

## Patient Information

First Name : 
 Last Name : 
 MI : 
 Suffix : 
 Gender : 
 DoB (MM/DD/YYYY) :

## CPAP/BiPAP Supplies

Length of need: 99 Years = Lifetime | Primary Diagnosis: G47.33

### Diagnosis

Obstructive Sleep Apnea (327.23 [G47.33 ICD-10]), Nocturnal Hypoxemia (327.26 [G47.36 ICD\_10])

HCPCS	Description	Frequency
	Fit Mask for Patient Comfort	1 Per 90 Days
E0562	Heated Humidifier	
A9279	Monitoring Device: modem	
A7028	Oral/Mouth Cushion for Combination Mask	2 Per 30 Days
A7029	Nasal Pillow for Combination Mask	2 Per 30 Days
A7030	Full Face Mask	1 Per 90 Days
A7031	Full Face Cushion	1 Per 30 Days
A7032	Nasal Cushion	2 Per 30 Days
A7033	Nasal Pillows	2 Per 30 Days
A7034	Nasal/Pillow Mask	1 Per 90 Days
A7035	Headgear	1 Per 180 Days
A7036	Chinstrap	1 Per 180 Days
A7037	Tubing	1 Per 90 Days
A7038	Disposable Filters	2 Per 30 Days
A7039	Non-Disposable Filters	1 Per 180 Days
A4604	Climate Line Tubing	1 Per 90 Days
A7046	Water Chamber	1 Per 180 Days

ONO on CPAP

## Physician Information

Dispense as checked/written

Physician Name (First & Last) : 
 NPI (optional):

Physician Signature : 
 Date: