

Sleep Disorders

FirstHealth of the Carolinas' Sleep Disorders Centers provide clinically diagnostic sleep disorder assessments as well as therapeutic titration with CPAP, BiPAP, ASV and oxygen augmentation. The Sleep Disorders Centers are located in hospital settings and provide sleep studies for patients 4-years-old and above. Procedures performed require a provider's order and face to face notes. All sleep studies are read and interpreted by a Board Certified Sleep Specialist. Patients of the Sleep Disorders Centers are given the option to follow up with their referring provider or the sleep specialist.

Indications for a Sleep Study:

- Snoring
- Witnessed apneas
- Waking up gasping or choking
- Excessive daytime sleepiness
- Frequent naps
- Morning headaches
- Insomnia
- Disturbed sleep due to:
 - leg-kicking
 - nightmares
 - night terrors

Consequences of Untreated Sleep Apnea:

- High Blood Pressure
- Heart Attack
- Stroke
- Depression
- Diabetes
- Obesity
- Falling asleep while driving

Scope of Services Provided:

- Polysomnography
- Split-night polysomnography
- Multiple Sleep Latency Testing
- Maintenance of Wakefulness Testing
- Titration Therapy with CPAP, BiPAP & ASV
- Home Sleep Testing
- Mask Desensitization

Moore County

Main Phone Number: **(910) 715-3338**

Fax Number: (910) 715-5346

Address: 155 Memorial Drive • Pinehurst, NC 28374

Hoke County (Home Sleep Testing only)

Main Phone Number: **(910) 715-3338**

Fax Number: (910) 715-5346

Address: 4408 Fayetteville Road • Raeford, NC 28376

Montgomery County

Main Phone Number: **(910) 571-5600**

Fax Number: (910) 571-5609

Address: 520 Allen Street • Troy, NC 27371

Richmond County

Main Phone Number: **(910) 417-3952**

Fax Number: (910) 417-3436

Address: 925 Long Drive • Rockingham, NC 28379

Sleep Disorders Centers

Patient Name: _____ Sex: _____ Age: _____ Date of Birth: ____/____/____

Address: _____ City: _____ State: _____ ZIP: _____

Phone:(____) _____ Height: _____ Weight: _____ Latest BP: _____ BMI: _____

Neck Size: _____ Oxygen YES NO _____ LPM 24/7 Nocturnal PRN

Ambulatory Patient YES NO Patient Needs Assistance Overnight YES NO

Has the referred patient had a previous sleep study? YES NO If yes, please provide any available results from previous sleep studies.

Would you like the patient to follow-up with a sleep physician? YES NO

Referral for:

- PSG (Routine Polysomnogram) 95810
- Titration Study (CPAP/ BiPAP/ ASV) 95811
- Split Night (If Patient Meets Criteria) 95811
- Oral Appliance Study 95810
- HST (Home Sleep Study) G3099
- MSLT with PSG (Multiple Sleep Latency Test/PSG)95805/95810
- MWT (Multiple Wakefulness Test) 95805

History of Sleep Problems (Check All That Apply)

- Snoring – R06.83
- Suspected Obstructive Sleep Apnea – G47.33
- Excessive Daytime Sleepiness/ Fatigue (Hypersomnia) – G47.10
- Nightmares – F51.5
- Periodic Limb Movement – G47.61
- Narcolepsy (with Cataplexy) – G47.411
- Nocturia – R35.1
- Other _____
- Witnessed Apneas – G47.30
- Frequent Awakenings/ Confusional Arousals – G47.51
- Sleepwalking – F51.3
- Night Terrors – F51.4
- Insomnia – G47.00
- Narcolepsy (without Cataplexy) – G47.419
- Parasomnia – G47.50

Medical Conditions (Check All That Apply)

- MI/CAD
- Anxiety Disorder
- Chronic Pain
- Other _____
- Seizures/Epilepsy
- Hypertension
- CHF
- GERD
- Diabetes
- Cardiac Arrhythmia
- Fibromyalgia
- Stroke
- Morbid Obesity >50
- Depression
- Asthma/COPD

Referring Provider's Information

Name: _____ NPI: _____

Phone:(____) _____ Fax:(____) _____

Provider's Signature _____

Date _____

For assistance with pre-certification/authorization, please include the following:

- 1.) Latest H&P/consultation notes and up-to-date medication list
- 2.) Most recent face-to-face office notes discussing the sleep study
- 3.) Patient demographics, including insurance information
- 4.) Front and back copy of insurance cards

FirstHealth

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www.firsthealth.org/sleep