

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](http://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

### **COMPREHNSIVE 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. Abumumar, 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