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CPAP PRESCRIPTION / LETTER OF MEDICAL NECESSITY

Patient Name: _____ SS#: _____ DOB: ____ / ____ / ____

- DIAGNOSIS:
- Obstructive Sleep Apnea (ICD-9: 327.23)
 - Primary Central Sleep Apnea (ICD-9: 327.21)
 - Chronic Respiratory Failure (ICD-9: 518.81)
 - Other: _____ (ICD-9: _____)

****PLEASE ATTACH A COPY OF 1st. & 2nd. NIGHT SLEEP STUDY ****

Blower: CPAP BIPAP Length of Need: Lifetime

Prescribed Pressure: _____ cm/H₂O

HUMIDIFICATION: Cool Mist Heated

MASK: Mask of Choice: _____

The above mentioned patient has been diagnosed by polysomnography as suffering from moderate to severe sleep apnea with hypersomnia (OSA). Because of the potentially dangerous consequences of disturbed sleep and sleep deprivation, which include the possibility of falling asleep in critical situations, treatment of this condition is considered mandatory rather than elective.

This patient has responded well to nasally delivered continuous positive airway pressure (CPAP) and will require the use of a CPAP machined set at a prescribed amount of water pressure with an in-line, heated humidifier on a nightly basis for a lifetime duration. The humidifier is required to relieve sinus irritation resulting from the increased CPAP airflow.

The Expendable equipment that is part of the system (filter, mask, headgear, hose, cushions, pillows, interface, water chamber valve and chinstrap) must be replaced periodically to keep the system operational.

Compliance monitoring is an integral part of the CPAP therapy system and requires the use of a CPAP machine capable of collecting and storing the necessary data. Compliance data will be used as a quality assurance measure to insure continuity of care throughout the patient's lifetime of CPAP therapy.

M.D. Signature: _____ Date: _____

M.D. Name: _____ NPI #: _____

Telephone #: _____ Fax #: _____