

## Practitioner Note

**PROVIDER** Sleep Metrics  
15812 SW Upper Boones Ferry Rd  
Lake Oswego, OR 97035-4066

**Phone** (503) 222-9777

**Fax** (888) 503-3693

**PHYSICIAN** Perez Guzman, Lisandra  
2280 Marcola RD  
Springfield, OR 97477-2594

**NPI** 1063738870

**Phone** (541) 747-4300

**Fax** (541) 747-0655

**PATIENT** Willis, Zachary J  
86 U ST  
SPRINGFIELD, OR 97477-2154

**Phone** (702) 582-3970

**DOB** 3/30/1990

**Note Reason** HST Results: OSA

**Severity** Medium

**Note ID** 398518

**Created By** Tuliao, Sunny

**Date Created** 11/14/2025

**Actual Date**

**Last Changed By** Tuliao, Sunny

**Last Changed Date** 11/14/2025 03:21 PM

**Date Completed**

## Subject & Description

**Subject** PROVIDER REVIEW REQUIRED

**Description** Your patient has successfully completed their Home Sleep Test and the final results are attached along with an order for CPAP.

Please review the results and fax the signed CPAP Rx to (888)503-3693 for treatment, if deemed appropriate.

RESULTS: Moderate  
AHI: 22.1

Thank you for allowing us to participate in the care of your patient!

## Comments

**Date Created**

**Created By**

## Clinician's Written Order: CPAP Therapy

**PROVIDER:** Sleep Metrics  
15812 SW Upper Boones Ferry Rd  
Lake Oswego, OR 97035-4066  
**Phone** (503) 222-9777  
**FAX** (503) 905-8562  
**Provider No.**

**PHYSICIAN:** Lisandra Perez Guzman MD  
2280 Marcola RD  
Springfield, OR 97477-2594  
**License #**  
**Phone** (541) 747-4300

**NPI** 1063738870  
**Fax** (541) 747-0655

**PATIENT:** Willis, Zachary J  
86 U ST  
SPRINGFIELD, OR 97477-2154  
**Phone** (702) 582-3970  
**DOB** 03/30/1990  
**Initial Date**  
**Revised Date**  
**Recertification**  
**Length of Need** 99  
**(in months)**  
**Policy** 2UD3P72VD02

### DIAGNOSIS

ICD-10 Code	Description
G47.33	Obstructive sleep apnea (adult) (pediatric)

### EQUIPMENT/SERVICES

Qty	Proc. Code	Item Name/Narrative
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#### ADDITIONAL MEDICAL INFORMATION

Auto-CPAP - E0601  
Heated Humidifier - E0562  
Modem- A9279  
RT Evaluation and PAP Setup - CPT 94660

Please fit mask per patient preference at the time of setup.  
Please replace the patient's accessories in accordance with their insurance payer's allowed schedule

#### Accessories:

Full Face Mask- A7030 (1 per 3 months)  
Full Face Cushions- A7031 (1 per month)  
Nasal Mask- A7034 (1 per 3 months)  
Nasal Cushions- A7032 (2 per month)  
Nasal Pillows- A7033 (2 per month)  
Headgear- A7035 (1 per 6 months)  
Climate tubing - A4604 (1 per 3 months)  
Disposable filters - A7038 (2 per 1 month)  
Reusable filters - A7039 (1 per 6 months)  
Humidifier chamber - A7046 (1 per 6 months)  
Chinstrap - A7036 (1 per 6 months)

#### Pressure Setting (cmH2O):

**7-20 cmH2O**

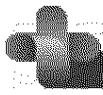
The above referenced patient has an absolute Medical Necessity for the item(s) listed above. I certify that the above prescribed item(s) is/are medically indicated and in my opinion is/are reasonable and medically necessary with reference to the standards of medical practice for this patient's condition.

**Clinician Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



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## Sleep Study Report

### Patient Information

First Name: **Zachary** Last Name: **Willis** ID: **33504**  
Birth Date: **03/30/1990** Age: **35** Gender: **Male**  
Insurer: BMI:  
Neck Circ.: Epworth: Mobile Phone: **7025823970**  
Address:

### Sleep Study Information

Study Date: **11/07/2025** S/H/A Version: **5.4.84.4 / 4.2.1210 / 84**

### Referring Physician Information

First Name: **Lisandra** Last Name: **Perez Guzman**  
Work Phone: Mobile Phone: Fax:  
E-mail:

### Summary & Diagnosis

Findings are consistent with Moderate Obstructive Sleep Apnea.

### Recommendations

1. Treatment options for moderately severe OSA may include : CPAP , AUTOCPAP, or BIPAP.
2. If AutoPAP is initially utilized , consider a starting pressure of 7-20 cmH20, with close compliance monitoring for AHI on follow up.
3. Mandibular positioning device/oral appliance therapy may be considered for mild to moderate OSA if the patient is intolerant ,refuses and/or non compliant with CPAP.
4. Weight loss , if applicable, can help reduce severity of sleep disordered breathing.
5. If AutoPAP therapy proves unsuccessful, a lab based titration should be considered.
6. Clinical follow up with referring physician is recommended , with close compliance monitoring for AHI and resolution of symptoms.

Report prepared by: **Poh Leng**  
NPI: **1477520120**  
Electronically Signed: **11/11/2025 1:12:21 PM**  
Signature:



# Sleep Study Report

## Sleep Summary

Start Study Time:	12:31:20 AM
End Study Time:	8:34:41 AM
Total Recording Time:	8 hrs, 3 min
<b>Total Sleep Time</b>	<b>7 hrs, 14 min</b>
Indices are calculated using technically valid sleep time of	7 hrs, 8 min
% REM of Sleep Time:	29.7

## Respiratory Indices

	Total Events	REM	NREM	All Night
pAHI 3%:	158	43.8	12.8	<b>22.1</b>
pAHI 4%:	112	35.4	7.2	<b>15.7</b>
ODI 4%:	93	28.4	6.4	<b>13.0</b>
pRDI:	204	51.8	18.6	<b>28.6</b>
pAHIc 3%:	0	0.0	0.0	<b>0.0</b>
pAHIc 4%:	0	0.0	0.0	<b>0.0</b>
% CSR:	0.0			

pRDI is calculated using oxi desaturation ≥ 3%

Indices are calculated using technically valid sleep time of 7 hrs, 8 min. Central-Indices are calculated using technically valid sleep time of 7 hrs, 2 min.

## Cardiac Rhythm Analysis In Sleep

<b>Suspected Atrial Fibrillation (h:mm:ss)</b>	
Total duration	Not detected
Longest event duration	Not detected
<b>Premature beats</b>	
Events per min	1.1

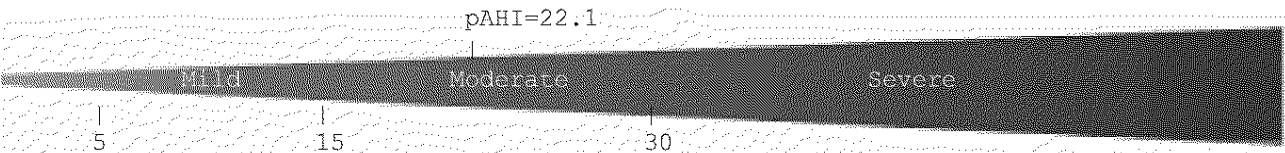
Events are calculated using technically valid sleep time of 7 hrs, 14 min.

## Oxygen Saturation Statistics

Mean:	94	Minimum:	78	Maximum:	99
Mean of Desaturations Nadirs (%):		90			
<b>Oxygen Desatur. %:</b>	<b>4-9</b>	<b>10-20</b>	<b>&gt;20</b>	<b>Total</b>	
Events Number	72	21	0	93	
Total	77.4	22.6	0.0	100.0	
<b>Oxygen Saturation:</b>	<b>&lt;90</b>	<b>&lt;=88</b>	<b>&lt;85</b>	<b>&lt;80</b>	<b>&lt;70</b>
Duration (minutes):	5.2	3.9	1.3	0.1	0.0
Sleep %	1.2	0.9	0.3	0.0	0.0
<b>Hypoxic Burden (% x min)</b>				<b>TST</b>	<b>Per hour</b>
Desaturation area under SpO2 baseline				120	17
Area under 90% SpO2				20	3

## Pulse Rate Statistics during Sleep (BPM)

Mean:	80	Minimum:	60	Maximum:	119
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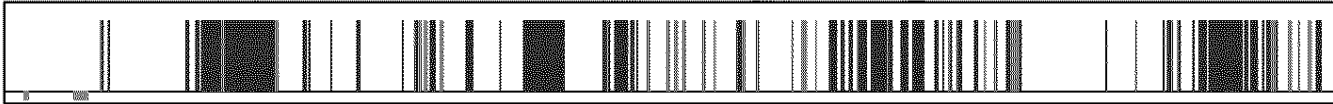
\* Reference values are given by physician



# Sleep Study Report

## PAT Respiratory Events

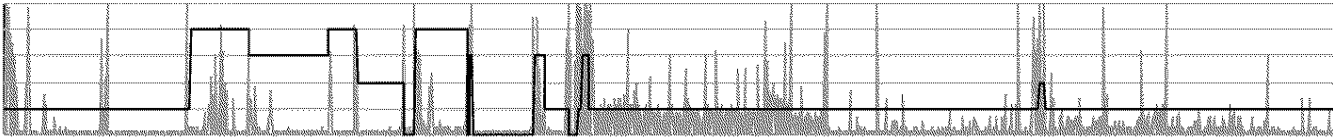
OSA    CSA    other



Excluded periods

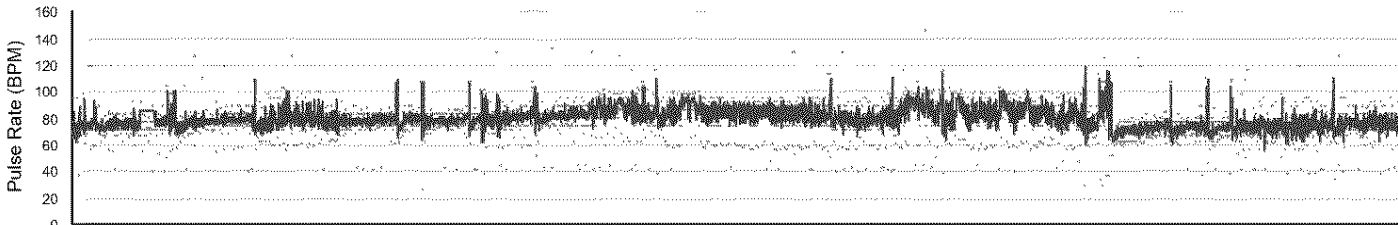
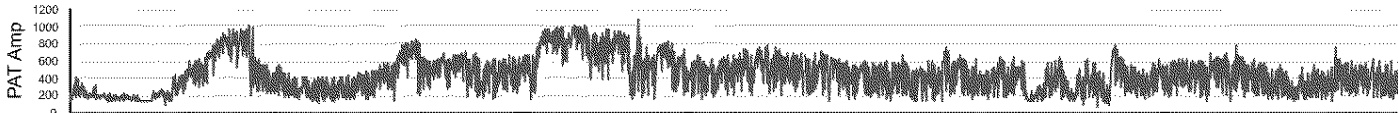
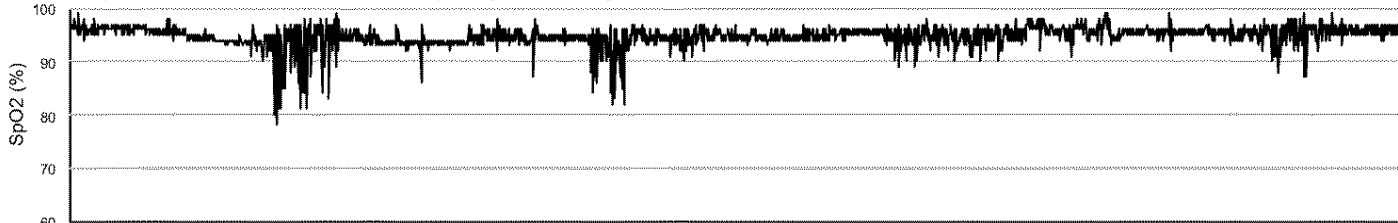
## Snore/Body Position

Sit  
Prone  
Left  
Right  
Supine  
N/A

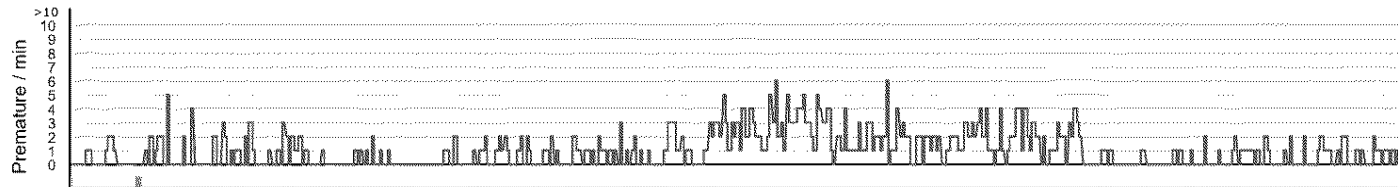


70  
64  
58  
52  
46  
40  
dB

## Oxygen Saturation: / Pulse Rate (BPM) / PAT Amplitude



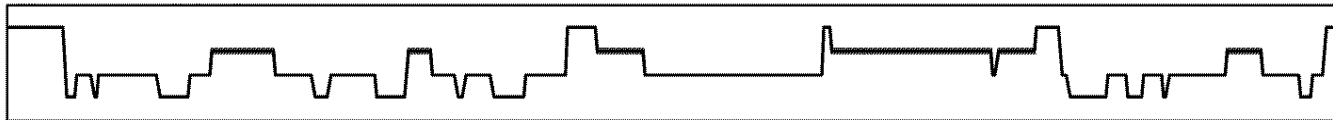
## Cardiac Rhythm Analysis

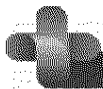


AFib  
Exclude

## Wake / Sleep stages

Wake  
REM  
L Sleep  
D Sleep

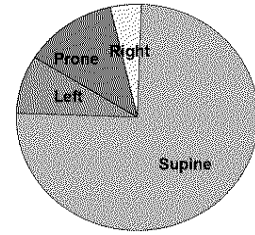




## Sleep Study Report

### Body Position Statistics

Position	Supine	Prone	Right	Left	Non-Supine
Sleep (min)	305.4	51.0	17.0	34.0	102.0
Sleep %	70.3	11.7	3.9	7.8	23.5
pAHI 3%:	20.4	29.4	10.6	37.1	28.8
pAHI 4%:	13.4	23.6	3.5	31.8	23.0
ODI 4%:	11.2	24.7	3.5	15.9	18.2
pRDI	27.6	37.7	10.6	40.6	34.1



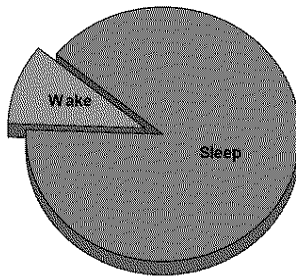
### Snoring Statistics

Snoring Level (dB)	>40	>50	>60	>Threshold (45)
Sleep (min)	302.9	8.5	2.4	34.7
Sleep %	69.7	2.0	0.6	8.0

Mean: 42 dB

### Sleep Stages Chart

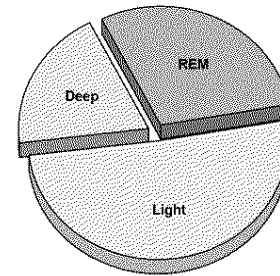
#### Sleep/Wake States



Wake	10.14%
Sleep	89.86%
Total:	100.00%

Sleep Latency (min): 21  
 REM Latency (min): 53  
 Number of Wakes: 4  
 WASO (min): 28

#### Sleep Stages

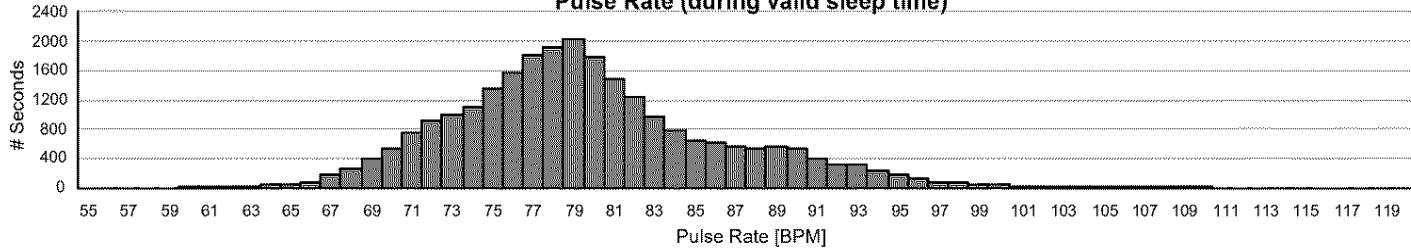


REM	29.70%
Light	50.96%
Deep	19.34%
Total:	100.00%

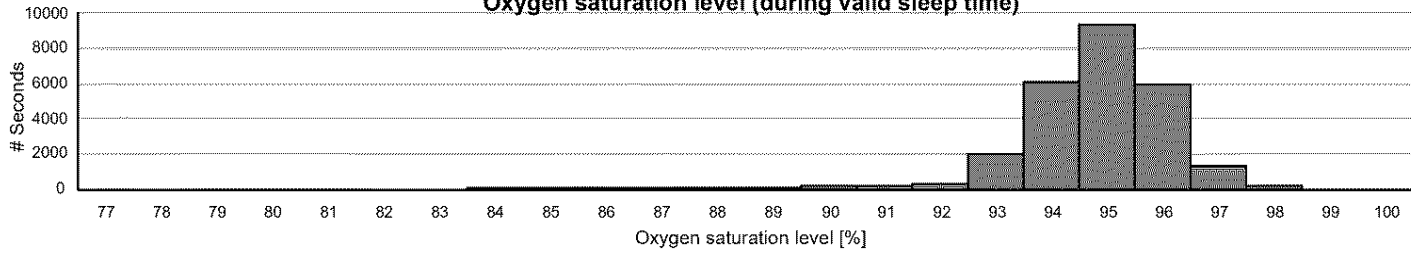


## Sleep Study Report

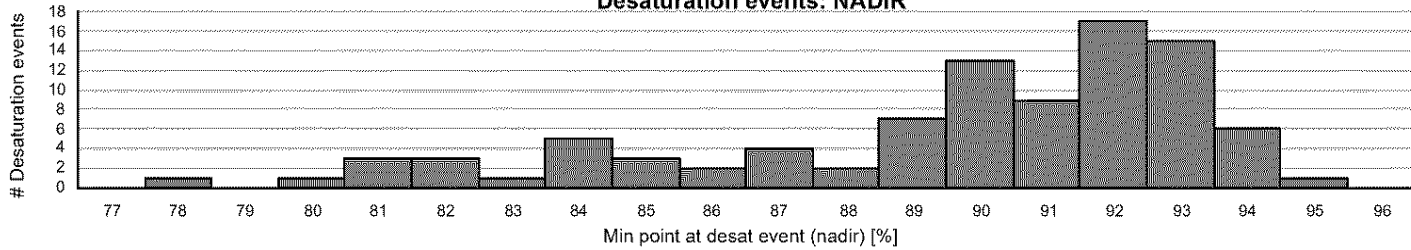
**Pulse Rate (during valid sleep time)**



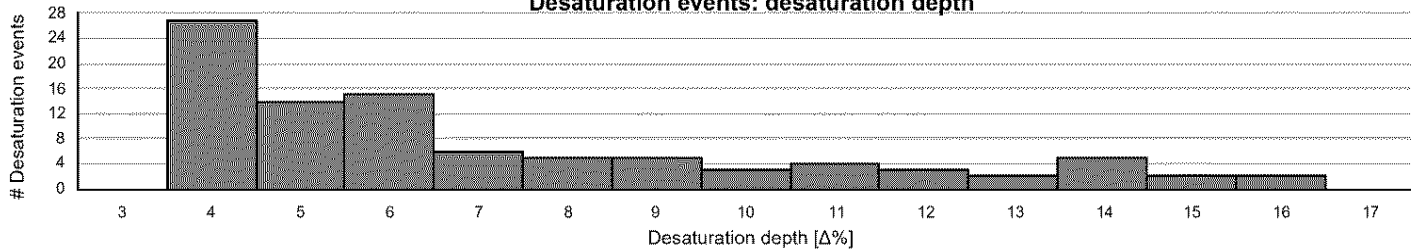
**Oxygen saturation level (during valid sleep time)**



**Desaturation events: NADIR**



**Desaturation events: desaturation depth**



**Desaturation events: resaturation**

