

**SLEEP
DOWNTIME CHARGE SHEET**



PATIENT MRN _____

DOS _____

PATIENT NAME _____

PATIENT DOB _____

Quantity	CPT	Order Description	CDM	PROD Bill Item ID
OFFICE VISIT				
	G0463	Office/ Outpatient Visit Est	21100008	8100602
OTHER				
	94660	POS Airway Pressure CPAP	21100012	9180844
	94762	Continuous Pulse Ox	21100013	9180843
	95803	Actigraphy Testing 73hrs-14 Cons Days	21100018	8100609
	95805	MSLT/MWT; GLOBAL	21100001	8100595
POLYSOMNOGRAPHY				
	95782	Polysom <6 Yrs 4> Paramtrs	21100005	8100599
	95783	Polysom <6 Yrs CPAP/Bi-Lvl	21100006	8100600
	95810	Polysom 6/> Yrs 4/> Param	21100002	8100596
	95811	Polysom 6/> Yrs CPAP 4/> Param	21100003	8100597
EEG				
	95816	EEG Awake & Drowsy	21100009	8100603
	95819	EEG Awake & Asleep	21100010	8100604
SLEEP STUDY/HST				
	95800	Slp Study UnAttended	21100019	8100610
	95807	Sleep Study; Attended	21100020	8569104
	G0398	Home Sleep Test/Type 2 Porta	21100016	8100607
	G0399	Sleep Study Unatt & Resp Efft	21100004	8100598
	G0400	Home SleepTest: type 4 portable device, unattended	21100017	8100608
	Supply	Oxygen Daily	21100015	8569103