Date: _____

FAX

TO:

FAX:

PHONE:

Patient: **DOB:**

RE—Qualifying your patient for PAP Machine

★Chart Notes & Sleep Study Referral needed

Pages: 3

3740 N. Sillect Ave., Ste. 1B
Bakersfield, CA 93308
Qualityteamhomecare.com
PH: 661.327.5500
FX: 661.327.5503
Or FX: 559.570.0185

COMMENTS:

In order for your patient to qualify for a PAP Machine, they must undergo a face to face appointment, followed by a sleep titration study.

Per Medicare, chart notes from their face to face appointment must address the following:

1. *Symptoms of a sleep disorder—Why do you suspect your patient may have Obstructive Sleep Apnea?*
    a. *Snoring, excessive daytime sleepiness, morning headaches, choking/gasping, observed apneas, etc.*
    b. *Duration of these symptoms*
2. *Sleep hygiene inventory—like Epworth Sleepiness Scale* (see attached)
    a. *This score is a good indicator of whether or not your patient has a sleep disorder and should be recorded in chart notes.*
3. *Physical exam*
    a. *Neck circumference*
    b. *BMI*
4. *Signed & Dated*

After face to face appointment, your patient will need to undergo a sleep titration study at a sleep lab to assess whether they have OSA and meet minimum PAP requirements.

To initiate the process to qualify your patient for PAP therapy, please send us **Signed F2F Notes**, along with attached the attached **Sleep Study Referral Form** to fax (661)327-5503.

We look forward to working with you, and thank you for your kind referral!

Epworth Sleepiness Scale

Patient Name: _____ DOB: _____

0	No chance of dozing
1	Slight chance of dozing
2	Moderate chance of dozing
3	High chance of dozing

Using the scale above, rate your chance of dozing off (0-3) in the following situations. Add the values together to compute your Epworth Sleepiness Scale Score.

Situations	**Chance of dozing (0-3)**
Sitting and Reading	
Watching TV	
Sitting inactive in a public place (eg. theatre, meeting, etc)	
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 with someone	
Sitting quietly after lunch without alcohol	
In a car, while stopped for a few minutes in traffic	
TOTAL SCORE	

A score above a 10 suggests Excessive Daytime Sleepiness and may be indicative of a sleep disorder like Obstructive Sleep Apnea. Referral to a sleep specialist is recommended.

★Total Epworth Sleepiness Scale score (__/24) should be recorded in patient visit notes

Johns MW: A new method of measuring daytime sleepiness: the Epworth Sleepiness Scale. Sleep 14:540-545, 1991.

Referral Form
(Sleep Study)

3740 N. Sillect Ave., Ste. 1B
Bakersfield, CA 93308
661.327.5500/661.327.5503fx

Patient Information

Name:_____ Phone Number:_____

Address:_____ City:_____ State:____ Zip:_____

DOB:_____ Pt. Height:_____ Pt. Weight:_____

Diagnoses: _____

Patient Insurance

Primary Insurance:_____ ID Number:_____

Secondary Insurance:_____ ID Number:_____

Other:_____

Service Ordered

_____ *By signing below, I indicate that I am referring the above named patient for appropriate sleep studies needed to evaluate and treat suspected Obstructive Sleep Apnea.*

Physician Information

Name:_____ NPI Number:_____

Address:_____ City:_____ State:____ Zip:_____

Fax Number:_____ Phone Number_____

Signature:_____ Date:_____

Please return with pertinent face-to-face chart notes to Quality Team FAX(661)327-5503