CPAP/BIPAP DEVICE AND SUPPLIES

CalMed Hawaii

Phone: (808) 691-9973
Email: info@calmedhawaii.com **Fax:** (888) 286-7412

☐ Detailed Written Order

PATIENT INFORMATION - ALL FIELDS REQUIRED

Order Date: _____

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ Email: _____

Primary Insurance: _____ Policy No: _____

Other Health Insurance: Yes No If YES, please list: _____

CPAP/BIPAP DEVICE AND SUPPLIES

CPAP/BIPAP DEVICES

CPAP/APAP therapy E0601 + E0562 + A9279

☐ **AirSense™10 & 11** (w/integrated HumidAir™ humidifier)

☐ Pressure: _____ cmH2O (4-20 cmH2O)
Ramp time: _____ min(s) (Auto, OFF-45 min.)
EPR™: ☐ 1 ☐ 2 ☐ 3

Bilevel therapy E0470 + E0562 + A9279

☐ **AirCurve™10 &11 Auto** (w/integrated HumidAir™ humidifier)

☐ VAuto mode
Max. IPAP: _____ cmH2O (4-25 cmH2O)
Min. EPAP: _____ cmH2O (4-25 cmH2O)
PS: _____ cmH2O (0-10 cmH2O)
Ramp time: _____ min(s) (OFF-45 min.)

☐ **AirCurve™ 10 S** (w/integrated HumidAir™ humidifier)

☐ Spont mode
IPAP: _____ cmH2O (4-25 cmH2O)
EPAP: _____ cmH2O (3-25 cmH2O)
Ramp time: _____ min(s) (OFF - 45 min.)
☐ Easy-Breathe ON

Bilevel w/backup rate therapy E0471 + E0562 + A9279

☐ **AirCurve™10 &11 ASV** (w/integrated HumidAir™humidifier)

☐ ASV mode
EPAP: _____ cmH2O (4-15 cmH2O)
Min. PS: _____ cmH2O (0-6 cmH2O)
Max. PS: _____ cmH2O (5-20 cmH2O)
Ramp time: _____ min(s) (OFF-45 min.)
Backup rate: Automatic (15 bpm)

☐ ASV Auto mode
Min. EPAP: _____ cmH2O (4-15 cmH2O)
Max. EPAP: _____ cmH2O (4-15 cmH2O)
Min. PS: _____ cmH2O (0-6 cmH2O)
Max. PS: _____ cmH2O (5-20 cmH2O)
Ramp time: _____ min(s) (OFF-45 min.)
Backup rate: Automatic (15 bpm)

☐ **AirCurve™10 ST** (w/integrated HumidAir™ humidifier)

☐ Spont/time mode
IPAP: _____ cmH2O (4-25 cmH2O)
EPAP: _____ cmH2O (3-25 cmH2O)
Rate: _____ bpm (5-50 bpm)

CPAP/BIPAP SUPPLIES

	HCPCS Code	Description
☐	A7030	Full face mask used with PAP device 1 per 3 months
☐	A7031	Full face mask replacement cushion 1 per 1 month
☐	A7032	Nasal mask replacement cushion 2 per 1 month
☐	A7033	Nasal mask replacement pillow 2 per 1 month
☐	A7034	Nasal mask or pillow mask 1 per 3 months
☐	A7035	Headgear used mask/interface 1 per 6 months

	HCPCS Code	Description
☐	A4604	Heated tubing used with PAP device 1 per 3 months
☐	A7036	Chin strap used with PAP device 1 per 6 months
☐	A7037	Tubing used with PAP device 1 per 3 months
☐	A7038	Filter disposable for PAP device 2 per 1 month
☐	A7039	Filter non-disposable for PAP 1 per 6 months
☐	A7046	Water chamber for humidifier 1 per 6 months

Diagnosis (ICD-10 code that supports medical necessity) ☐ G47.33 Obstructive Sleep Apnea (OSA) ☐ Other _____

PAP/supplies length of need: _____ months.

IMPORTANT: Clinical notes that support the medical necessity of the CPAP/BiPAP Device are required.

PHYSICIAN INFORMATION

Name: _____

Phone: _____ Fax: _____

Clinic: _____ NPI: _____

Signature: _____ Date: _____
Wet signature required (stamp only not sufficient)