



Phone: (877) 337-7111 Fax: (888) 635-8254  
 Web: www.virtuox.net

## Overnight Oximetry Order Form

### Patient Information:

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Insurance: (Copies of Private Insurance cards must be faxed for all non-Medicare referrals)

Payor Name 1: \_\_\_\_\_ ID#: \_\_\_\_\_ Group#: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Payor Name 2: \_\_\_\_\_ ID#: \_\_\_\_\_ Group#: \_\_\_\_\_ Phone: \_\_\_\_\_

### Physician Information:

Name: \_\_\_\_\_ NPI: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Diagnostic Orders:

Overnight Oximetry / Awake Oximetry: Immediately and repeat in 30 / 60 / 90 / other: \_\_\_\_\_ to validate Oxygen settings.

Room Air: \_\_\_\_\_ Oxygen: \_\_\_\_\_ APAP/CPAP/BIPAP: \_\_\_\_\_ Dental Device: \_\_\_\_\_ Other: \_\_\_\_\_

### Qualifying Diagnosis:

Respiratory Related Codes	Cardiac Related Codes
<ul style="list-style-type: none"> <li><input type="checkbox"/> C34.90 Malignant neoplasm of unspecified part of bronchus or lung</li> <li><input type="checkbox"/> J44.9 Chronic obstructive pulmonary disease, unspecified</li> <li><input type="checkbox"/> J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation</li> <li><input type="checkbox"/> J43.9 Emphysema Unspecified</li> <li><input type="checkbox"/> J45.20 Mild intermittent asthma, uncomplicated</li> <li><input type="checkbox"/> J45.22 Mild intermittent asthma with status asthmaticus</li> <li><input type="checkbox"/> J45.21 Mild intermittent asthma with (acute) exacerbation</li> <li><input type="checkbox"/> J45.909 Unspecified asthma, uncomplicated</li> <li><input type="checkbox"/> J47.9 Bronchiectasis, uncomplicated</li> <li><input type="checkbox"/> J47.1 Bronchiectasis with (acute) exacerbation</li> <li><input type="checkbox"/> J84.10 Post Inflammatory Pulmonary Fibrosis</li> <li><input type="checkbox"/> J96.00 Acute respiratory failure, unspecified whether with hypoxia or hypercapnia</li> <li><input type="checkbox"/> R40.0 Somnolence</li> <li><input type="checkbox"/> R40.1 Stupor</li> <li><input type="checkbox"/> R06.02 Shortness of Breath</li> <li><input type="checkbox"/> R06.82 Tachypnea / Rapid Breathing</li> <li><input type="checkbox"/> R06.2 Wheezing</li> <li><input type="checkbox"/> R06.00 Dyspnea</li> <li><input type="checkbox"/> R06.83 Snoring</li> <li><input type="checkbox"/> R09.01 Asphyxia</li> <li><input type="checkbox"/> R09.02 Hypoxia / Hypoxemia</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> I50.30 Unspecified diastolic (congestive) heart failure</li> <li><input type="checkbox"/> I50.31 Acute diastolic (congestive) heart failure</li> <li><input type="checkbox"/> I50.32 Chronic diastolic (congestive) heart failure</li> <li><input type="checkbox"/> I50.33 Acute on chronic diastolic (congestive) heart failure</li> <li><input type="checkbox"/> I50.40 Unspecified combined systolic (congestive) and diastolic (congestive) heart failure</li> <li><input type="checkbox"/> I50.41 Acute combined systolic (congestive) and diastolic (congestive) heart failure</li> <li><input type="checkbox"/> I50.42 Chronic combined systolic (congestive) and diastolic (congestive) heart failure</li> <li><input type="checkbox"/> I50.43 Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure</li> <li><input type="checkbox"/> I50.9 Heart failure, unspecified</li> <li><input type="checkbox"/> I01.8 Other acute rheumatic heart disease</li> <li><input type="checkbox"/> I09.81 Rheumatic Heart Failure (congestive)</li> <li><input type="checkbox"/> I27.0 Primary Pulmonary Hypertension</li> <li><input type="checkbox"/> I27.89 Other specified pulmonary heart disease</li> <li><input type="checkbox"/> I27.9 Pulmonary Heart Disease, Unspecified</li> <li><input type="checkbox"/> I50.9 Congestive Heart Failure, Unspecified</li> <li><input type="checkbox"/> I50.1 Left Heart Failure</li> <li><input type="checkbox"/> I50.20 Unspecified systolic (congestive) heart failure</li> <li><input type="checkbox"/> I50.21 Acute systolic (congestive) heart failure</li> <li><input type="checkbox"/> I50.22 Chronic systolic (congestive) heart failure</li> <li><input type="checkbox"/> I50.23 Acute on chronic systolic (congestive) heart failure</li> </ul>
<h4>Sleep Related Codes</h4> <ul style="list-style-type: none"> <li><input type="checkbox"/> G47.30 Apnea, Unspecified</li> <li><input type="checkbox"/> G47.30 Hypersomnia with Sleep Apnea, Unspecified</li> <li><input type="checkbox"/> G47.30 Insomnia with Sleep Apnea, Unspecified</li> <li><input type="checkbox"/> R09.02 Hypoxemia</li> <li><input type="checkbox"/> G47.30 Sleep Apnea, Unspecified</li> <li><input type="checkbox"/> G47.33 Sleep Apnea, Adult Pediatric</li> </ul>	<p style="text-align: center;"><b>Other:</b> _____</p>   <p><b>* Date Patient Last Seen:</b> ____ / ____ / ____</p>

My signature below certifies that the named patient above is having an awake / overnight oximetry to determine if the patient desaturates while sleeping, and / or qualifies for home nocturnal oxygen.

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_