

## CPAP/BIPAP Order

<p><b>Provider Name:</b> _____</p> <p><b>Address:</b> _____</p> <p><b>City, State, Zip:</b> _____</p> <p><b>Phone &amp; Fax Number:</b> _____</p> <p><b>NPI Number:</b> _____</p> <p><b>Provider Signature &amp; Date:</b> _____</p>	<p><b>Patient Name:</b> _____</p> <p><b>DOB:</b> _____</p> <p><b>Order Start Date:</b> _____</p> <p><b>Primary Diagnosis (ICD10):</b> _____</p> <p><b>Secondary Diagnosis (ICD10):</b> _____</p> <p>(Secondary required for AHI between 5-14)</p> <p><b>Estimated Length of need (99= Lifetime)</b></p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> (Lifetime)</p> <p><b>Common DX codes:</b> OSA – G47.33, HYPERTENSION – I15.9, HYPERSOMNIA – G47.10, ISCHEMIC HEART DISEASE – I25.9, INSOMNIA – G47.00</p>
<p><b>CPAP / BiPAP: (Sleep Study on File Required)</b></p> <p><b>Please make selection:</b></p> <p><input type="checkbox"/> <b>CPAP:</b> _____ Cm H2O (E0601)</p> <p><input type="checkbox"/> <b>CPAP Auto:</b> (E0601) Cm H2O: Min _____ Max _____</p> <p><input type="checkbox"/> <b>BiPAP:</b> (E0470) _____ IPAP CmH2O _____ EPAP CmH2O</p> <p><input type="checkbox"/> <b>BiPAP Auto:</b> (E0470) _____ IPAP CmH2O _____ EPAP CmH2O</p> <p><b>Please select all that apply:</b></p> <p><input type="checkbox"/> <b>Heated Humidifier</b> (E0562) W/ Tubing of choice</p> <p><input type="checkbox"/> <b>Oxygen Bleed</b> in at _____ LPM</p>	<p><input type="checkbox"/> Patient Preference Mask &amp; All Potential Supplies:</p> <p>Full Face Mask, A7030, (1 x 3mo) QTY 4 Nasal Mask, A7034, (1x 3mo) QTY 4 Nasal Cushion, A7032 (2 x1mo) QTY 24 Nasal Pillows, A7033 (2x 1mo) QTY 24 Full Face Cushion (A7031) (1 x1mo) QTY 12 Chinstrap, A7036 (1x 6mo) QTY 2 Headgear, A7035 (1 x 6mo) QTY 2 Disposable Filters, A7038 (2 x 1mo) QTY 24 Non-Disposable Filters, A7039 (1 x 6mo) QTY 2 Humidifier Chamber, A7046 (1 x 6mo) QTY 2 Standard Tubing A7037 (1x 3mo) QTY 4 Heated Tubing A4604 (1x3mo) QTY 4</p> <p>QTY/PER YEAR</p>
<p><b><u>DOCUMENTATION REQUIREMENTS</u></b></p> <p><b><u>Please fax the following with ALL new orders</u></b></p> <ul style="list-style-type: none"> <li>• Office notes prior to ordering a sleep study (evaluation of need for a sleep study)</li> <li>• Sleep Studies (both with and without cpap titration)</li> <li>• Completed Prescription</li> </ul>	<p><b>Please Note:</b></p> <p>Once all required documents are received, SOS will contact the patient for setup of their PAP device. Thank you for choosing AH Sonora Oxygen &amp; Medical Supply.</p>
<p><b>Updated: 4/16/2024</b></p>	