



CPAP /APAP/Bi-Level PRESCRIPTION

Patient Name: _____
Date of Birth: _____
Address: _____
Telephone: (H) _____ (W) _____

Date of Study: _____
AHI: _____ ESS: _____

PRIMARY DIAGNOSIS (ICD-10):

- Obstructive Sleep Apnea (G47.33)
- UARS (G47.33)
- Primary Central Sleep Apnea (G47.37)
- Other: _____

HISTORY:

- If AHI is 5 to 14:**
- Excessive Daytime Sleepiness, Impaired Cognition, Mood Disorders, or Insomnia
 - Hypertension, Ischemic Heart Disease, or Stroke

Rx:

Device:

- Continuous Positive Airway Pressure (E0601): (CPAP) _____ cm H₂O
- Auto-Titrating PAP (E0601) Min: _____ cm H₂O Max: _____ cm H₂O Download Auto: _____
- Set up for 1 month, then set up on CPAP at 90-95% of auto pressure)
- Bi-Level Positive Airway Pressure (E0470): I= _____ / E= _____ cm H₂O
- Auto-Titrating Bi-Level PAP (E0470) Min EPAP: _____ cm H₂O Max IPAP: _____ cm H₂O Max Δ: _____ cm H₂O

Length of Need:

- Lifetime (99 years) **OR** • 12 months or (one year) for Medicare Plans- order needed yearly for Medicare patients

Additional Requirements:

- Nasal Mask (A7034)- 1 per 3 months **and** Nasal Cushion(A7032)-2 per month
- Nasal Pillow Mask (A7034)- 1 per 3 months **and** Nasal Pillows-(A7033) -2 per month
- Full Face Mask (A7030)- 1 per 3 months **and** Full Face Cushion (A7031)-1 per month
- Headgear (A7035)- 1 per 6 months
- Non Heated Tube (A7037)-1 per 3 months **OR** Heated Tube(A4604)-1 per 3 months
- Chin Strap (A7036)-1 per 6 months Water Chamber(A7046)-1 per 6 months
- Disposable Filters (A7038) -2 filters/month Non-disposable Filters (A7039)-1 filter/6 months
- Heated Humidifier (E0562)- one every two years

Supplemental O₂ @ _____ lpm _____ Nocturnal _____ PRN _____ Continuous

SIGNATURE: _____ NPI: _____

DATE: _____