



- LEXINGTON
- LOUISVILLE
- COVINGTON
- PRESTONSBURG
- SOMERSET
- WHITLEY CITY

DETAILED WRITTEN ORDER – PSV

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

PATIENT: _____ DOB _____

PHYSICIAN: _____ NPI _____

Phone _____ Fax _____

Dx / ICD-10: J44.9 – COPD J96.10 – Chronic Respiratory Failure
 G12.21 – ALS - _____ – Other _____

EQUIPMENT / ACCESSORIES / PHYSICIAN'S ORDER:

Equipment & Accessories HCPCS Code / Item Description / Ordered Settings

- E0463** Trilogy 100 Pressure Support Vent (PSV), invasive interface
- E0464** Trilogy 100 Pressure Support Vent (PSV), non-invasive interface

Mode: AVAPS-AE
 Max Press: _____ cmH₂O
 PS Min: _____ cmH₂O
 PS Max: _____ cmH₂O
 Resp Rate: _____ breaths per minute OR _____ Auto
 Ti: _____ seconds
 EPAP Min: _____ cmH₂O
 EPAP Max: _____ cmH₂O
 Safety Vt: _____ ml

- | | | |
|--|--|--|
| <input type="checkbox"/> E0562 Heated Humidifier | <input type="checkbox"/> A7038 Filter, Disposable | <input type="checkbox"/> A7030 Full Face Mask |
| <input type="checkbox"/> A4483 Heat Moisture Exchanger | <input type="checkbox"/> A7039 Filter, Non-Disposable | <input type="checkbox"/> A7031 Repl Full Face Cushion |
| <input type="checkbox"/> A7046 Repl Water Chamber | <input type="checkbox"/> A7035 Headgear | <input type="checkbox"/> A7034 Nasal Interface |
| <input type="checkbox"/> A7037 Tubing | <input type="checkbox"/> A7027 Combo Oral/Nasal Interface | <input type="checkbox"/> A7032 Repl Nasal Cushion |
| <input type="checkbox"/> A4604 Tubing with Heat Element | <input type="checkbox"/> A7028 Repl Oral Cushion | <input type="checkbox"/> A7033 Repl Nasal Pillows, Pair |
| <input type="checkbox"/> A7036 Chinstrap | <input type="checkbox"/> A7029 Repl Nasal Pillows, Pair | <input type="checkbox"/> Other _____ |

Hours/Duration of Use: Continuous During Sleep Other _____

PHYSICIAN'S SIGNATURE / DATE:

Signature and Date Stamps are NOT accepted

Physician Signature _____

Date _____