

IEHP Covered CA Prescription for Durable Medical Equipment

Patient Name:					Gender:			
Street Address:					DOB:			
City, State, Zip:					Primary Insurance:			
Email Address:					Insurance ID:			
Primary Phone:					Secondary Insurance:			
Secondary Phone:				Insurance ID:				
· ·								
Medical Necessity (Diagnosis) *Check all that apply				Pap Supplies	Pap Supplies		uency Limit	Quantity
☐ G47.33 - Obstructive Sleep Apnea				A4604 – Heated Tubing		1	Per Three Months	2
☐ G47.31 - Central Sleep Apnea			A7030 – Full Fa	A7030 – Full Face Mask		Per Three Months	2	
☐ Other:			A7031 – Full Face Cushion		One Per Month		6	
				A7032 – Nasal	A7032 – Nasal Cushion		Per Month	12
PAP Equipment *Check and fill in the PAP settings			A7033 – Nasal Pillow		Two Per Month		12	
Machine	CPT Code	Pressure Setti			A7034 – Nasal Mask		Per Three Months	2
☐ CPAP	E0601		cm/H2O	A7035 – Head			Per Six Months	1
☐ CPAP Auto	E0601	Minimum: cm/H2O			A7036 – Chin Strap		Per Six Months	1
		Maximum:	cm/H2O		A7037 – Tubing		Per Three Months	2
☐ BiPAP	E0470	IPAP:	cm/H2O	A7038 – Dispo			Per Month	12
		EPAP:	cm/H2O		A7039 – Reusable Filter		Per Six Months	1
☐ BiPAP Auto	E0470	Max IPAP:	cm/H2O cm/H2O	A7046 – Wate			Per Six Months	1 1
		Min EPAP:		cosoz – neate	E0562 – Heated Humidifier		Time Only	1
		Min PS: Max PS:	cm/H2O cm/H2O					
				PAP Equipmen				
				Machine	CDT Code	2	Prossura Sattings	,
		IPAP:	cm/H2O	Machine	CPT Code	e	Pressure Settings Min EPAP:	
☐ BiPAP ST	E0471	IPAP: EPAP:		Machine	CPT Code	<u>e</u>	Min EPAP: Max EPAP:	cm/H2O cm/H2O
☐ BiPAP ST	E0471	IPAP:	cm/H2O cm/H2O			<u>e</u>	Min EPAP:	cm/H2O
☐ BIPAP ST	E0471	IPAP: EPAP: Backup Rate:	cm/H2O cm/H2O	Machine ☐ BiPAP ST AutoSV	E0471	e	Min EPAP: Max EPAP:	cm/H2O cm/H2O
☐ BiPAP ST	E0471	IPAP: EPAP: Backup Rate: Timed Inspirat	cm/H2O cm/H2O	☐ BiPAP ST		<u>e</u>	Min EPAP: Max EPAP: Min PS:	cm/H2O cm/H2O cm/H2O
☐ BIPAP ST	E0471	IPAP: EPAP: Backup Rate: Timed Inspirat Rise Time	cm/H2O cm/H2O ion:	☐ BiPAP ST		e	Min EPAP: Max EPAP: Min PS: Max PS:	cm/H2O cm/H2O cm/H2O cm/H2O
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☐ BiPAP ST		IPAP: EPAP: Backup Rate: Timed Inspirat Rise Time IPAPmin: IPAPmax: EPAP: Tidal Backup Rate:	cm/H2O cm/H2O ion: cm/H2O cm/H2O cm/H2O mL BPM	□ BiPAP ST AutoSV		e	Min EPAP: Max EPAP: Min PS: Max PS: Max Pressure:	cm/H2O cm/H2O cm/H2O cm/H2O cm/H2O
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Physician Signature Physician Name (Printed) Date Signed NPI Number