

Porter Physician Group
Associates In Neurology
Sleep Lab
219-531-2670
Fax 219-476-7120

PRE-STUDY PATIENT REQUIREMENTS & INFORMATION HOME SLEEP TEST (HST)

You are scheduled to arrive on _____ at _____ am/pm

Associates In Neurology
2000 Roosevelt Road, Ste. 201
Valparaiso, IN 46383
(CENTRAL time, front entrance, door A)

INSTRUCTIONS for DAY of TESTING:

NO caffeine after 10am. NO alcohol or naps throughout the entire day. **Eat meals and take medications as normal.** **Wear something comfortable on the upper half of the body** as you will be leaving with the equipment in place. **Bring driver's license, insurance card(s), and medication list.**

The sleep technician will meet you at the sleep lab entrance at the designated time of arrival (*noted above*) and will escort you. The sleep technician will place the equipment on the upper half of your body and give instructions pertaining to the use of the equipment. **If you have questions while at home with the equipment, a sleep technician will be available at 219-531-2670.**

The HST equipment is to be returned to the sleep lab between 8 and 10am the following morning, (unless instructed otherwise).

Once your sleep study has been read by our physician(s), you will be contacted with results.

SLEEP APNEA and TESTING:

Sleep Apnea is when a person stops breathing during sleep. Home Sleep Testing (*HST*) is one way to diagnose Sleep Apnea. HST occurs at home where you wear equipment that records information pertaining to breathing and blood oxygen level. There is no sleep technician at your home, unlike during an in-lab sleep study. You are given instructions on how to set up the testing equipment. The study involves an elastic respiratory belt around the chest, a pulse oximeter on a finger, and an airflow sensor that is attached to a cannula below the nose.

24 HOUR CANCELLATION NOTICE is required. A cancellation fee may be incurred if notification is not received.

BILLING and INSURANCE:

Associates In Neurology verifies insurance eligibility. **Referring physicians' offices are required to obtain pre-authorizations.** However, it is ultimately **the patients' responsibility to ensure their insurance companies are contracted with *Associates In Neurology* and that pre-authorizations are obtained.**

Insurance companies may ask for a **CPT code (Type III Home Sleep Test G0399).**

BILLING QUESTIONS: 219-364-3645