

Local Home Health Provider (DME): \_\_\_\_\_

**PRESCRIBER INFORMATION**

Name: \_\_\_\_\_ Address / City / State / Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ NPI: \_\_\_\_\_  
 Referral Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PATIENT INFORMATION**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: (mm/dd/yyyy) \_\_\_\_\_  
 Address/City / State / Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Preferred Written / Spoken Language: \_\_\_\_\_ Emergency Contact / Number: \_\_\_\_\_  
 Primary Payer: \_\_\_\_\_ ID#: \_\_\_\_\_ Group: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Secondary Payer: \_\_\_\_\_ ID#: \_\_\_\_\_ Group: \_\_\_\_\_ Phone: \_\_\_\_\_

**CLINICAL EVALUATION**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_ Neck Size: \_\_\_\_\_ Sleep Epworth: \_\_\_\_\_  
 Related Symptoms:     Excessive Daytime     Sleepiness Syncope/Near-Syncope     Fatigue     Snoring     Palpitations  
                                   Irregular Heartbeat     Heart Racing     Difficulty Falling/Staying Asleep     Observed Apneas  
                                   Non-Restorative Sleep     Shortness of Breath     Other: \_\_\_\_\_

↓ Please **Fully Complete** Sections Below for **Each Test** Being Ordered ↓

**CardioSleep Test** (Sleep Apnea Test & Cardiac Monitoring)

**Cardiac Test Diagnosis:**  
 Bradycardia R00.1  
 Tachycardia R00.0  
 Palpitations R00.2  
 Other Orders / Diagnosis: \_\_\_\_\_

**Sleep Test Diagnosis:**  
 Obstructive Sleep Apnea G47.33  
 Hypersomnia G47.10

*Home Sleep Test on room air up to 2-nights portable monitor (AND) 24-Hour Holter + 7 Day MCT Monitoring*

**Ambulatory Cardiac Monitoring** (Cardiac Test Only)

24- Hour Holter + 7 Day MCT Monitoring     7-Day Extended Holter

**Cardiac Test Diagnosis**  
 Bradycardia R00.1     Tachycardia R00.0  
 Palpitations R00.2  
 Other Orders / Diagnosis: \_\_\_\_\_

*Other Ambulatory Cardiac Monitoring is available by contacting VirtuOx*

**Sleep Apnea Test** (Sleep Apnea Test Only)

**Sleep Test Diagnosis:**  
 Obstructive Sleep Apnea G47.33     Hypersomnia (G47.10)  
 Other Orders / Diagnosis: \_\_\_\_\_

*Home Sleep Test on room air up to 2-nights unattended portable monitor*

**Insomnia Test** (Insomnia Test Only)

**Insomnia Test Diagnosis:**  
 Insomnia Unspec G47.00     Sleep Apnea Unspec G47.30  
 Other Orders / Diagnosis: \_\_\_\_\_

*Insomnia Test on room air up to 2-nights portable monitor with EEG, EMG, EOG*

**Comprehensive Sleep Test** (Sleep Apnea Test & Insomnia Test)

**Sleep Test & Insomnia Diagnosis:**  
 Obstructive Sleep Apnea G47.33     Hypersomnia G47.10  
 Other Orders / Diagnosis: \_\_\_\_\_

*Home Sleep Test on room air up to 2-nights portable monitor (AND) up to 2-nights unattended portable monitor with EEG, EMG, EOG*

**Overnight Oximetry Test** (Overnight Oximetry Test Only)

Overnight Oximetry     Capnography & Overnight Oximetry

**Overnight Oximetry Diagnosis:**  
 COPD J44.9     Hypoxemia R09.02  
 Short Of Breath R06.02     Other Orders / Diagnosis: \_\_\_\_\_

**Mandatory: DME Name:** \_\_\_\_\_

*Overnight Oximetry Test up to 2-nights unattended monitor recorder*

*If an MCT is ordered but not covered by insurance or doesn't qualify, please consider this my written order for an Extended Holter of the same or up to a max 14-day duration. I acknowledge that Extended Holter won't provide alerts during testing; alerts are only available after data analysis is complete. \_\_\_\_ Do Not Substitute Test Type. I confirm I have reviewed and agree to the Physician Notification Criteria and the Holter-to-MCT Transition Criteria available at virtuox.net.*

Check here if the ordering provider will interpret the cardiac testing results. (VirtuOx's panel of cardiologists will interpret if not selected.)

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

Please fax completed order form, demographics & insurance card to **888-635-8380**



## CardioSleep Testing Ordering Guide

Research indicates up to 85% of AFib patients also exhibit sleep apnea<sup>1</sup>. Conversely, sleep apnea can quadruple (4X) the risk of patients developing AFib,<sup>2</sup> which can increase the risk of stroke in patients by 5X.<sup>3</sup> Untreated sleep apnea increases the risk of hypertension which predisposes a person to AFib and other cardiovascular disorders.

### **CARDIOSLEEP COMBO KIT** (Cardiac Monitoring combined with Sleep Apnea Testing)

- Consider if the patient has cardiac symptoms like irregular heart rate, heart palpitations, chest pain, shortness of breath, fatigue or lightheadedness etc...  
(AND)
- Consider if a patient has sleep apnea symptoms like choking or gasping during sleep, excessive daytime sleepiness, observed apneas, snoring or cardiovascular co-morbidities which can cause sleep apnea etc...

### **AMBULATORY CARDIAC MONITORING** (Cardiac Only Testing)

- Consider if the patient has cardiac symptoms like irregular heart rate, heart palpitations, chest pain, shortness of breath, fatigue or lightheadedness etc...
- Consider confirming cardiac interventions like surgery, medications etc...

### **SLEEP APNEA TESTING** (Home Sleep Test)

- Consider if the patient has sleep apnea symptoms like choking or gasping during sleep, excessive daytime sleepiness, observed apneas, snoring or cardiovascular co- morbidities which can cause sleep apnea etc...
- Consider for sleep therapy qualification or to verify sleep therapy effectiveness

### **INSOMNIA TESTING** (Insomnia Test)

- Consider if patient has insomnia symptoms like difficulty falling asleep, staying asleep or waking up too often
- Consider if previous sleep apnea testing was un-revealing (negative OSA)
- Consider verifying sleep stages for patients on sleep therapy (CPAP, Dental Devices)
- Consider verifying sleep medication ordering, efficiency or titration

### **COMPREHENSIVE SLEEP TESTING** (Home Sleep Test with Insomnia Test)

- Consider if the patient has sleep apnea symptoms like choking or gasping during sleep, excessive daytime sleepiness, observed apneas, snoring or cardiovascular co- morbidities which can cause sleep apnea etc...
- Consider for sleep therapy qualification or to verify sleep therapy effectiveness  
(AND)
- Consider if the patient has insomnia symptoms like: difficulty falling asleep, staying asleep or waking up too often

### **OVERNIGHT OXIMETRY TESTING** (Oximetry Test or Capnography & Oximetry Test)

- Consider if the patient has hypoxemia symptoms NOT associated with sleep apnea like shortness of breath, cyanosis, morning headache, tachycardia etc...
- Consider for oxygen equipment qualification (O2) or to verify settings on sleep equipment (O2, CPAP, Dental Devices)

1 Abumuamar, AM, Dorian P, Newman D, Shapiro CM. The prevalence of obstructive sleep apnea in patients with atrial fibrillation. Clin Cardiol. 2018 May;41(5):601-7

2. Mehra R, Benjamin EJ, Shahar E et al. Association of nocturnal arrhythmias with sleep-disordered breathing: The Sleep Heart Health Study. Am J Respir Crit Care Med. 2006;173:910-6.

3. Holmes DR. Atrial fibrillation and stroke management: present and future. Semin Neurol. 2010 Nov;30(5):528-36. doi: 10.1055/s-0030-1268861. Epub 2011 Jan 4. PMID: 21207345