



(423) 743-2330 Fax (423) 743-5090

CPAP / BIPAP Orders / Certification

Patient Name: _____	Supplies:	(QTY/FREQUENCY)
DOB: _____	_____ A7027 Combination Oral/ Nasal Mask	1/3 MONTHS, PRN
Phone#: _____	_____ A7028 Combination Oral/Nasal Mask Cushion	2/MONTH, PRN
Physician: _____	_____ A7029 Combination Oral/Nasal Mask Pillows	2/MONTH, PRN
	_____ A7030 Full face mask	1/3 MONTHS, PRN
	_____ A7031 Full face mask interface replacement	1/MONTH, PRN
	_____ A7032 Replacement cushion for nasal device	2/MONTH, PRN
	_____ A7033 Nasal pillows	2/MONTH, PRN
	_____ A7034 Nasal interface	1/3 MONTHS, PRN
	<input checked="" type="checkbox"/> A7035 Headgear	1/6 MONTHS, PRN
	_____ A7036 Chinstrap	1/6 MONTHS, PRN
Device Prescribed:	<input checked="" type="checkbox"/> A7037 Tubing	1/3 MONTHS, PRN
_____ E0601 CPAP System	<input checked="" type="checkbox"/> A7038 Filter, disposable	2/MONTH, PRN
_____ E0601 CPAP with C-Flex	<input checked="" type="checkbox"/> A7039 Filter, non-disposable	1/6 MONTHS, PRN
	_____ A7044 Oral interface	1/3 MONTHS, PRN
_____ E0470 Bi-Level System	<input checked="" type="checkbox"/> A7046 Water Chamber for humidifier	1/6 MONTHS, PRN
_____ E0471 Bi-Level PAP ST	<input checked="" type="checkbox"/> E0562 Heated Humidifier	

Date Prescribed: _____

Length of Need: 99 Months (lifetime)

Dignosis: 327.23 Obstructive Sleep Apnea G47.33 Obstructive Sleep Apnea

Diagnosis was based on facility based, attended polysomnography, with calculation of Apnea-Hypopnea Index (AHI) based on at least two hours of recorded sleep.

Date of Sleep Study: _____

_____ AHI or RDI equals or exceeds 15 (actual _____)

_____ AHI or RDI 5-14, and:

_____ Patient has excessive daytime sleepiness, impaired cognition, mood disorder or insomnia

_____ Patient has hypertension, ischemic heart disease, or history of stroke

Nasal CPAP pressure prescribed: _____ cm H²O

Nasal Bi-Level pressure prescribed: _____ IPAP = _____ cm H²O EPAP = _____ cm H²O

If Bi-Level / CPAP has been tried and failed: YES or NO

Physician Signature: _____

Physician Printed Name: _____ NPI# _____ Date: _____

Included:
 Order Pt Info Sheet Insurance Card H&P Notes

Scored PSG with signed dictated report

Scored Split/CPAP with signed dictated report

PATIENT WILL NEED A FOLLOW-UP APPOINTMENT BETWEEN THE 61ST AND 90TH DAY OF SETUP PER INSURANCE GUIDELINES. OFFICE VISIT SCHEDULED FOR _____.