



**BIPAP - Detailed Written Order Before Delivery**

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

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

- Face Sheet/Demographics/Chart Notes Attached/Sleep Study (Baseline & Titration) Faxed
  - Chart notes must include the need for equipment being ordered. **Date of visit before order:** \_\_\_\_\_

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

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

**BIPAP – Covers Medical Necessity for New, Repair/Replacement of Irreparable/Obsolete Equipment**

**DIAGNOSIS** (Check applicable diagnosis below) \_\_\_\_\_ **Length of Need** \_\_\_\_\_ (99 = Lifetime)

- CSA  COPD  OSA  COMPSA  OTHER: \_\_\_\_\_

**NECESSITY FOR BIPAP DIAGNOSIS OTHER THAN OSA/CSA:**

ABG patient's CO2>52mmHg on patient's normal FIO2 (no BIPAP) **and**  overnight oximetry on patient's normal FIO2 (no BIPAP) **and**  OSA and treatment with CPAP have been considered and ruled out.

**BIPAP EQUIPMENT**

- Auto BIPAP (E0470/E0562) IPAPMax \_\_\_\_\_ EPAP Min \_\_\_\_\_ PS \_\_\_\_\_
- BIPAP w/Humidifier (E0470/E0562) IPAP \_\_\_\_\_ EPAP \_\_\_\_\_
- BIPAP ST w/Humidifier (E0471/E0562) IPAP \_\_\_\_\_ EPAP \_\_\_\_\_ Backup Rate \_\_\_\_\_
- BIPAP Auto w/Humidifier (E0471) IPAP \_\_\_\_\_ Max EP EPAP Min/Max \_\_\_\_\_  
Pressure Support Min/Max \_\_\_\_\_ Backup Rate \_\_\_\_\_
- Oxygen Bleed-In (E1390) \_\_\_\_\_ LPM

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

- Mask fit per patient's preference/tolerance
  - 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 \_\_\_\_\_ NPI No. \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

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

(Stamped Signature Not Accepted)