



LEXINGTON
 LOUISVILLE
 COVINGTON
 PRESTONSBURG
 SOMERSET
 WHITLEY CITY

DETAILED WRITTEN ORDER – PAP

Order Date: _____
Order Type: Initial Revised Recert
LON: _____ 1-99 Months (99 = Lifetime)

PATIENT: _____ **DOB** _____

PHYSICIAN: _____ **NPI** _____

Phone _____ **Fax** _____

Dx / ICD-10: ① _____, ② _____, ③ _____

EQUIPMENT / ACCESSORIES / PHYSICIAN'S ORDER:

Equipment HCPCS Code / Item Description / Ordered Settings

____ E0601 CPAP device	_____ cmH ₂ O
____ E0601 APAP device	Min _____ cmH ₂ O, Max _____ cmH ₂ O
____ E0470 BiPAP device	IPAP _____ cmH ₂ O, EPAP _____ cmH ₂ O
____ E0470 BiPAP Auto device	IPAP Max _____ cmH ₂ O, EPAP Min _____ cmH ₂ O, PS _____ cmH ₂ O
____ E0471 BiPAP ST device	IPAP _____ cmH ₂ O, EPAP _____ cmH ₂ O, Backup Rate _____ bpm
____ E0471 BiPAP SV device	IPAP _____ cmH ₂ O, EPAP _____ cmH ₂ O, Backup Rate _____ bpm
____ E0471 BiPAP Auto SV	Max Press _____, EPAP Max _____ Min _____, PS Max _____ Min _____, BU Rate _____

Accessories HCPCS Code / Item Description / (Maximum Qty Allowed; Quantity Ordered)

____ E0561 Non-Heated Humidifier	____ A7033 Pillows for Nasal Interface, Repl. (2/mth; 24/yr)
____ E0562 Heated Humidifier	____ A7034 Nasal Interface (1/3 mths; 4/yr)
____ A7044 Oral Interface (1/3 mths; 4/yr)	____ A7035 Headgear (1/6 mths; 2/yr)
____ A7027 Combination Oral/Nasal Mask (1/3 mths; 4/yr)	____ A7036 Chinstrap (1/6 mths; 2/yr)
____ A7028 Oral Cushion, Repl. (2/mth; 24/yr)	____ A7037 Tubing (1/3 mths; 4/yr)
____ A7029 Nasal Pillows, Pair, Repl. (2/mth; 24/yr)	____ A4604 Tubing with Heat Element (1/3 mths; 4/yr)
____ A7030 Full Face Mask (1/3 mths; 4/yr)	____ A7038 Filter, Disposable (2/mth; 24/yr)
____ A7031 Full Face Mask Cushion, Repl. (1/mth; 12/yr)	____ A7039 Filter, Non-Disposable/Reusable (1/6 mths; 2/yr)
____ A7032 Nasal Mask Cushion, Repl. (2/mth; 24/yr)	____ A7046 Humidifier Water Chamber, Repl. (1/6 mths; 2/yr)

PHYSICIAN'S SIGNATURE / DATE:

Signature and Date Stamps are NOT accepted

Physician Signature

Date