

HOME SLEEP TEST ORDERING INSTRUCTIONS

SCREEN ask questions to determine risk sleep apnea – sleep quality, medical conditions, etc.

- Questionnaire options: Stop Bang, Epworth, or [Combined](#)
- Document in visit notes (required for Medicare and Medicare Advantage)

EXPLAIN to patient Millennium Sleep will call to schedule test and ship device to their home

FILL OUT order form for Home Sleep Test

- Patient Demographics
- Medical History/Symptoms
- Check Multi-Night Sleep Study (ensures sufficient data)
- Check symptoms of OSA (indicate OSA so able to test at home, but device will also distinguish central apneas)
- Referring provider, NPI, office contact info

SIGN and date bottom of script

Electronically signed orders from an EMR are also accepted with detailed visit notes

FAX to **844-242-9966**

- Order Form
- Office Notes and Questionnaire (if given)
- Insurance card

EXPECT Millennium to fax back to your office:

- Order confirmation
- Scheduling confirmation with test date
- Results with diagnosis and treatment order (if applicable)

CONTACT Millennium to request:

- Specific testing device of DME for all your patients
- Preferred DME for us to send treatment orders



Home Sleep Test Order Form
FAX to: 844-242-9966
ALL FIELDS MUST BE COMPLETED

MILLENNIUM Sleep LABSM
MSLAtHome.com Testing At Home

Patient Demographics:
Name: _____ M F DOB: ____/____/____ SSN: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email Address: _____ Height: _____ Weight: _____ Neck Size: _____
Cell Phone: _____ Executive Team Special Needs: _____

EPWORTH SCORE _____

Signs and Symptoms:
Please check all that apply or attach MSL Patient Screening Form

<input type="checkbox"/> Observed Apneas	<input type="checkbox"/> Sustained supraventricular tachycardic arrhythmias
<input type="checkbox"/> Habitual Snoring, esp. gasping/choking episodes associated with awakenings	<input type="checkbox"/> Sustained supraventricular bradycardic arrhythmias
<input type="checkbox"/> Excessive daytime sleepiness (ESS) evidenced by: ESS > 10, or Inappropriate daytime napping (while driving, eating), or Sleepiness that interferes with daily activities	<input type="checkbox"/> Ventricular fibrillation
<input type="checkbox"/> Unexplained Hypertension	<input type="checkbox"/> Sustained ventricular tachycardia
<input type="checkbox"/> Soft tissue abnormalities or neuromuscular diseases involving craniofacial area (upper airway)	<input type="checkbox"/> Severe Congestive Heart Failure (NYHA class III or IV)
<input type="checkbox"/> Obesity with a BMI > 30	<input type="checkbox"/> Moderate to Severe Chronic Obstructive Pulmonary Disease (COPD)
<input type="checkbox"/> Mood Disorders:	<input type="checkbox"/> Oxygen dependent for any reason
<input type="checkbox"/> Morning Headaches	<input type="checkbox"/> Cognitive impairment (unable to follow simple instructions)
	<input type="checkbox"/> Neuromuscular impairment; needs assistance for activities or daily living (ADLs)
	<input type="checkbox"/> The patient is 18 years old or younger

PLEASE CHECK ALL THAT APPLY:
 Previous cerebral accident more than one month ago
 Diabetes
 Low Functioning Thyroid
 Transient Ischemic Attack (TIA)
 Coronary Artery Disease (CAD)
 Sustained supraventricular tachycardic arrhythmias

Rx ATTACH COPY OF INSURANCE CARD (FRONT AND BACK) AND APPLICABLE OFFICE NOTES

Test Ordered: Multi-night Sleep Study to rule out OSA. Equipment and/or portable rating equipment and medications must be provided. Oral Appliance Titration. CPAP. Night 1 _____ Night 2 _____

Diagnosis indicated by symptoms: G43.31 Obstructive Sleep Apnea (must be checked)

Referring Physician Demographics:
Physician Name _____ NPI: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Physician Signature: _____ Date: _____
I am the physician who has prescribed the procedure based upon a face-to-face office visit. I am ordering this test to determine if my patient has

REFERRING PROVIDER PORTAL INSTRUCTIONS

REQUEST for Millennium Sleep to enable the portal for your office, call 877-933-9470

WEBSITE address is https://msl.remmgr.com/physician_portal

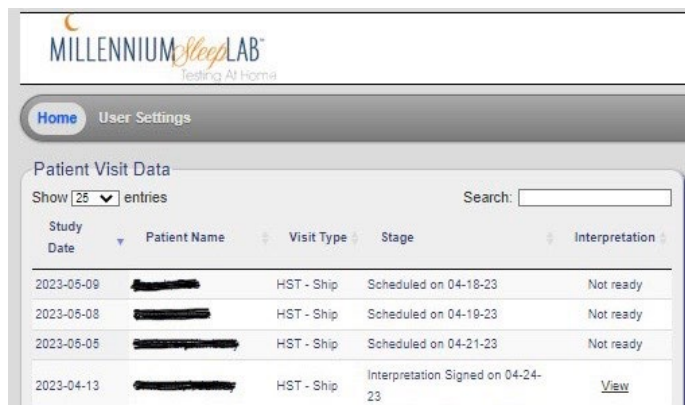
EMAIL will be sent to you from info@millenniumsleeplab.com with a default password for the portal.

LOGIN with your email address and password from the email.

- You'll be asked to change the password when you login.

VIEW SCHEDULED AND COMPLETED TESTS

- Click on “view” to download pdf of test results.
- If Millennium’s follows the patient, also download visit notes, Tx order, compliance



The screenshot shows the 'Patient Visit Data' section of the portal. It includes a search bar and a table with columns for Study Date, Patient Name, Visit Type, Stage, and Interpretation. The table contains four rows of data, with the last row having a 'View' link.

Study Date	Patient Name	Visit Type	Stage	Interpretation
2023-05-09	[REDACTED]	HST - Ship	Scheduled on 04-18-23	Not ready
2023-05-08	[REDACTED]	HST - Ship	Scheduled on 04-19-23	Not ready
2023-05-05	[REDACTED]	HST - Ship	Scheduled on 04-21-23	Not ready
2023-04-13	[REDACTED]	HST - Ship	Interpretation Signed on 04-24-23	View

SCROLL DOWN TO VIEW OPEN ORDERS

- List of orders in the process of scheduling or cancelled



The screenshot shows the 'Unscheduled Referrals' section of the portal. It includes a search bar and a table with columns for Referral Date, Patient Name, Online Script, and State. The table contains four rows of data.

Referral Date	Patient Name	Online Script	State
2023-04-18	[REDACTED]	N/A	Open
2023-04-18	[REDACTED]	N/A	Open
2023-03-29	[REDACTED]	N/A	Cancel
2023-03-27	[REDACTED]	N/A	Cancel

CONTACT Millennium to:

- Reopen an order for a patient that cancelled
- Request details on scheduling attempts