

*For faster processing, please complete all sections below and confirm the patient's current phone number.*

**PLEASE NOTE: Patients who cannot be removed from oxygen or CPAP to administer the AccuSom Home Sleep Test overnight should have an attended, in-lab sleep test. By sending this order to NovaSom, you are attesting that the patient can have a Home Sleep Test.**

PRESCRIBER INFORMATION			
Ordering Provider Name:	Phone #:	Fax #:	NPI (If this is provider's first order):
Office Contact Name:		Phone# (If applicable, include extension #):	
PATIENT INFORMATION			
Last Name:		First Name:	
Date of Birth (mm/dd/yyyy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Height:	Weight:
Address (Include apartment #. Unable to deliver to a P.O. Box):			
City:		State:	Zip code:
Primary Phone (include area code):	Alternate Phone:	Language (if not English):	
INSURANCE INFORMATION			
<i>Please attach a copy of patient's insurance card; include BOTH front and back of the card. Also complete section below.</i>			
Primary Plan:	Subscriber ID:	Policy Holder Name:	Policy Holder Birth Date:
Secondary Plan:	Subscriber ID:	Policy Holder Name:	Policy Holder Birth Date:
DIAGNOSIS/MEDICAL HISTORY/SYMPTOMS			
ICD-9 Code 327.23 will be used for this Obstructive Sleep Apnea (OSA) test unless specified otherwise. (If other, specify):			
<b>Medical Necessity of Home Sleep Testing:</b>			
<b>Certain Payers require as many as four (4) symptoms but at least two (2). Please check <u>all</u> that apply.</b>			
<input type="checkbox"/>	Assessment of Efficacy of Other Treatment	<input type="checkbox"/>	Fatigue
<input type="checkbox"/>	Assessment of Oral Appliance	<input type="checkbox"/>	Gasping/Choking
<input type="checkbox"/>	Daytime Sleepiness/Napping During Day	<input type="checkbox"/>	Habitual Snoring
<input type="checkbox"/>	Efficacy of Surgery/Previous Diagnosis of OSA	<input type="checkbox"/>	Irritability/Moodiness
<input type="checkbox"/>	Falling Asleep at Work or While Driving	<input type="checkbox"/>	Morning Headaches
<input type="checkbox"/>		<input type="checkbox"/>	Unexplained Hypertension
<input type="checkbox"/>		<input type="checkbox"/>	Witnessed Apneic Events
<input type="checkbox"/>		<input type="checkbox"/>	Witnessed Nocturnal Motor Activity/Flailing
<input type="checkbox"/>		<input type="checkbox"/>	Other (Specify):
<input type="checkbox"/>		<input type="checkbox"/>	Other (Specify):
Enter Epworth Sleepiness Scale Score (Range 0 – 24; $\geq 10$ = High Risk):			
TEST TYPE			
<i>Home Sleep Test Only will be administered if nothing is checked below.</i>			
<input type="checkbox"/>	Home Sleep Test Only (An up to three-night Sleep Test will be administered based upon ordering provider or payer)		
<input type="checkbox"/>	Home Sleep Test including Titration Test; if patient is positive for Obstructive Sleep Apnea.		
<input type="checkbox"/>	Titration Test Only	If Sleep Test <b>was not</b> done by NovaSom, supply date of last Sleep Test:	AHI:
DESIGNATED THERAPY/DURABLE MEDICAL EQUIPMENT (DME) PROVIDER AND RELEASE OF TEST RESULTS			
<i>By entering contact information below, provider directs that any test results (whether positive or negative) additionally be sent to the therapy/DME provider for purposes of treatment of the patient.</i>			
Therapy/DME Provider Name:		Phone #:	Fax #:

By signing below, I attest that: upon my examination of the patient, which included HEENT, Cardiovascular, Chest/Lung, Neurological and Vital Signs, there is a high probability of OSA. A Home Sleep Test is medically necessary and no co-morbid conditions are present that prevent the patient from home testing.

**Provider's Original Signature (Stamped Signatures Not Accepted)**

**Date**

**Ordering the AccuSom Home Sleep Test:**  
**Key Reminders**

Ordering Home Sleep Tests through the NovaSom Clinician Portal is your best option because the system will guide you in completing all required fields customized by your patient's health plan. This reduces missing information, which leads to faster order processing. To obtain login credentials to the Clinician Portal go to [www.novasom.com/easyorder](http://www.novasom.com/easyorder).

If you prefer to use our Fax Order Form, please complete ALL fields to avoid missing information that may result in follow-up calls/faxes to your office and delay this very important test for your patients. Once completed, please fax to **1-866-216-5200**. Here are some key reminders to expedite processing:

- Ensure your patient can be removed from oxygen or CPAP for the AccuSom Home Sleep Test. The AccuSom breath sensor cannot be used simultaneously with oxygen or CPAP. Patients who cannot be removed from oxygen or CPAP to administer the AccuSom Home Sleep Test overnight should have an attended in-lab sleep test.
- Verify with your patient that you have their current phone numbers (e.g. cell & home); provide area codes for all phone & fax numbers.
- List an office contact (e.g. name; phone and extension number) in case there are follow up questions.
- List all signs and symptoms that the patient has shared with you. Some insurance plans require as many as four (4) signs and symptoms to meet medical necessity.
- Complete the insurance fields, listing policy holder information, including name and date of birth and if applicable, secondary insurance. Include a clear front & back copy of the patient's insurance card.
- If this is your first order with NovaSom, include your National Provider Identifier (NPI). NovaSom will use it to register you in our system.
- Ensure that you sign AND date the order form. Your handwritten signature and date authenticates the order.

**Thank you for your order. For assistance contact NovaSom at 1-877-753-3776.**