

## Nocturnal Oximetry Study

Patient Name:	DOB:	Phone:
Address:		
City:	State:	Zip:
Primary Insurance:		Policy No.:
Secondary Insurance:		Policy No.:
Physician/Provider Name:		License No.:
Physician Phone:		
<p><b>SLEEP RELATED DIAGNOSIS</b></p> <p>_____ 327.21 Primary Central Sleep</p> <p>_____ 327.23 OSA (obstructive sleep apnea)</p> <p>_____ 327.24 Idiopathic Sleep Non Obstralveolar Hypovent</p> <p>_____ 327.25 Congenial Central Alveolar Hypoventilation Syndrome</p> <p>_____ 327.26 Sleep Related Hypovent</p> <p>_____ 327.27 Central Sleep Apnea in Conditions Classified Elsewhere</p> <p>_____ 780.51 Insomnia with Sleep Apnea, Unspecified</p> <p>_____ 780.53 Hypersomnia with Sleep Apnea, Unspecified</p> <p>_____ 780.54 Hypersomnia, Unspecified</p> <p>_____ 780.57 Unspecified Sleep Apnea</p> <p>_____ 786.03 Apnea</p> <p>_____ 786.04 Cheyne-Stokes Respiration</p> <p>_____ 786.05 Tachypnea (Rapid Breathing)</p> <p><b>RESPIRATORY RELATED DIAGNOSIS</b></p> <p>_____ 162.2-162.9 Malignant Neoplasm of Bronchus &amp; Lung, Unspecified</p> <p>_____ 327.22 High Altitude Periodic Breathing</p> <p>_____ 416.8 Other Chronic Pulmonary Heart Diseases</p> <p>_____ 416.9 Chronic Pulmonary Heart Disease, Unspecified</p> <p>_____ 491.20-491.21 Obst Cron Bron w/o exacerb / Obst CB Acute</p> <p>_____ 492.0-492.8 Emphysematous Bleb- other emphysema</p> <p>_____ 493.0-493.92 Ext Asthma Unspec Asthma Unspecified w/A.E.</p> <p>_____ 496.0 Chronic Airway Obstruction / Not Elsewhere Classified (COPD)</p> <p>_____ 515.0 Postinflammatory Pulmonary Fibrosis</p> <p>_____ 518.5 Pulmonary Insufficiency Following Trauma and Surgery</p>	<p>_____ 518.81 -518.89 ARF- Other Disease Lung</p> <p>_____ 780.09 Alternation of Consciousness Other</p> <p>_____ 786.05 Shortness of Breath (SOB or SOA)</p> <p>_____ 786.07 Wheezing</p> <p>_____ 786.09 Respiratory Abnormality Other (e.g. snoring)</p> <p>_____ 799.01 Asphyxia</p> <p>_____ 799.02 Hypoxemia-Hypoxia</p> <p><b>CARDIAC RELATED DIAGNOSIS</b></p> <p>_____ 391.8 Other Acute Rheumatic Heart Disease</p> <p>_____ 398.91 Reumatic Heart Failure (Congestive</p> <p>_____ 402.01 Malignant HPN Heart Disease w/Heart Failure</p> <p>_____ 404.11 HPN Heart &amp; CKD, Malignant w/ Heart Failure &amp; CKD</p> <p>_____ 404.11 HPN Heart &amp; CKD Benign w/Heart Failure &amp; CKD</p> <p>_____ 404.91 HPN Heart &amp; CKD, Unspecified w/Heart Failure CKD</p> <p>_____ 416.0 Primary Pulmonary HPN</p> <p>_____ 428.0 Congestive Heart Failure, Unspecified</p> <p>_____ 428.10 Unspecified Systolic Heart Failure</p> <p>_____ 428.21 Acute Systolic Heart Failure</p> <p>_____ 428.30 Unspecified Diastolic Heart Failure</p> <p>_____ 428.31 Acute Diastolic Heart Failure</p> <p>_____ 428.33 Acute on Chronic Diastolic Heart Failure</p> <p>_____ 428.40 Unspecified Combined Systolic and DHF</p> <p>_____ 428.41 Acute Combined Systolic and DHF</p> <p>_____ 428.42 Chronic Combined Systolic and DHF</p> <p>_____ 428.43 Acute on Chronic Combined Systolic and DHF</p> <p>_____ 428.9 Heart Failure Unspecified</p> <p>_____ Other _____</p>	

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Dispense as written)

Erie, PA:	1700 Peach Street	(814) 877-6121	Fax: (814) 455-9440
Bradford, PA:	600 Chestnut Street	(814) 362-8141	Fax: (814) 362-9113
Meadville, PA:	303 Chestnut Street	(814) 337-6900	Fax: (814) 337-6902
Jamestown, NY:	512 W. Third Street	(716) 664-5092	Fax: (716) 664-6570
Fredonia, NY:	37 West Main Street	(716) 672-4704	Fax: (716) 672-4706