



**FAX Test Order to 215-360-3606**

**Home Sleep Apnea Testing Referral Process**

- 1) **Fax: RX/Prescription/order** with 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**

**NPI: 1023459278 Tax ID: 46-3098360**

**Insurances Accepted**

**Aetna PPO & HMO**

**CIGNA Healthcare**

**HealthNet Federal Service**

**Highmark PA Blue Shield Keystone 65**

**Highmark Blue Shield Blue Card**

**Highmark Blue Shield FEP**

**Highmark Blue Shield Security 65**

**Horizon Blue Cross Blue Shield of New Jersey**

**Humana Military**

**Humana**

**Medicare #333326**

**Meritain Health**

**Oscar Health Plans**

**Palmetto GBA – Railroad Medicare**

**QualCare**

**TriCare East Region - CHAMPVA & DVA**

**United Healthcare**

**Veterans Choice Program**



**We are not in network with Medicaid plans. We are not in network with Independence Blue Cross. The out of pocket cost for a Home Sleep Apnea Test will be \$299.00.**

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