

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 1: _____ ID#: _____ Group #: _____ Phone: _____

Physician Demographics:

Physician Name: _____ NPI: _____ Phone: _____ Fax: _____

Diagnostic Orders: Awake Oximetry CPT 94760 & Overnight Oximetry CPT 94762 : Immediately and repeat in _____ to validate Oxygen settings.

Room Air: _____ Oxygen: _____ APAP/CPAP/BiPAP: _____ Dental Device: _____ Other: _____

Qualifying Diagnoses:

Respiratory Related Codes

- ___ C34.90 Malignant neoplasm of unspecified part of unspecified bronchus or lung
- ___ J44.9 Chronic obstructive pulmonary disease, unspecified
- ___ J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation
- ___ J43.9 Emphysema Unspecified
- ___ J45.20 Mild intermittent asthma, uncomplicated
- ___ J45.22 Mild intermittent asthma with status asthmaticus
- ___ J45.21 Mild intermittent asthma with (Acute) exacerbation
- ___ J45.909 Unspecified asthma, uncomplicated
- ___ J47.9 Bronchiectasis, uncomplicated
- ___ J47.1 Bronchiectasis with (Acute) exacerbation
- ___ J84.10 Post Inflammatory Pulmonary Fibrosis
- ___ J96.00 Acute respiratory failure, unspecified whether with hypoxia or hypercapnia
- ___ R40.0 Somnolence
- ___ R40.1 Stupor
- ___ R06.02 Shortness of Breath
- ___ R06.82 Tachypnea / Rapid Breathing
- ___ R06.2 Wheezing
- ___ R06.00 Dyspnea
- ___ R06.83 Snoring
- ___ R09.01 Asphyxia
- ___ R09.02 Hypoxia / Hypoxemia

Sleep Related Codes

- ___ G47.30 Apnea, Unspecified
- ___ G47.30 Hypersomnia with Sleep Apnea, Unspecified
- ___ G47.30 Insomnia with Sleep Apnea, Unspecified
- ___ R09.02 Hypoxemia
- ___ G47.30 Sleep Apnea, Unspecified
- ___ G47.33 Sleep Apnea, Adult Pediatric

Cardiac Related Codes

- ___ I50.30 Unspecified diastolic (congestive) heart failure
- ___ I50.31 Acute diastolic (congestive) heart failure
- ___ I50.32 Chronic diastolic (congestive) heart failure
- ___ I50.33 Acute on chronic diastolic (congestive) heart failure
- ___ I50.40 Unspecified combined systolic (congestive) and diastolic (congestive) heart failure
- ___ I50.41 Acute combined systolic (congestive) and diastolic (congestive) heart failure
- ___ I50.42 Chronic combined systolic (congestive) and diastolic (congestive) heart failure
- ___ I50.43 Acute on chronic combined systolic and diastolic (congestive) heart failure
- ___ I50.9 Heart failure, unspecified
- ___ I01.8 Other acute rheumatic heart disease
- ___ I09.81 Rheumatic Heart Failure (Congestive)
- ___ I27.0 Primary Pulmonary Hypertension
- ___ I27.89 Other specified pulmonary heart disease
- ___ I27.9 Pulmonary Heart Disease, Unspecified
- ___ I50.9 Congestive Heart Failure, Unspecified
- ___ I50.1 Left Heart Failure
- ___ I50.20 Unspecified systolic (congestive) heart failure
- ___ I50.21 Acute systolic (congestive) heart failure
- ___ I50.22 Chronic systolic (congestive) heart failure
- ___ I50.23 Acute on chronic systolic (congestive) heart failure

___ Other: _____

* Date Patient Last Seen: ____/____/____

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: _____



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