Confirmation of Medical Order for Sleep Apnea Treatment

Name of Patient: Jane Doe Date of Birth: 11/24/1950

Address: 1360 Euphoria Road
Perkins, NY 12345

Phone: 999-999-9999

Name of Practice: Main Street Medical Phone: 999-999-9999

Practice Address: One Medical Center Parkway
Perkins, NY 12345

Statement of Medical Necessity:

NOTE: This section is intended to be where the provider will indicate treatment for this patient is medically indicated. EXAMPLE: Physical exam and sleep test results confirm that this patient has moderate obstructive sleep apnea at a level that warrants medical treatment.

- [x] G47.33 Obstructive Sleep Apnea (Adult / Pediatric)
- [ ] G47.31 Primary Central Sleep Apnea
- [ ] _____ Other: _____

Provider Name: Jenny Smith, MD Provider Signature: _____

Provider NPI: 999999999999 Order effective on and signed on: 06/11/2018

PAP Therapy Length of Need [ ] 90 days [x] 1 year [ ] Other: _____

- [x] Auto Titrating PAP: E0601 — Min 5 cmH_2O (4 cmH_2O) and Max 20 cmH_2O (20 cmH_2O) Fixed
- [ ] CPAP: E0601 — at ____ cmH_2O
- [ ] Auto Bi-level PAP: E0470 — iPAP max ____ cmH_2O; ePAP min ____ cmH_2O; PS max ____ cmH_2O
- [x] Please fit Mask per patient comfort and include necessary headgear and cushions.
- [x] Heated Humidifier: E0562 (1) [x] Standard Tubing: A7037 (1) [x] Filters Disposable: A7038 (1)

Mask, Accessories and Supplies (Count in parentheses)

- [ ] Mask - Full Face: A7030 (1)
- [ ] Full Face Cushion: A7031 (1)
- [ ] Mask - Nasal or Pillow: A7034 (1)
- [ ] Nasal Pillow: A7033 (2)
- [ ] Nasal Cushion: A7032 (2)
- [ ] Headgear: A7035 (1)
- [ ] Chinstrap: A7036 (1)
- [ ] Filters Non-disposable: A7039 (1)
- [ ] Heated Tubing: A4604 (1)
- [ ] Other:
- [ ] Other:
- [ ] Other:
- [ ] Other:

Dental Appliance Therapy

- [ ] Dental Appliance (per patients choice)
- [ ] Post-Appliance Sleep Test (to verify effective)

PAP Compliance Reporting

- [x] First 30 days of treatment
- [ ] Other: _____

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Send completed Confirmation of Medical Order to selected treatment provider with Clinical Note, Snap Report, and Patient Insurance information. Do not send to Snap.