

VIRTUOX

Home Sleep Testing



Home Sleep Testing

Home Sleep Testing (HST) was approved by CMS in 2008



VirtuOx utilizes a level III HST device capturing data from four channels:

- Respiratory movement
- Airflow
- ECG/heart rate
- Pulse oximetry

Why Home Sleep Testing?

FAST - Patients can be tested and diagnosed in a fraction of the time it takes in a lab setting.

CONVENIENT - Patients prefer the convenience and comfort of sleeping in their own bed.

AFFORDABLE - The cost of a HST is less than \$300 compared to an In-lab test of up to \$2,500

What Can HST Do for Me?

By promoting Home Sleep Testing you will:

- Be a resource for your physicians and their patients
- Strengthen your physician relationships
- **INCREASE** your PAP referrals!

Why HST with VirtuOx?

- **Quick Turnaround Time**
 - Under two weeks for test completion on average

- **Executive On Demand Dashboard**
 - Comprehensive overview of HST data and tests in process

- **Sleep Study Candidate Queue**
 - VirtuOx helps screen O2 candidates for SDB

- **Sales & Marketing Support**
 - VirtuOx offers various Sleep Apnea screening tools & marketing materials at no cost
 - Revenue opportunities for Boarded Sleep Physicians in your area

Executive Dashboard

Monitor key statistics at a glance:

- HST Orders pending
- HST Orders completed
- HST Orders cancelled
- CPAP qualifiers
- Monthly referral trends

Track patient test progress:

- Notes are updated as patient progresses through test process. Email or fax notifications are sent to you.

The screenshot displays the 'Executive on Demand Dashboard' with a sidebar menu on the left and a main content area. The sidebar includes options like 'Release Notes', 'Dashboard', 'Testing', 'Schedule Test', 'Upload Results', 'Pending Results', 'Patient Database', 'Physician Database', 'Patients On Hold', 'Document Center', 'Patient Instructions', 'English', 'Spanish', 'Reprint Patient Docs', 'AOB - Spanish', 'Home Sleep Flyer', 'Oximeter Flyer', 'HST Order Form', 'POX Reports', 'POX Physician Detail', 'POX Physician Trend', and 'POX Upload Activity'. The main content area shows 'Home Sleep Test Order Statistics' for the period from 1/1/2013 to 12/31/2013. It includes a table of 'Overnight Oximetry Order Statistics' and a 'Home Sleep Test Order Statistics' table. A callout box highlights the 'Home Sleep Test Order Statistics' table, and a pie chart below it shows the distribution of these statistics.

Home Sleep Test Order Statistics	
Orders Pending	9
Orders Completed	1
Orders Canceled	2
CPAP Qualifiers	1
CPAP Delivered	1

Overnight Oximetry Order Statistics	
Orders Pending	26
Orders Entered	217
Orders Completed	196
Orders Canceled	118
Retests Completed	1
Average Days to Complete	7
Sleep Study Candidates	43

Home Sleep Test Order Statistics	
Orders Pending	9
Orders Completed	1
Orders Canceled	2
CPAP Qualifiers	1
CPAP Delivered	1

Pie Chart Data:

- 73% (Orders Pending)
- 26% (Orders Completed)
- 1% (Orders Canceled)
- 1% (CPAP Qualifiers)
- 1% (CPAP Delivered)

Sleep Study Candidate Queue

- Identify more potential apnea sufferers from Overnight Pulse Oximetry
- 72% of all Overnight Pulse Oximetry patients have >5 desaturation events per hour
- 27% of those patients did not qualify for oxygen but may need CPAP

For this patient population, VirtuOx will auto-fax an HST order form to the ordering physician*

*You have the ability to “opt-out” physicians from receiving these faxes!

Instructions for "opting out" a physician from the SSCQ auto-fax

Step 1:

Click on Physician Database link in left hand navigation and search for physician

Step 2:

Click on edit icon

Step 3:

Click on check box to Disable Sleep Study Candidate Queue Automation

- Dashboard
- Testing
 - Schedule Test
 - Print AOB/Upload
 - Patient Database
 - Physician Database**
 - Patients On Hold
- Document Center
 - Patient Instructions
 - English
 - Spanish
 - Reprint Patient Docs
 - Physician Rx
- POX Reports
 - POX Physician Detail
 - POX Physician Trend
 - POX Upload Activity
 - Sleep Study Candidates
 - V-CERT Queue
 - V-CHECK Workflow
- HST Reports
 - HST Physician Detail

The Physician Database now has new Enhancements.

- Pulse Oximetry Rx: Click here to download a Pre-Populated Rx with your DME / MD info there.
- Detailed Report Auto Fax: Click this to allow your physician to receive both the Overnight Oximetry Summary Report and a new Condensed Detailed Report.

NPI :

Last Name :

First Name :

City :

State :

POX Rx	HST Rx	Physician Name	NPI	Address	Phone	Fax	Allow Detailed Report Fax	Show VirtuOx Fax Number on Rx	Disable Sleep Study Candidate Queue Automati
		Virtuox, Dr.	1999999999	123 Main Street Anytown, FL 123456789	(555) 555-5555	(000) 000-0000	No	No	No

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POX Rx	HST Rx	Physician Name	NPI	Address	Phone	Fax	Allow Detailed Report Fax	Show VirtuOx Fax Number on Rx	Disable Sleep Study Candidate Queue Automati
		Virtuox, Dr.	1999999999	123 Main Street Anytown, FL 123456789	(555) 555-5555	(000) 000-0000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Screening Tools for OSA

- STOP-BANG Questionnaire
- Epworth Sleepiness Scale
- Rack cards with STOP-BANG
& Epworth on the back

Obstructive Sleep Apnea (OSA) Screening Tool



Phone: 877-337-7111
Fax: 866-215-7347

S.T.O.P. – B.A.N.G. Questionnaire (Answer each question below)

S.T.O.P.		
Do you <u>S</u> NORE loudly?	Yes	No
Do you often feel <u>T</u> IRE, fatigued, or sleepy during daytime?	Yes	No
Has anyone <u>O</u> BERVED you stop breathing during your sleep?	Yes	No
Do you have or are you being treated for high blood <u>P</u> RESSURE?	Yes	No

B.A.N.G.		
<u>B</u> MI more than 35? (your physician can assist with calculating BMI)	Yes	No
<u>A</u> GE over 50 years old?	Yes	No
<u>N</u> ECK circumference > 15.75 inches (40cm)?	Yes	No
Male <u>G</u> ENDER?	Yes	No

Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? This refers to your usual way of life in recent times. Even if you haven't done some of these things recently, try to think about how they would have affected you. Use the following scale to choose the most appropriate number for each situation:

0 = Never doze	2 = Moderate chance of dozing
1 = Slight chance of dozing	3 = High chance of dozing

Chance of Dozing
Score 0-3:

- Situation:
- _____ Sitting and reading
 - _____ Watching TV
 - _____ Sitting, inactive in a public place (i.e. a theater or in a meeting)
 - _____ As a passenger in a car for an hour without a break
 - _____ Lying down to rest in the afternoon when circumstances permit
 - _____ Sitting and talking to someone
 - _____ Sitting quietly after a lunch without alcohol
 - _____ In a car while stopping for a few minutes in traffic
 - _____ **TOTAL (This is your Epworth Score)**

Discuss these results with your physician as soon as possible about your high risk for sleep apnea if:

You answered 'YES' to 3 or more questions in the STOP-BANG Questionnaire


OR

Your Epworth Score total is 9 or higher

The validated questionnaires on this form are intended to help assess individuals that may be at risk for OSA. It is not intended to replace clinical judgment of the treating physician in the diagnosis of OSA.

HST-08E_Rev12.13

Apria branded Berlin Questionnaire


APRIA HEALTHCARE®

Berlin Questionnaire

Sleep Evaluation
1 Complete the following:
height _____ weight _____ age _____ male female

Category 1
2 Do you snore?
 yes
 no
 don't know
if you snore:
3 Your snoring is?
 slightly louder than breathing
 as loud as talking
 louder than talking
 very loud. Can be heard in adjacent rooms.

4 How often do you snore?
 nearly every day
 3-4 times a week
 1-2 times a week
 1-2 times a month
 never or nearly never

5 Has your snoring ever bothered other people?
 yes
 no

6 Has anyone noticed that you quit breathing during your sleep?
 nearly every day
 3-4 times a week
 1-2 times a week
 1-2 times a month
 never or nearly never

Category 2
7 How often do you feel tired or fatigued after you sleep?
 nearly every day
 3-4 times a week
 1-2 times a week
 1-2 times a month
 never or nearly never

8 During your wake time, do you feel tired, fatigued or not up to par?
 nearly every day
 3-4 times a week
 1-2 times a week
 1-2 times a month
 never or nearly never

9 Have you ever nodded off or fallen asleep while driving a vehicle?
 yes
 no
If yes, how often does it occur?
 nearly every day
 3-4 times a week
 1-2 times a week
 1-2 times a month
 never or nearly never

Category 3
10 Has anyone noticed that you quit breathing during your sleep?
 yes
 no
 don't know

BMI = _____

Scoring Questions: Any answer within box outline is a positive response.

Scoring Categories: Category 1 is positive with 2 or more positive responses to questions 2-6
Category 2 is positive with 2 or more positive responses to questions 7-9
Category 3 is positive with 1 or more positive responses and/or a BMI > 30

Final Result: 2 or more positive categories indicates a high likelihood of sleep disordered breathing.

Sleep Laboratory _____
Phone Number _____

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- [CPAP BS Notice of Financial Responsibility](#)
- [CPAP Follow up Clinical Pathways](#)
- [Example ApneaLink Report - High Risk](#)
- [Fillable Form CPAP BiLevel PT Interv 6-1](#)
- [PAP Auto-Resupply Form](#)
- [PAP Patient Letter Unable to Reach](#)
- [RES-2259 Berlin Questionnaire](#)**
- [RES-2308 Health-Net Form](#)
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- [Training Guide - Understanding Sleep Labs](#)

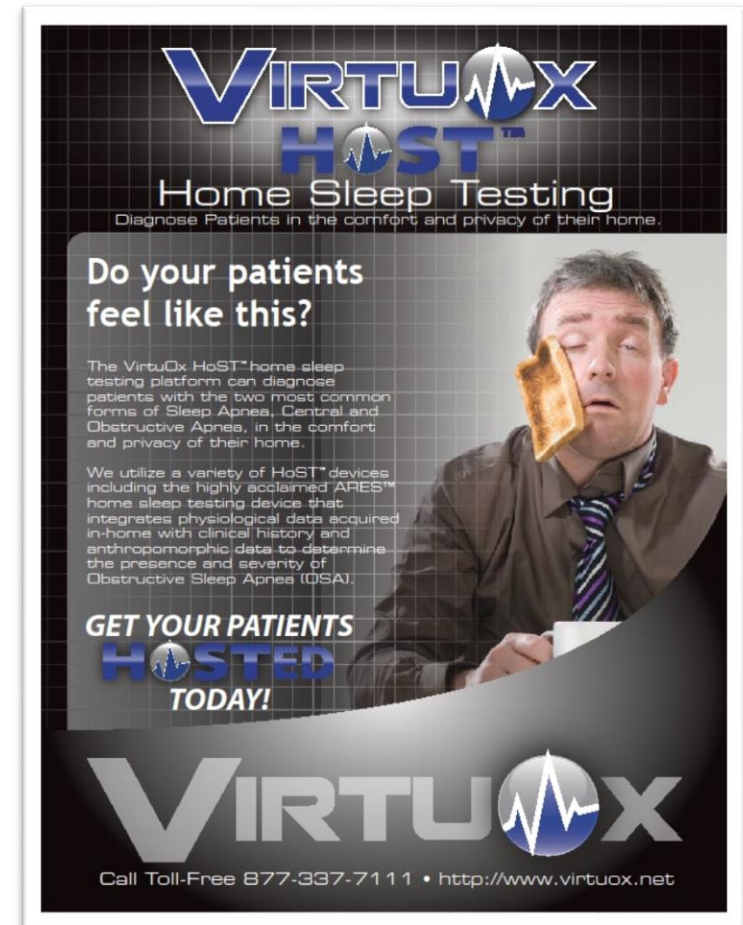
Marketing HST

Sales & Marketing Support

- Explainer video for a standardized message



- Marketing flyers & brochures
- Your local Boarded Sleep Physicians can join Virtuox's Interpreting panel if they choose!



VIRTUOX
HOST™
Home Sleep Testing
Diagnose Patients in the comfort and privacy of their home.

Do your patients feel like this?

The VirtuOx HoST™ home sleep testing platform can diagnose patients with the two most common forms of Sleep Apnea, Central and Obstructive Apnea, in the comfort and privacy of their home.

We utilize a variety of HoST™ devices including the highly acclaimed APRES™ home sleep testing device that integrates physiological data acquired in-home with clinical history and anthropomorphic data to determine the presence and severity of Obstructive Sleep Apnea (OSA).

GET YOUR PATIENTS HOSTED TODAY!

VIRTUOX

Call Toll-Free 877-337-7111 • <http://www.virtuox.net>

Apria centralized call center for HST

Option to print this with physician information pre-populated



Local Treatment Supplier: 229209
Apria Healthcare
26220 Enterprise Court
Lake Forest, CA 92630



HOME SLEEP TEST ORDER FORM
Phone: (855)709-9966 Fax: (855)709-9967

1 Patient Information:

NAME	DOB (mm/dd/yyyy)	SSN
ADDRESS	CITY	STATE
HOME PHONE	WORK PHONE	CELL PHONE
PREFERRED WRITTEN LANGUAGE		PREFERRED SPOKEN LANGUAGE

2 Physician:

PHYSICIAN NAME	ADDRESS	CITY/STATE/ZIP
PHONE	FAX	NPI

3 Insurance: (Check here if Self-pay)

Payor Name	ID#	Group#	Phone
Payor Name 2	ID#	Group#	Phone

4 Sleep History & Physical Exam: (fill in blanks and check all symptoms that apply)

Height: _____ (in) Weight: _____ (lbs) BMI: _____ Neck Size: _____ (in) Sleep Epworth Score: _____ (0-24)

<input type="checkbox"/> Sleep Disordered Breathing	<input type="checkbox"/> Loud Snoring	<input type="checkbox"/> Depression	<input type="checkbox"/> Dry Mouth in A.M.
<input type="checkbox"/> Oral Appliance Assessment	<input type="checkbox"/> Non-Restorative Sleep	<input type="checkbox"/> Gasping/Choking	<input type="checkbox"/> Observed Apnea
<input type="checkbox"/> Excessive Daytime Sleepiness	<input type="checkbox"/> Morning Headaches	<input type="checkbox"/> Depression	<input type="checkbox"/> Dry Mouth

5 Cardiopulmonary / Upper Airway Exam: (check all that apply)

<input type="checkbox"/> Nasal Obstruction	<input type="checkbox"/> Enlarged Tongue	<input type="checkbox"/> Obesity
<input type="checkbox"/> Teeth Worn	<input type="checkbox"/> Crowded Hypopharynx	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Maxillo-mandibular Abnormalities	<input type="checkbox"/> Crowded Oropharynx	<input type="checkbox"/> Retrognathia Micrognathia
<input type="checkbox"/> Over / Under Bite	<input type="checkbox"/> Enlarged Tonsils	

6 Diagnostic Codes:

<input type="checkbox"/> 780.57 Sleep Apnea, Unspecified	<input type="checkbox"/> 799.02 Hypoxemia
<input type="checkbox"/> 780.53 Hypersomnia with Sleep Apnea, Unspecified	<input type="checkbox"/> 327.20 Organic Sleep Apnea, Unspecified
<input type="checkbox"/> 780.51 Insomnia with Sleep Apnea, Unspecified	<input type="checkbox"/> 327.23 Obstructive Sleep Apnea, Adult Pediatric
	<input type="checkbox"/> Other:

7 Home Sleep Test Procedure:

2-night Unattended, Type III Portable Recorder with minimum four (4) channels: Records airflow, respiratory effort, O2 saturation, and heart rate. Performed on room air unless specified below.

Test on Oxygen - check here if test is to be performed with patient on current O2 prescription

8 Physician Signature & Certification: (Stamped dates/signatures not valid. Must be signed by Physician/PA/NP)

I, the undersigned, certify that I am the patient's treating physician and that the information contained on this form is based on a face-to-face office visit. I am prescribing a two-night serial HST as medically necessary to validate results because of night to night variability.

Sign Here: X _____ Date: ____ / ____ / ____

Instructions for printing pre-populated HST Order forms

Step 1:

Click on Physician Rx link in left hand navigation

Step 2:

Search for physician

Step 3:

Click on HST Rx icon and print

Training Docs

- ▼ Dashboard
- ▼ Testing
 - Schedule Test
 - Print AOB/Upload
 - Patient Database
 - Physician Database
 - Patients On Hold
- ▼ Document Center
 - ▼ Patient Instructions
 - English
 - Spanish
 - Reprint Patient Docs
 - Physician Rx** 1
 - ▼ POX Reports
 - POX Physician Detail
 - POX Physician Trend
 - POX Upload Activity
 - Sleep Study Candidates
 - V-CERT Queue
 - V-CHECK Workflow
 - ▼ HST Reports
 - HST Physician Detail
 - HST Physician Trend
 - HST Order Status

Physician Search

The Physician Database now has new Enhancements.

- Pulse Oximetry Rx: Click here to download a Pre-Populated Rx with your DME / MD info there.
- Detailed Report Auto Fax: Click this to allow your physician to receive both the Overnight Oximetry Summary Rep Detailed Report.

NPI :

Last Name :

First Name :

City :

State :

2

Physician List

POX Rx	HST Rx	Physician Name	NPI	Address	Phone	Fax	Allow Detailed Report Fax
		Virtuox, Dr.	1999999999	123 Main Street Anytown, FL 123456789	(555) 555-5555	(000) 000-0000	No

3

Sleep Testing Process with VirtuOx

1

- Apria educates physician on the value of Home Sleep Testing

2

- Physician evaluates patient for signs and symptoms of OSA
- Orders a Home Sleep Test

3

- VirtuOx conducts the HST
- Sends data to 3rd party board certified sleep physician

4

- VirtuOx sends fax to the ordering physician with interpretation and recommendation for treatment
- Apria has immediate access to test results, with a signed medical release

5

- Physician establishes treatment plan with Apria

Interpreted Result

Once the patient's test has been interpreted by a Boarded Sleep Physician, the result is available for the DME and the referring physician within 24 hours

No state software - 1 hour access estimates -
The industry's most cost effective way to qualify oxygen patients

Home Sleep Test Interpretation

Home Sleep Test Level III was utilized. Measurements obtained are A) Airflow obtained by nasal pressure transducer, B) Oxygen saturation and pulse measured by pulse oximetry, C) Respiratory Effort with Chest Belt

Patient: James, LeBron DOB: 12/11/1977
Date of Study: 5/2/2011 Duration of Recording: 5:56:17 AM

Indications for study: Excessive Daytime sleepiness
BMI: 35.7

Respiratory Events: (Pt qualifies for PAP with an RDI/AHI of 5 or greater)

Total Respiratory Disturbance Index	74
Total Obstructive Apneas	268
Total Hypopneas	58
Total Central Apneas	3

Oximetry:

Oxygen Desaturation Index: 66

Oximetry Less than $\leq 89\%$: (Pt qualifies for O2 with an SaO2 $\leq 89\%$ for 5 minutes or greater)

Lowest Desaturation: 55
Minutes of Oxygen Saturation $\leq 89\%$: 268

Heart Rate:

Minimum-Maximum 50-173

Impression/ Diagnosis:

Findings are consistent with Severe Obstructive Sleep Apnea, associated with severe desaturations
Grade 2 obesity
There were episodes of tachycardia noted, which could be due to the obstructive respirations

Recommendations:

- o Consider Auto PAP with pressure ranges 5-20 cmH2O with download, or facility based PAP Titration.
- o Consider nasal continuous positive airway pressure (CPAP) as the initial treatment choice for severe obstructive sleep apnea.
- o Consider PAP interface mask fitted for patient comfort, Heated Humidification, PAP compliance monitoring
- o Consider supplemental oxygen, if the patient fails or refuses CPAP therapy
- o Consider follow up pulse oximetry on PAP / Oxygen with High Resolution Pulse Oximetry (HRPO)
- o Consider treatment with mandibular advancement splint (MAS) or referral to an ENT surgeon for modification to the upper airway if the patient prefers an alternate therapy or the PAP trial is unsuccessful
- o Consider 12 Lead EKG and Holter monitor, if clinically indicated
- o Consider sleep hygiene measures
- o Consider behavioral therapy such as weight reduction appropriate for this patient
- o Consider advising patient against the use of alcohol or sedatives in so much as these substances can worsen excessive daytime sleepiness and respiratory disturbances of sleep
- o Consider advising patient against participating in potentially dangerous activities while drowsy such as operating a motor vehicle, heavy equipment or power tools in so much as it can put them and others in danger
- o Consider advising patient of long term consequence of OSA if left untreated / need for treatment / close follow up.

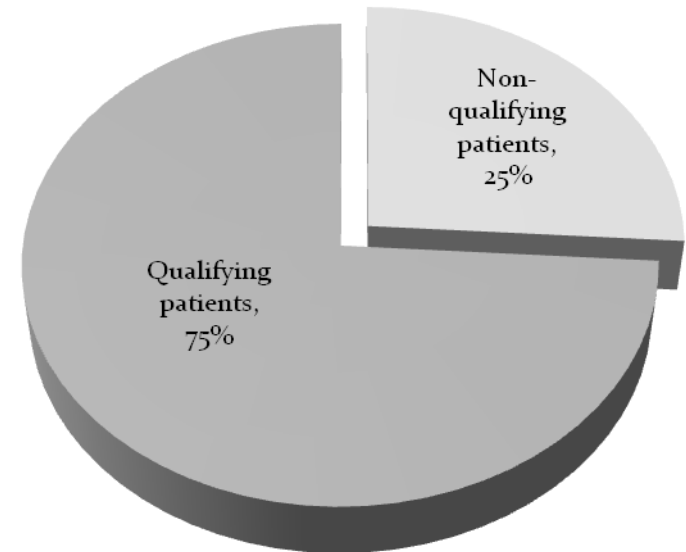
HST cannot diagnose all sleep disturbances, therefore if this test is negative for Sleep Apnea and your clinical evaluation suggests otherwise please refer to facility study.

Electronically Signed by: Chandin Mathew-IB, MD Diplomate ABDS-Sleep Medicine
5/3/2011

VirtuOx Corporate
5094 Lee Ridge Dr.
Suite 304
Coral Springs, FL 33076
Phone: 954.344.7873
Fax: 954.215.7347

VirtuOx Laboratory
1001 Bushell Drive
Second Floor
San Diego, CA 92106
Phone: 877.337.7111
Fax: 866.215.7347

CPAP Qualification



If the patient's result indicates OSA, the patient may be set up with PAP therapy

Interpreted Result

Patient Name

RDI

Diagnosis

Recommendations

Board Certified
Sleep MD



Home Sleep Test Interpretation

ReadingID: 711935
HSTSessionID: 1832

Home Sleep Test Level III was utilized. Measurements obtained are A) Airflow obtained by nasal pressure transducer, B) Oxygen saturation and pulse measured by pulse oximeter, C) Respiratory Effort with Chest Belt

Patient: Test, PATRICIA
Date of Study: 02/12/2013
DOB: 09/13/1967
Duration of Recording: 9 hours 8 min 54 sec

Indications for study: Excessive Daytime sleepiness

BMI: 48.90

Respiratory Events: (Pt qualifies for PAP with an RDI / AHI of 5 or greater)

Total Respiratory Disturbance Index: 10
Total Obstructive Apneas: 19
Total Hypopneas: 71
Total Central Apneas: 0

Oximetry:

Oxygen Desaturation Index: 13

Oximetry Less than <89%: (Pt qualifies for O2 with an SaO2 ≤ 89% for 5 minutes or greater)

Lowest Desaturation: 78
Minutes of Oxygen Saturation ≤ 89%: 21 min

Heart Rate:

Minimum-Maximum: 69 - 111

Impression / Diagnosis:

Findings are consistent with Mild Obstructive Sleep Apnea (327.23)

Recommendations:

- Consider Auto PAP with pressure ranges 5-20 cmH2O with download, or facility based PAP Titration
- Consider PAP interface mask fitted for patient comfort, Heated Humidification & PAP compliance monitoring (1 month, 3 months & 12 months after PAP initiation)
- Consider treatment with mandibular advancement splint (MAS) or referral to an ENT surgeon for modification to the upper airway if the patient prefers an alternate therapy or the PAP trial is unsuccessful
- Consider sleep hygiene measures
- Consider behavioral therapy such as weight reduction or smoking cessation as appropriate for this patient
- Consider advising patient against the use of alcohol or sedatives in so much as these substances can worsen excessive daytime sleepiness and respiratory disturbances of sleep
- Consider advising patient against participating in potentially dangerous activities while drowsy such as operating a motor vehicle, heavy equipment or power tools as it can put them and others in danger
- Consider advising patient of the long term consequences of OSA if left untreated, need for treatment and close follow up
- Clinical follow up as deemed necessary

HST cannot diagnose or sleep disturbance. Therefore if this test is negative for Sleep Apnea and your clinical evaluation suggests otherwise please refer to facility study.

Digitally Signed February 22, 2013 by: Chandra Matadeen-Ali NPI: 1811197819

VirtuOx Corporate
5850 Coral Ridge Dr
Suite 304
Coral Springs, FL 33076
Phone: 954.344.7075



VirtuOx Laboratory
1001 Bayhill Drive
Second Floor
San Bruno, CA 94006
Phone: 677.337.7111

Patients with RDI >5 will have the Apria CPAP Auto Titration Order form auto- faxed to physician



APRIA HEALTHCARE®

CPAP Auto Titration Order Form

Your Apria Representative _____
Branch Location _____
Phone _____
Fax _____

REFERRAL SOURCE

Name _____ Date _____
Last First

Office Contact Name _____ Phone _____
Last First

PATIENT INFORMATION

Patient name _____ DOB _____
Last First

Home phone _____ Mobile phone _____

PLEASE SEND THE FOLLOWING INFORMATION

- Patient demographics
- Practitioner signed chart notes discussing the need for sleep study
- Practitioner signed diagnostic sleep study

DIAGNOSIS

- 327.23 Obstructive Sleep Apnea (Adult & Child)
- Other _____

SLEEP THERAPY

Sleep Study Date _____ Face to Face Evaluation Date _____ (Medicare patients only) AHI or RDI _____

Secondary Diagnosis (if AHI/RDI 5-14) _____

- Standard Auto CPAP with setting of 4 cmH₂O to 20 cmH₂O with comfort settings
- Standard Auto CPAP with setting of _____ cmH₂O to _____ cmH₂O with comfort settings
- Heated Humidification

Mask Patient to choose mask to comfort OR Specify Mask Type _____ S M L Other _____

Estimated length of need _____ months (99 = lifetime)

OVERNIGHT OXIMETRY

Room Air CPAP Oxygen @ _____ LPM completed _____ days after CPAP set up

OXYGEN

_____ LPM on CPAP Nasal Canula

By my signature below, I authorize the use of this document as a dispensing prescription. I understand that the final decision with respect to ordering a medication for this patient is a clinical decision made by me, based on the patient's clinical needs, and that my medical records support the medical need for the items prescribed.

Practitioner signature _____ NPI # _____ Date _____

Demo of live sight

➤ **Physician Database**

- Printing HST Order forms (blank or pre-populated)
 - Co-branded
 - Stealth
- SSCQ opt-out
- Show or hide VirtuOx fax number on Rx
- Allow detailed pOx report

➤ **Executive On Demand Dashboard**

➤ **HST Reports**

➤ **Archived Reports**

Important Takeaways

➤ Sales & Marketing

- Use the VirtuOx HST Explainer Video to deliver a standardized message.
- Use free VirtuOx marketing materials – for reorders email Kristen.King@virtuox.net
- Encourage your physicians to use the Sleep Apnea screening tools.
- Provide your physicians with the Apria/VirtuOx co-branded prescriptions.
- Offer boarded Sleep Physicians the opportunity to join the VirtuOx interpretation panel.

➤ Sleep Study Candidate Queue

- You will receive an email when a fax is sent to one of your MD's from the SSCQ. Make sure you follow up with your physicians to obtain the orders!

Questions