

**PHYSICIAN'S ORDER FOR  
CPAP**

**STARTING DATE OF ORDER:** \_\_\_\_\_  
(if different than the signed date)

**Patient Information:**

**Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Diagnoses:**  327.23 OSA **Length of need:** \_\_\_\_\_ **Months**

Attach copies of  
corresponding Records

A.) Date of Initial Eval  
\_\_\_\_\_

B.) Date of Sleep Test  
\_\_\_\_\_

a.) AHI \_\_\_\_\_

C.) Date of Re-Evaluation  
\_\_\_\_\_

D.) BiPAP required due to  
CPAP Failure Y / N

**Medicare Coverage Policy**

An E0601 device is covered for the treatment of obstructive sleep apnea (OSA) if criteria A – C are met:

- A. The beneficiary has a face-to-face clinical evaluation by the treating physician prior to the sleep test to assess the beneficiary for obstructive sleep apnea.
- B. The beneficiary has a sleep test (as defined below) that meets either of the following criteria (1 or 2):
  - a. The apnea-hypopnea index (AHI) or Respiratory Disturbance Index (RDI) is greater than or equal to 15 events per hour with a minimum of 30 events; or,
  - b. The AHI or RDI is greater than or equal to 5 and less than or equal to 14 events per hour with a minimum of 10 events and documentation of:
    - A. Excessive daytime sleepiness, impaired cognition, mood disorders, or insomnia; or,
    - B. Hypertension, ischemic heart disease, or history of stroke.
- C.) Face-to-face clinical re-evaluation by the treating physician with documentation that symptoms of obstructive sleep apnea are improved;
- D. BIPAP Required - An E0601 has been tried and proven ineffective based on a therapeutic trial conducted in either a facility or in a home setting.

CPAP Machine (E0601) - Pressure or Pressure Range \_\_\_\_\_ CM/H20

BiPAP Machine (E0470) - Pressure or Pressure Range \_\_\_\_\_ CM/H20

Humidifier – Patient Preference

Heated Humidifier (E0562)  Passover Humidifer (E0561)

Mask – Patient Preference

Other \_\_\_\_\_ Size \_\_\_\_\_

Supplies - All Related Supplies: The following dispensable equipment is necessary for the proper use of the equipment and is not a part of the CPAP, BiLevel, BiLevel ST, BiLevel SV or AVAPs machine when purchased and needs to be replaced on a regular basis: Full Face Mask (A7030), Headgear (A7035), Oral Interface (A7044), Full Face Cushion (A7031), Chinstrap (A7036), Exhalation Port/Swivel (A7045), Nasal Mask (A7034), Tubing (A7037), Humidifier Chamber (A7046), Mask Cushion (A7032), Disposable Filters

By signing below I assert I am the treating physician for this patient and this patient meets all of the above criteria to qualify for Medicare Coverage for this item. Additionally, I understand:

- Supplier-produced records, even if signed by the ordering physician, and attestation letters (e.g. letters of medical necessity) are deemed not to be part of a medical record for Medicare payment purposes.
- Templates and forms, including CMS Certificates of Medical Necessity, are subject to corroboration with information in the medical record.

Physician Name \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ NPI \_\_\_\_\_

\*\*\*Attach Corresponding medical records Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_