

# MICHIGAN COMPASSIONATE CARE

28401 Hoover Road Warren MI 48093

Phone 586-754-3830 Fax 586-54-3840

www.mccoffice.net

## CPAP - Detailed Written Order Before Delivery

Patient Name \_\_\_\_\_

Account Number \_\_\_\_\_ Patient DOB \_\_\_\_\_ Order Date \_\_\_\_\_

**\*\*\*MUST BE FILLED OUT FOR MEDICAID PATIENTS ONLY**

Reason for Medical Necessity (other than diagnosis):  
\_\_\_\_\_

### DIAGNOSIS

Length of Need \_\_\_\_\_ (99 = Lifetime)

☐ OSA

### ADDITIONAL DIAGNOSIS (If AHI is below 15 /hr)

☐ Excessive Daytime Sleepiness

☐ Hypertension

☐ Impaired Cognition

☐ Ischemic Heart Disease

☐ Mood Disorder

☐ Stroke

### CPAP EQUIPMENT

☐ CPAP w/ Humidifier (E0601/E0562) Settings \_\_\_\_\_ Cm H20 ERR \_\_\_\_\_

☐ Auto PAP (E0601/E0562) Settings \_\_\_\_\_ Cm H20

☐ Oxygen Bleed-In (E1390) \_\_\_\_\_ LPM

### MASK OPTIONS (Please check one mask option below)

☐ Mask fit per patient's preference/tolerance 1 every 3 months

☐ Nasal Mask (A7034) 1 every 3 months

☐ Nasal Cushions (A7032) 5 every 5 months

☐ Pillows (A7033) 5 every 3 months

☐ Full Face Mask (A7030) 1 every 3 months

☐ Full Face Cushion (A7031) 1 per month

### MEDICALLY NECESSARY ACCESSORIES (check appropriate accessories below)

☐ Tubing w/Heating (A4604) 1 every 3 months *or*

☐ Tubing (A7037) 1 every 3 months

### ADDITIONAL ACCESSORIES (check appropriate accessories below)

☐ Headgear (A7035) 1 every 6 months

☐ Water Chamber (A7046) 1 every 6 months

☐ Chin Strap (A7036) 1 every 6 months

☐ Foam Filters (A7039) 1 every 6 months

☐ Fine Filter (A7038) 6 every 3 months

### SPECIAL INSTRUCTIONS

### PRESCRIBING PHYSICIAN'S INFORMATION

Name and Credentials MUHAMMAD VASIQ M.D. NPI No. 1750357836

Telephone No. 586-754-3830

Fax No. 586-754-3840

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Stamped Signature Not Accepted)