



Pediatric Sleep Study Order Form

Ph: 410-367-2222

Fax: 410-760-5396 **Please include recent clinical notes with the faxed order.**

The Johns Hopkins Pediatric Sleep Center @

() Mt. Washington Pediatric Hospital (1708 W. Rogers Ave., Baltimore, MD 21209)

() MWPH @ Prince George's Hospital (3001 Hospital Dr., Cheverly, MD 20785)

() Johns Hopkins Hospital (1800 Orleans St., Baltimore, MD 21287):

() Inpatient () Outpatient JH# _____

Patient: _____ D.O.B.: _____ SEX: _____ M or F _____

Parent/Guardian: _____

Address: _____

City/State: _____ Zip Code: _____

Home: _____ Work: _____ Cell: _____

Insurance Company: _____ Group#: _____ Policy #: _____

Referring Physician Name: _____ Fax # to send reports to: _____

Office address and phone: _____

DIAGNOSIS SUSPECTED (All diagnosis' must reflect ICD 9 & 10 codes)

Height: _____ Weight: _____ Bed Time: _____ Wake Time: _____

() OSA ICD9-327.23 * ICD10-G47.33

() CA ICD9-327.27 * ICD10-G47.31

CLINICAL OBSERVATION

() Witnessed Apnea ICD9-786.03 * ICD10-R06.81

() Snoring ICD9-786.03 * ICD10-R06.83

() Restless Sleep ICD9-780.56 * ICD10-G47.8

() Daytime Sleepiness ICD9-780.54 * ICD10-G47.10

() Obesity ICD9-278.00 * ICD10-E66.9

() Other: _____

OTHER MEDICAL PROBLEMS (please check all that apply and supply both ICD9 & 10 Codes):

() Achondroplasia ICD9-259.4 * ICD10-Q77.4

() Down Syndrome ICD9-758.0 * ICD10-Q90.9

() Tracheostomy ICD9-V44.0 * ICD10-Z93.0

() CLD ICD9-518.890 * ICD10-J98.4

() BPD ICD9-770.7 * ICD10-P27.1

() Sleep Enuresis ICD9-788.36 * ICD10-N39.44

() Other: _____

POLYSOMNOGRAM STUDY ORDER (choose one)

() 16 Channel Diagnostic Study – OSA (6 yrs. and older)

CPT Codes

95810+94770

() 16 Channel Diagnostic Study – OSA (under 6 yrs.)

95782+94770

The following studies may be ordered only by a member of the Johns Hopkins Pediatric Sleep Center or a pediatric pulmonologist. Please attach a recent clinic note to this order form.

() 16 Channel Titration Study – BiPAP / CPAP / Ventilator Study (6 and older) 95811+94770

() 16 Channel Titration Study – BiPAP / CPAP/Ventilator Study (under 6 yrs.) 95783+94770

() 16 Channel Diagnostic Study Followed by a Multiple Sleep Latency 95810+95805

() O2 Evaluation Study: Please complete O2 requirements section on back page 95810+94770

() Trach Plug Study 95810+94770

() Extended EEG 95810+95827

PHYSICIAN SIGNATURE (required): _____ Date : _____

Time : _____