



Tel: 919.522.5221
Fax: 919.874.5123
homemedicalsupply.com

Private Insurance:
Medicaid Medicare Self Pay
Policy #

CPAP / BIPAP & TRACH ORDER FORM

Patient Name: Date of Birth: RX Date:

Diagnosis: COPD (J44.9) Central Sleep Apnea (G47.31) Complex Sleep Apnea (G47.37)
OSA (G47.33) Hypoventilation Syndrome (G47.35)

Neuromuscular Disease Dx of Other

Length of Need: (If lifetime, use 99)

PAP Equipment

AHI: RDI:

CPAP CmH2O BIPAP IPAP EPAP

BIPAP ST IPAP EPAP Back-up Rate

PAP SUPPLIES

- A4604 Tubing, Heated(1 per 3 months)
A7027 Oral/Nasal Mask (1 per 3 months)
A7028 Oral Cushion (2 per month)
A7029 Nasal Pillows (2 per month)
A7030 Full Face Mask (1 per 3 months)
A7031 Face Mask Interface (1 per month)
A7032 Nasal Cushion Replacement(2 per month)
A7033 Nasal Pillow Replacement (2 per month)
A7034 Nasal Mask (1 per 3 months)
A7035 Headgear Device (1 per 6 months)
A7036 Chinstrap Device (1 per 6 months)
A7037 Tubing, CPAP (1 per 3 months) A7038
Filter, Disposable (2per month) A7039 Filter,
Non-Disposable (1 per 6mos)
A7046 Humidifier Chamber
E0562 Heated Humidifier

TRACHEOSTOMY SUPPLIES:

Diagnosis: Z93.0 - Tracheostomy Status Z43.0 Attention to Tracheostomy Other

D02.0 - CA In Situ Larynx D02.1 - CA In Situ Trachea Prognosis

Suction Machine (E0600) Suction Tubing (A7002)

Suction Cannister A7000 Disposable qty A7001 Non-disposable qty

Suction Catheter (A4624) - French: (Trach) Suction Catheter Kit (A4628) - French: (Oral Suction)

Normal Saline A4216 10 ml A4217 500 ml

Inner Cannula (Shiley) (A4622) Larynectomy Tracheostomy Size:

Disposable Cuffless Cuffed Fenestrated

Please provide a copy of sleep study and face-to-face chart notes prior to sleep study with the order

I hereby certify that the services are medically necessary and are authorized by me. The patient is under my care and is in need of the services listed.

Physician's Printed Name:

NPI:

Fax:

Physician's Signature:

Signature Date:

Medicare requires the Signature and Signature Date be completed by a PECOS enrolled MD, DO, PA, NP, or CNS

THANK YOU FOR YOUR REFERRAL ORDER!