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SLEEPWELLDME.COM

CPAP/BiPAP Detailed Written Order

Order Date

Chart Notes Attached Must specify the necessity of the equipment ordered

**Face Sheet/
Demographics Faxed**

Sleep Study Faxed
Baseline & Titration; if not, please attach

Patient Name **DOB** **Sleep Study Date**

I, the Physician, have treated this patient for a condition that supports the need and have discussed the need for this medical equipment with the patient and caregivers. I have documented the following information and the need for this equipment in the patient's most recent chart notes. **Date of visit prior to order:**

CPAP (Covers Medical Necessity for New, Repair/Replacement of Irreparable/Obsolete Equipment)

Diagnosis Check appropriate diagnosis **Length of need - Months** 99=Lifetime
 Obstructive Sleep Apnea (G47.33) Other

Additional Diagnosis Required if AHI is below 15/hour

Excessive Daytime Sleepiness	Hypertension	Impaired Cognition	Ischemic Heart Disease
Mood Disorder	Stroke	Other	

CPAP EQUIPMENT

CPAP with Humidifier (E0601/E0562) Setting Cm H₂O Ramp CFlex/ERR

BIPAP Covers Medical Necessity for New, Repair/Replacement of Irreparable/Obsolete Equipment

Diagnosis Check appropriate diagnosis **Length of need - Months** 99=Lifetime
 CSA/CompSA (G47.31) COPD Obstructive Sleep Apnea
 Other

Necessity for BIPAP ABG patient's CO₂ ≥ 52mmHg on patient's normal FIO₂ - no BIPAP
 Overnight oximetry on patient's normal Flo₂ - no BIPAP < 88% for < 5 minutes
 Test must be for a (2) hour period.
 OSA and treatment with CPAP have been considered and ruled out

BIPAP EQUIPMENT

BIPAP w/Humidifier (E0470/E0562)	IPAP	EPAP	Ramp	CFlex/ERR
BIPAP ST w/Humidifier (E0471/E0562)	IPAP	EPAP	Backup Rate	
BIPAP Auto SV w/Humidifier (E0471)				
IPAP Max	EPAP Min/Max	PS Min/Max	Backup Rate	

The following accessories are medically necessary. Please check appropriate accessories.

Mask fit per patient's preference/tolerance	Tubing w/Heating (A4604) 1 every 3 mo.	Fine Filter (A7038) 6 every 3 mo.
Nasal Mask (A7034) and/or Full Face Mask (A7030) 1 every 3 mo. Type: _____	Water Chamber (A7046) 1 every 6 mo.	Oral/Nasal Mask (A7027) 1 every 3 mo.
Nasal Cushions (A7032) or Pillows (A7033) 5 every 3 mo.	Headgear (A7035) 1 every 6 mo.	Oral Cushion (A7028) 2 every mo.
Full Face Cushion (A7031) 1/mo.	Chin Strap (A7036) 1 every 6 mo.	Nasal Cushion (A7029) 2 every mo.
Tubing (A7037) 1 every 3 mo.	Foam Filters (A7039) 1 every 6 mo.	Oral Interface (A7044) 1/mo.

Prescribing Physician Name & Credentials **NPI#**
 Phone Fax
 Signature Stamped Signature not Accepted Date