Sleep Disorders Centers

5301 East Huron Dr.
Ann Arbor, MI 48106
Phone: (734) 712-4651
Fax: (734) 712-2967

620 Byron Rd.
Howell, MI 48843
Phone: (517)545-6690
Fax: (517) 545-6692

Dear Referring Physician(s):
It is a pleasure to have the opportunity to service you and your patients.

If you will manage the follow up care for your patient, you have two options for scheduling:

1. The sleep team will contact the patient to schedule
    a. Send a sleep requisition via fax or EPIC to the sleep lab of your choice.
        i. An H&P or office notes are required for insurance authorization.
        ii. If sending the referral via EPIC, please use the corresponding department name so that the order is routed to the correct facility. The Department names in EPIC are as follows:

Ann Arbor = SJSDC Sleep Lab, Howell = SJLV Sleep Lab

2. Call Central Scheduling at (734) 712-1313 option 1 and then option 3.
    a. You will be asked if you are providing the follow up care & prompted to send the requisition, demographic information, and H&P to 734-712-0233.

The management of the patients follow up care must be indicated at the time the study is ordered as well as the appropriate ICD 10 diagnosis code.

If you prefer a sleep specialist handle the follow up care, please indicate that on the requisition and fax it to the sleep lab. Trinity Health IHA-Pulmonary Critical Care & Sleep Consultants will contact your patient directly.

All scheduling information to help with your future scheduling needs is available at https://www.trinityhealthmichigan.org/find-a-service-or-specialty/sleep-medicine/patient-resources. This information includes the updated sleep study requisition form and the criterion needed in your documentation to obtain insurance authorization.

Once scheduled, the patient will be sent instructions via USPS mail and MyChart.

Upon completion of the sleep study:

- A detailed report with results and recommendations will be sent to you within two weeks.
- If CPAP is recommended & you are agreeable, the sleep team can schedule the CPAP titration with the patient.

Upon completion of the CPAP titration study:

- If you have decided to manage the follow up care, your office will need to complete a "Durable Medical Equipment Prescription" and send to the patients preferred DME provider that the patient selected at the time of their sleep study visit.
- Insurance compliance mandates a face-to-face visit within 30-90 days after PAP initiation. The DME will send a compliance report for your review.

If at any time you need assistance with the maintenance and follow up care for your patient, they can be referred to Trinity Health IHA-Pulmonary Critical Care & Sleep Consultants office at 734-712-7688.

Trinity Health Sleep Disorders Center is an accredited center and adheres to the guidelines of the American Association of Sleep Medicine

Trinity Health

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Sleep Study Requisition

Patient Name (print): _____ Date of Birth: _____

Address: _____

Patient Phone: _____ Physical Exam: *Height*: _____ *Weight*: _____ *Neck Circumference*: _____inches

Insurance Provider: _____

Ordering Physician (print): _____ Office Phone: _____ Date Ordered: _____

Indications/Symptoms (check all that apply)

- ☐ Snoring
- ☐ Witnessed Apneas During Sleep
- ☐ Gasp/Choke Awakenings
- ☐ Insomnia
- ☐ Fatigue
- ☐ Restless Sleep
- ☐ Daytime Sleepiness

Comorbidities (check all that apply)

- ☐ Ischemic Heart Disease
- ☐ CHF
- ☐ Hypertension
- ☐ Diabetes
- ☐ Other (specify):
- ☐ Impaired Cognition
- ☐ Atrial Fibrillation
- ☐ History of Stroke
- ☐ Mood Disorder

Management of Patient's Care

Ordering Provider to Manage (Continuing PAP Rx) Care

- ☐ NPSG Only (Baseline/Diagnostic/Surgical Evaluation)
- ☐ NPSG with subsequent CPAP (if indicated)
- ☐ CPAP/Bi-level Titration – for patients already diagnosed with sleep apnea. Records from a NPSG must be available.
- ☐ PAP with MSLT – for patients on PAP, still drowsy
- ☐ Split Night ☐ Inspire Titration
- ☐ Home Sleep Apnea Test with subsequent in-lab CPAP
- ☐ PAP Nap – for patients struggling with treatment or mask issues
- ☐ NPSG with MSLT (for possible Narcolepsy) – MSLT portion will be canceled if sleep apnea is found during NPSG
- ☐ Maintenance of Wakefulness Test (MWT)

By selecting one of the above options, the Ordering Provider will continue to manage their patient's care and sign the prescription for a DME to dispense PAP equipment and supplies. This form, along with office notes and current H & P, can be faxed to their lab of choice:

- ☐ Trinity Health Ann Arbor: Fax # (734) 712-2967
- ☐ Trinity Health Livingston: Fax # (517) 545-6692

PCCS Sleep Specialist

☐ Please schedule an office consultation with a Pulmonary and Critical Care and Sleep Consultants (PCCS) sleep specialist for evaluation and management of care prior to any studies.

The outcome of this consultation will determine the type of study needed.

If the Ordering Provider selects this option, then there is no need to select any option on the left. This form, along with office notes, can be faxed directly to their lab of choice:

- ☐ Trinity Health Ann Arbor: Fax # (734) 712-2967
- ☐ Trinity Health Livingston: Fax # (517) 545-6692

☐ **I authorize this patient to use his/her own home medication as prescribed on the H&P, if needed, during their sleep study**.

Ordering Provider's Signature: _____ Date: _____ Time: _____

Sleep Physician's Approval Signature: _____ Date: _____ Time: _____

SLEEP STUDY ORDER REQUIREMENTS

The ICD 10 code and your H&P or clinical office note is required in order to perform a diagnostic sleep study.
The clinical information must include the signs and symptoms (that match the signs and symptoms on the direct order form), along with a height and weight, which qualify your patient for the study, as reviewed below.
Results from the questionnaires (exp: STOP-Bang) may apply but must be included in the body of the office note.

Include two or more to assure insurance coverage in the absence of cardiovascular disease. Snoring + any one of the following will qualify as the two listed indications: HTN, CAD, CHF, Arrhythmia, or CVA.	**Additional potential symptoms.**
SNORING – please ALWAYS include ANY h/o snoring	Frequent nocturia
Snort arousals	Nocturnal diaphoresis
Subjective gasping or choking during sleep	Morning headaches
Waking with shortness of breath	Waking with palpitations
Witnessed/heard pauses in breathing, gasping	Waking with heartburn or metallic fluid taste
Restless sleeping, Interrupted sleep	Attention deficit during the day
Frequent leg kicks during sleep	Memory difficulties
Non-refreshing sleep Daytime fatigue THESE MAY ONLY COUNT AS ONE Daytime sleepiness	

- May use a **Stop-Bang Questionnaire** with a score of 4-5 or higher or the **Berlin Questionnaire** to qualify the patient for a diagnostic sleep study. Please dictate the positives and the score in your office note.
- May use **Epworth Sleepiness Scale** to quantify excessive daytime somnolence (≥ 10).
- Please know that "**insomnia"** does not qualify your patient for a sleep study.

If your patient has a diagnostic study which shows obstructive sleep apnea with an AHI of 5 - 14 events per hour, an additional diagnosis (limited to those listed below) is required to qualify the patient for CPAP and equipment. **Please include all known diagnoses and symptoms when ordering the INITIAL sleep study**. This will help to prevent delays in the care of your patient. These are listed with check boxes on the front of the direct order form, but should also be included in your office note.

- Excessive daytime sleepiness
- Hypertension
- CAD / Ischemic heart disease
- History of stroke, TIA
- Atrial Fibrillation
- Mood disorder
- Insomnia
- Impaired cognition

Please include as much detail as possible on both the direct order form and in the office note to expedite scheduling.

HMO Authorization: Please allow a minimum of 14 business days for the sleep center/sleep office to obtain an authorization for your patient's sleep study. Your detailed face to face note, outline why a study is being ordered, is required to process the sleep study authorization.

Blue Care Network: A global referral is required in order for the sleep study authorization to be processed. Please request or process the global referral under Thomas R Gravelyn, MD.

STOP-BANG QUESTIONNAIRE [1]

Today's Date: _____

Name:_____ Date of Birth:_____

1. Do you **S**nore loudly (louder than talking or loud enough to be heard through closed doors)?

   ☐ Yes ☐ No

2. Do you often feel **T**ired, fatigued, or sleepy during daytime?

   ☐ Yes ☐ No

3. Has anyone **O**bserved you stop breathing during your sleep?

   ☐ Yes ☐ No

4. Do you have or are you being treating for high blood **P**ressure?

   ☐ Yes ☐ No

5. **B**ody Mass Index (BMI) more than 35 (use the formula to calculate your BMI)?

   ☐ Yes ☐ No

   BMI Formula: $\text{BMI} = \dfrac{\text{(your weight in pounds x 703)}}{\text{(your height in inches x your height in inches}}$

6. **A**ge over 50 yr old?

   ☐ Yes ☐ No

7. **N**eck circumference greater than 40 cm?

   ☐ Yes ☐ No

8. **G**ender male?

   ☐ Yes ☐ No

Scoring: Answering "yes" to three or more of the 8 questions indicates that you are High Risk for OSA. Answering "yes" to less than three questions indicates that you are Low Risk for OSA.

[1] Chung F, et al. High STOP-BANG score indicates a high probability of obstructive sleep apnea. BR JAnaesth. 2012 May; 108 (5) : 768-775

Today's Date: _____

Patient Name: _____ Date of Birth: _____

Adult Epworth Sleepiness Scale

The Epworth Sleepiness Scale is used to determine the level of daytime sleepiness. Use the following scale to choose the most appropriate number for each situation:

0 = would *never* doze or sleep.
1 = *slight* chance of dozing or sleeping
2 = *moderate* chance of dozing or sleeping
3 = *high* chance of dozing or sleeping

Situation	Chance of Dozing or Sleeping
1. Sitting and reading	
2. Watching TV	
3. Sitting inactive in a public place (e.g., a class room or a movie theater)	
4. As a passenger in a vehicle for an hour without a break	
5. Lying down to rest in the afternoon	
6. Sitting and talking to someone	
7. Sitting quietly after lunch (no alcohol)	
8. Stopped for a few minutes in traffic while driving	

Adult Patient's Total score (add up items 1-8)
(This is your Epworth score)

Who completed this scale? (Please circle one)

Guardian or Caretaker only Patient only Guardian/Caretaker AND Patient