

**Patient Information**

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

**CPAP/BiPAP** 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])

No.	HCPCS	Description	Frequency
1	E0601	<input type="checkbox"/> <b>Auto CPAP</b> Min Pressure: 5 cm H20 Max Pressure: 20 cm H20 Ramp: 30 min	
	E0470	<input type="checkbox"/> <b>Auto BiPAP</b> Min Pressure: ____ cm H20 Max Pressure: ____ cm H20 Ramp: ____ min	
2		Fit Mask for Patient Comfort	1 Per 90 Days
3	E0562	Heated Humidifier	
4	A9279	Monitoring Device: modem	
5	A7028	Oral/Mouth Cushion for Combination Mask	2 Per 30 Days
6	A7029	Nasal Pillow for Combination Mask	2 Per 30 Days
7	A7030	Full Face Mask	1 Per 90 Days
8	A7031	Full Face Cushion	1 Per 30 Days
9	A7032	Nasal Cushion	2 Per 30 Days
10	A7033	Nasal Pillows	2 Per 30 Days
11	A7034	Nasal/Pillow Mask	1 Per 90 Days
12	A7035	Headgear	1 Per 180 Days
13	A7036	Chinstrap	1 Per 180 Days
14	A7037	Tubing	1 Per 90 Days
15	A7038	Disposable Filters	2 Per 30 Days
16	A7039	Non-Disposable Filters	1 Per 180 Days
17	A4604	Climate Line Tubing	1 Per 90 Days
18	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: