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Asante Sleep Center - Medford

NPI Number is 1902123888 Tax ID Number is 930223960

Attn: REFERRAL DEPARTMENT

Referral Packet Guidelines

Hello Provider,

The Asante Sleep Center is an outpatient department of Asante Rogue Regional Medical Center and is an accredited sleep laboratory through the American Academy of Sleep Medicine. As sleep medicine is highly regulated, we are required to meet specific requirements not only for accreditation purposes but for the hospital's revenue integrity and compliance.

In to meet these requirements, the following information is needed to process *ALL* referral:

- * Type of referral request & appropriate diagnosis code
- * Physically or electronically signed order w/date (Epic order is ok)
- * Prior insurance authorization number & dates it is valid for; or documentation with a reference number that PA is not required.
- * Applicable chart notes documenting sleep-related symptoms by the provider ordering the sleep study procedure dated within 6 months of the referral. (*H&P requirement for sleep study referrals: "Chart notes must be dated within 6 months of the referral and include the following: Chief complaint, Details of present illness, relevant past social history and family history, Inventory by body systems, conclusions or impressions drawn from the H&P, Plan of action.")
- * STOP-BANG questionnaire for Home Sleep Apnea Test referrals.

Please feel free to reach out to me if you have any questions or need our NPI information. Please use the checklist to ensure you have completed all the items needed for a complete referral. Once this information is received for a completed chart it is sent to our Medical Director for review. This process can take 2-3 weeks depending on the volume of incoming referrals.

DeeDee Genaw

Intake Coordinator

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Asante Sleep Center - Medford

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A decorative graphic on the left side of the page features a branch with several leaves and two roses, rendered in a halftone or stippled style.

REFERRAL CHECKLIST

To make the sleep referral process run smoothly for your patients, we are requesting the following documentation with all referrals submitted to the Sleep Center.

- Completed "Sleep Lab Order Form, Signed by The Ordering Provider (Be sure to select an insurance supported "G" diagnosis code as indicated).
- Prior Authorization Information (or documentation that a P/A is not required).
- Patient Demographics & Insurance Information Completed (Please include copies of insurance cards).
- In-Person or Tele-Medicine Office Visit Chart Notes from the Ordering Provider, Documenting Sleep Related Symptoms & Conditions. (Please note: Chart notes should state why a sleep study is being requested & must be dated within the last 6 months)
- Stop-Bang Questionnaire (Required for Home Sleep Tests).
- Pediatric Sleep Questionnaire (Required for all Pediatric Patients).
- Please DO NOT send partial order. (We cannot process a partial referral).

Once the requested documentation is received, the completed referral will be forwarded to our Medical Director for review. When we receive the referral back from her office, we will be able to contact the patient for scheduling. This process can take 1-2 weeks depending on the volume of referrals received.

*If our Medical Director suggests anything different than what you have ordered for your patient, we will contact your office to advise you of those recommendations.

CONTROLLED UNLESS PRINTED

STOP-BANG Questionnaire

STOP

S	Snore	Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?	Yes / No
T	Tired	Do you often feel tired, fatigued, or sleepy during daytime?	Yes / No
O	Observed	Has anyone observed you stop breathing during sleep?	Yes / No
P	Blood Pressure	Do you have or are you being treated for high blood pressure?	Yes / No

BANG

B	Body mass index (BMI)	BMI > 35 kg/m ²	Yes / No
A	Age	Age > 50 years?	Yes / No
N	Neck	Neck circumference > 40 cm? (16 inches)	Yes / No
G	Gender	Gender male	Yes / No

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Score of STOP: _____ (out of a possible 4)

Score of STOP+BANG: _____ (out of a possible 8)

A patient is at high risk for obstructive sleep apnea with a STOP score of at least 2 yes answers out of a possible 4, and/or a STOP+BANG score of at least 3 yes answers out of a possible 8.



STOP BANG QUESTIONNAIRE
100-SleepLab-0038 (Reviewed 12/21/2021)

Patient Name: _____

DOB: _____



Pediatric Sleep Questionnaire

Patient Name: _____

Date of Birth: _____

	Yes	No	Don't Know
While sleeping does your child...			
Snore more than half the time?			
Always snore?			
Snore loudly?			
Have "heavy" or loud breathing?			
Have trouble breathing or struggle to breathe?			
Have you ever...			
Seen your child stop breathing during the night?			
Does your child...			
Tend to breathe through the mouth during the day?			
Have dry mouth on waking up in the morning?			
Occasionally wet the bed?			
Wake up feeling un-refreshed in the morning?			
Have a problem with sleepiness during the day?			
Has a teacher or other supervisor commented that your child appears sleepy during the day?			
Is it hard to wake your child up in the morning?			
Does your child wake up with headaches in the morning?			
Did your child stop growing at a normal rate at any time since birth?			
Is your child overweight?			
This child often...			
Does not seem to listen when spoken to directly			
Has difficulty organizing tasks			
Is easily distracted by extraneous stimuli			
Fidgets with hands or feet or squirms in seat			
Is "on the go" or often acts as if "driven by a motor"			
Interrupts or intrudes on others (e.g. butts into conversations or games)			

Total Number of "Yes" Responses _____

If eight or more statements are answered "yes", consider referring for sleep evaluation

CHERVINE ET AL PEDIATRIC SLEEP QUESTIONNAIRE: VALIDITY AND RELIABILITY OF SCALES FOR SLEEP DISORDERED BREATHING, SNORING SLEEPINESS, AND BEHAVIORAL PROBLEMS, SLEEP MEDICINE 2000;1:21-32