



## Overnight Oximetry Order Form

### Patient Demographics:

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Payer Name 1: \_\_\_\_\_ ID#: \_\_\_\_\_ Group #: \_\_\_\_\_ Phone: \_\_\_\_\_

Payer Name 2: \_\_\_\_\_ ID#: \_\_\_\_\_ Group #: \_\_\_\_\_ Phone: \_\_\_\_\_

### Physician Demographics:

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

**Diagnostic Orders:** Overnight Oximetry CPT 94762 : Immediately and repeat in \_\_\_\_\_ to validate oxygen settings.

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

### Qualifying Diagnoses:

#### Cardiac Related Codes

- \_\_\_ 391.8 Other Acute Rheumatic Heart Disease
- \_\_\_ 398.91 Rheumatic Heart Failure (Congestive)
- \_\_\_ 402.01 Malignant Hypertensive Heart Disease with Heart Failure
- \_\_\_ 402.11 Benign Hypertensive Heart Disease with Heart Failure
- \_\_\_ 402.91 Unspecified Hypertensive Heart Disease with Heart Failure
- \_\_\_ 404.01 Malignant Hypertensive Heart and Renal Disease with Heart Failure
- \_\_\_ 404.03 Malignant Hypertensive Heart & Renal Disease with Heart & Renal Failure
- \_\_\_ 404.11 Benign Hypertensive Heart and Renal Disease with Heart Failure
- \_\_\_ 404.13 Benign Hypertensive Heart and Renal Disease with Heart and Renal Failure
- \_\_\_ 404.91 Unspecified Hypertensive Heart and Renal Disease with Heart Failure
- \_\_\_ 404.93 Unspecified Hypertensive Heart & Renal Disease with Heart & Renal Failure
- \_\_\_ 416.0 Primary Pulmonary Hypertension
- \_\_\_ 416.8 Other Chronic Pulmonary Heart Disease
- \_\_\_ 416.9 Chronic Pulmonary Heart Disease Unspecified
- \_\_\_ 428.0 Congestive Heart Failure Unspecified
- \_\_\_ 428.1 Left Heart Failure
- \_\_\_ 428.20 - 428.23 Systolic Heart Failure
- \_\_\_ 428.30 - 428.33 Diastolic Heart Failure
- \_\_\_ 428.40 - 428.43 Combined Systolic & Diastolic Heart Failure
- \_\_\_ 428.9 Heart Failure Unspecified
- \_\_\_ Other: \_\_\_\_\_

**\* Date Patient Last Seen:** \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Respiratory Related Codes

- \_\_\_ 162.2-162.9 Malignant Neoplasm Of Main Bronchus
- \_\_\_ 327.22 High Altitude Periodic Breathing
- \_\_\_ 491.20 – 491.21 Obstructive Chronic Bronchitis
- \_\_\_ 492.0 - 492.8 Emphysema
- \_\_\_ 493.00 - 493.92 Asthma
- \_\_\_ 494.0 - 494.1 Bronchiectasis
- \_\_\_ 496 Chronic Airway Obstruction
- \_\_\_ 515 Post inflammatory Pulmonary Fibrosis
- \_\_\_ 518.5 Pulmonary insufficiency following trauma/surgery
- \_\_\_ 518.81 - 518.89 Acute Respiratory Failure & Other Diseases of the Lung
- \_\_\_ 780.09 Alteration of consciousness other
- \_\_\_ 786.05 Shortness of Breath
- \_\_\_ 786.07 Wheezing
- \_\_\_ 786.09 Respiratory Abnormality Other (e.g.Snoring)
- \_\_\_ 799.01 Asphyxia
- \_\_\_ 799.02 Hypoxemia/Hypoxia

#### Sleep Related Codes

- \_\_\_ 327.21 Primary Central Sleep Apnea
- \_\_\_ 327.23 OSA Obstructive Sleep Apnea
- \_\_\_ 327.24 Idiopathic Sleep Related non obstructive alveolar .
- \_\_\_ 327.25 Congenital Central Alveolar Hypovent. Syndrome
- \_\_\_ 327.26 Sleep related hypovent/Hypox in cond classed elsewhere
- \_\_\_ 327.27 Central Sleep Apnea in cond elsewhere
- \_\_\_ 780.51 Insomnia with Sleep Apnea
- \_\_\_ 780.53 Hypersomnia with Sleep Apnea
- \_\_\_ 780.54 Hypersomnia Unspecified
- \_\_\_ 780.57 Unspecified Sleep Apnea
- \_\_\_ 786.03 Apnea
- \_\_\_ 786.04 Cheyne-Stokes Respiration

**My signature below certifies that the named above is having an overnight oximetry to determine if the patient requires oxygen**

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