best you can.*

### Situational Chance of Dozing (0-3)

Sitting and reading \_\_\_\_\_

Watching \_\_\_\_\_

Sitting, inactive in a public place (e.g. a theatre 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 the traffic \_\_\_\_\_

TOTAL \_\_\_\_\_

# LPA

SLEEP WELLNESS CENTER

From Centra Cardiology offices to LPA Sleep Wellness Center:

