



### VirtuOx VIP Program: PoST Pulmo Stress Test (6min walk)

#### Patient Demographics:

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

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Insurance Demographics:

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

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

#### Referring Physician Demographics:

Physician Name: \_\_\_\_\_ NPI: \_\_\_\_\_

#### Referring DME Demographics:

DME Name: \_\_\_\_\_ NPI: \_\_\_\_\_

#### ► Indications for Test

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Current or Former Smoker                  | <input type="checkbox"/> History of Decreased Breath Sounds  | <input type="checkbox"/> History of COPD          |
| <input type="checkbox"/> History of Prolonged or Progressive Cough | <input type="checkbox"/> History of Neuromuscular Disorders  | <input type="checkbox"/> History of Heart disease |
| <input type="checkbox"/> History of Sputum Production              | <input type="checkbox"/> History of Finger Clubbing          | <input type="checkbox"/> History of Cyanosis      |
| <input type="checkbox"/> History of Lung Irritant Exposure         | <input type="checkbox"/> History of Abnormal Blood Gases     |   |
| <input type="checkbox"/> History of Pulmonary Symptoms             | <input type="checkbox"/> History of Abnormal Chest X-Ray     |   |
| <input type="checkbox"/> History of Dyspnea or Wheezing            | <input type="checkbox"/> History of Chest Wall Abnormalities |   |

#### Simple Pulmonary Stress Test w/ Spirometry

- |   |   |
|---|---|
| <input type="checkbox"/> 278.03 OBESITY HYPOVENTILATION SYNDROME    | <input type="checkbox"/> 493.81 EXERCISE-INDUCED BRONCHOSPASM |
| <input type="checkbox"/> 786.00 RESPIRATORY ABNORMALITY UNSPECIFIED | <input type="checkbox"/> 786.05 SHORTNESS OF BREATH           |
| <input type="checkbox"/> 786.06 TACHYPNEA                           | <input type="checkbox"/> 786.07 WHEEZING                      |
| <input type="checkbox"/> 786.09 RESPIRATORY ABNORMALITY OTHER       | <input type="checkbox"/> V58.69 LONG-TERM USE OF OTHER MEDs   |

I am ordering a Pulmonary Stress Test, CPT 94620 in order to quantify workload and heart rate activity, while measuring the degree of oxygen desaturation. I am ordering a Spirometry CPT 94010 & 94200 to evaluate functional abnormalities of the respiratory system

**Overnight Oximetry on:** Room Air \_\_\_\_\_ Oxygen: \_\_\_\_\_ APAP/CPAP/BiPAP: \_\_\_\_\_ Dental Device: \_\_\_\_\_ Other: \_\_\_\_\_

##### Sleep Related Codes

- 327.21 PRIMARY CENTRAL SLEEP
- 327.23 OSA (OBSTRUCTIVE SLEEP APNEA)
- 780.51 INSOMNIA WITH SLEEP APNEA, UNSPECIFIED
- 780.53 HYPERSOMNIA WITH SLEEP APNEA, UNSPECIFIED
- 780.54 HYPERSOMNIA UNSPECIFIED
- 780.57 UNSPECIFIED SLEEP APNEA

##### Respiratory Related Codes

- 496 COPD
- 780.09 ALTERATION OF CONSCIOUSNESS OTHER
- 799.01 ASPHYXIA
- 799.02 HYPOXEMIA

##### Cardiac Related Codes

- 416.0 PRIMARY PULMONARY HYPERTENSION
- 416.8 OTHER CHRONIC PULMONARY HEART DISEASES
- 416.9 CHRONIC PULMONARY HEART DISEASE UNSPECIFIED
- 428.0 CONGESTIVE HEART FAILURE UNSPECIFIED - (CHF)
- 428.1 LEFT HEART FAILURE
- 428.20 UNSPECIFIED SYSTOLIC HEART FAILURE
- 428.21 ACUTE SYSTOLIC HEART FAILURE
- 428.22 CHRONIC SYSTOLIC HEART FAILURE
- 428.23 ACUTE ON CHRONIC SYSTOLIC HEART FAILURE
- 428.30 UNSPECIFIED DIASTOLIC HEART FAILURE
- 428.31 ACUTE DIASTOLIC HEART FAILURE
- 428.32 CHRONIC DIASTOLIC HEART FAILURE

I am ordering an Overnight Oximetry, CPT 94762 because the patient has a condition resulting in hypoxemia and there is a need to assess supplemental oxygen requirements and/or a therapeutic regimen.

► Physician Signature:

Date: