



FAX Test Order to 215-360-3606



Home Sleep Apnea Testing Referral Process

- 1) Fax: RX/Prescription/order procedure ‘Home Sleep Apnea Test’ CPT: G0399 and the appropriate diagnosis ‘Sleep Apnea, Unspecified - G47.30 Obstructive Sleep Apnea - G47.33’
- 2) Fax: Patient demographics including patient contact number
- 3) Fax: Chart Note documenting the need for sleep apnea testing must be included with this referral. (ie. excessive daytime sleepiness, snoring, fatigue, etc)
- 4) If required for HMO plans, please generate a referral for Somnotrek for CPT: G0399 Home Sleep Apnea Test w/ Dx: G47.33/G47.30

****If you are not the patients primary care practice we will obtain all referrals****

NPI: 1023459278 Tax ID: 46-3098360

Insurances Accepted

- | | |
|--|-------------------------------------|
| Aetna PPO & HMO | Keystone Health Plan East |
| AmeriHealth HMO & 65 | Keystone 65 |
| Blue Cross Blue Shield PPO & HMO | Meritain Health |
| CIGNA Healthcare | Medicare #333326 |
| HealthNet Federal Service | Medicare Advantage PPO & HMO |
| Highmark PA Blue Shield Keystone 65 | Oscar Health Plans |
| Highmark Blue Shield Blue Card | Palmetto GBA – Railroad Medicare |
| Highmark Blue Shield FEP | Personal Choice |
| Highmark Blue Shield Security 65 | Personal Choice 65 |
| Horizon Blue Cross Blue Shield of New Jersey | QCC Insurance Company |
| Humana | QualCare |
| Humana Military | TriCare East Region - CHAMPVA & DVA |
| Independence Administrators | United Healthcare |
| IBC Provider # 3930224000 | Veterans Choice Program |



Home Sleep Apnea Testing equipment is delivered to your patient with detailed instructions.

A report with the results of the Home Sleep Apnea Test along with recommendations will be forwarded to your office shortly after testing is complete.

Tel: 215-370-8116 Fax: 215-360-3606 Email: info@somnotrek.com www.somnotrek.com
OXFORD SQUARE 390 MIDDLETOWN BOULEVARD SUITE 612 LANGHORNE, PA 19047