DETAILED WRITTEN ORDER – RESPIRATORY EQUIPMENT

Patient: _____ Date of Order: _____ HT: _____ WT: _____

Address: _____ DOB: _____ Length of Need: 99

_____ Diagnosis Codes: _____

Nebulizer Therapy

____ E0570 – Nebulizer with compressor
____ A7003 – Admin set (2 per mo.)
____ A7015 – Aerosol mask (1 per mo.) *
**Not a covered item by Medicaid & replacement plans*

Oxygen Therapy

____ E0431 – Oxygen regulator for tanks
____ E0443 – Oxygen contents (gas)
____ E1390 – Oxygen concentrator
____ E1392 – Portable oxygen concentrator

Dispense oxygen at the following settings:

____ Continuous @ _____ LPM
____ With exercise @ _____ LPM
____ Nocturnal @ _____ LPM

Administer via (circle all that apply):

Nasal cannula Mask Bled into PAP device

Oxygen Testing

____ Overnight pulse oximetry on:
- ____ Room air
- ____ Oxygen @ _____ LPM
- ____ CPAP
- ____ BiPAP

____ Test on conserver

Titrate liter flow to achieve an SpO2 ≥ 90% at rest and during ADLs via pulse oximetry; dispense appropriate conserving device or portable oxygen concentrator.

Provider: _____

Address: _____

_____

Phone: _____ Fax: _____

PAP Therapy

____ E0562 – Heated Humidifier
____ E0601 – CPAP settings: _____
____ E0470 – BiPAP settings: _____
____ E0471 – BiPAP ASV settings: _____
____ Supplies with Medicare refill guidelines:
- A4604 – Heated tubing (1 every 3 mos.)
- A7030 – Full face mask frame (1 every 3 mos.)
- A7031 – Full face cushion (1 per mo.)
- A7032 – Nasal cushion (2 per mo.)
- A7033 – Nasal pillow (2 per mo.)
- A7034 – Nasal mask frame (1 every 3 mos.)
- A7035 – Headgear (1 every 6 mos.)
- A7036 – Chinstrap (1 every 6 mos.)
- A7037 – Standard tubing (1 every 3mos.)
- A7038 – Disposable filter (2 per mo.)
- A7039 – Reusable filter (1 every 6 mos.)
- A7044 – Oral interface (1 every 6 mos.)
- A7046 – Humidifier tub (1 every 6 mos.)

Suction Therapy

____ E0600 – Suction unit
____ A7000 – Suction cannister kit
____ A7002 – Suction tubing

____ Other (Please specify):

_____

_____

Signature: _____

Date: _____

NPI: _____

Showroom location: 1005 N. Kingshighway, Cape Girardeau, MO 63701 Phone: 573-803-2390 Fax: 573-803-1247