Local Respiratory Provider – Oximetry Courier

Affordable Medical Supplies
501 W Kingshighway
Paragould, AR 72450
Phone: 870-239-0997
Fax: 870-239-9037

CapOx ($ETCO_2$ & ONO) Order Form

Prescription and Clinical Evaluation

VIRTUOX

Customer Support: (877) 337-7111
Web: www.virtuox.net

Patient Information:

Name: _____ (First) _____ (Last) Gender: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____

Insurance: ☐ Check here if self-pay

Primary Payer: _____ ID#: _____ Group#: _____ Phone: _____

Secondary Payer: _____ ID#: _____ Group#: _____ Phone: _____

Prescriber Information:

Name: _____ (First) _____ (Last) NPI: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Diagnostic Order:

Overnight Oximetry / Awake Oximetry: Immediately and repeat in ☐ 30 ☐ 60 ☐ 90 ☐ Other ____ days to validate oxygen settings.

Test Condition:

☐ Room Air ☐ Oxygen: _____ ☐ APAP / CPAP / BIPAP: _____ ☐ Dental Device ☐ Other: _____

Diagnostic Codes: (Check all ICD-10 codes that apply)

Respiratory Related Codes

___ C34.90 Malignant neoplasm of unspecified part of 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 (congestive) 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.
An awake / overnight exhaled gas collection to determine if the patient has high CO_2 levels while awake / sleeping to determine non-invasive ventilation medical necessity.

Physician Signature: _____ **Date:** _____

Please fax completed order form & insurance card back to (800) 566-1959

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