



CPAP/Bipap Level Physician Order

From: (Office &Name): _____

Office Phone #: _____

Patient Name: _____ DOB: _____ BT#: _____

Patient Address: _____ Phone: _____ SS#: _____

_____ Height: _____ Weight: _____

Diagnosis Code: _____ Length of need (mo) 99: _____

Prime Insurance: _____ Policy#: _____

Secondary Insurance: _____ Policy#: _____

Guidelines

1. Face to Face
2. Sleep Study
3. CPAP/Bi-Level Set-up
4. Follow up visit (for compliance 31 to 90 days)

AHI

This Patient had a diagnostic apnea-Hypopnea index (AHI) of: _____

The AHI is between 5 and 14 events per hour and the patient has documented symptoms of:

- Excessive Daytime Sleep
- Impaired Condition
- Insomnia
- Hypertension
- Ischemic Heart Disease
- History of Stroke

CPAP/Bi-Level

- E0601 CPAP_____ (preference)
- E04070 BI-PAP____ (preference)
- E0471 VPAP_____ (preference)
- E0562 Heated Humidifier (1/5mth)

Settings

- CPAP_____ CMH20
- Bi-Level_____ CMH20

Order*

- | | | |
|---|--|--|
| <input type="checkbox"/> A7030 Full Face Mask | <input type="checkbox"/> A7035 Headgear | <input type="checkbox"/> A7046 Water Chamber |
| <input type="checkbox"/> A7031 Full Face Mask Interface | <input type="checkbox"/> A7036 ChinStrap | <input type="checkbox"/> A7027 Combo Mask |
| <input type="checkbox"/> A7034 Nasal Mask | <input type="checkbox"/> A7037 Tubing | <input type="checkbox"/> A7028 Oral Cushion/Combo Mask |
| <input type="checkbox"/> A7032 Replacement Cushion | <input type="checkbox"/> A4604 Tubing w/Heated Element | <input type="checkbox"/> A7029 Nasal Pillow/Combo Mask |
| <input type="checkbox"/> A7033 Replacement Pillow | <input type="checkbox"/> A7038 Filter, Disposable | |
| | <input type="checkbox"/> A7039 Non-Disposable Filter | |

*Supplies: Replace all as needed, or per guidelines, every 6 months at the minimum.

Comments:

Physician Signature: _____ Date: _____ Phone: _____

Physician Address: _____ Physician Name: _____

City, State, Zip: _____ NPI: _____