



# Dispensing Order for BiPAP/RAD and/or WOPD Medicare Patients

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_

Ordering Provider Address: \_\_\_\_\_

NPI#: \_\_\_\_\_ Date of Order: \_\_\_\_\_

Length of Need: 12      Diagnosis: \_\_\_\_\_

- Qty: \_\_\_\_\_ BiPAP without rate (E0470) and heated humidifier (E0562) • Frequency: used daily during sleep
- Qty: \_\_\_\_\_ BiPAP with rate (E0471) and heated humidifier (E0562) • Frequency: used daily during sleep
- Qty: 1 PAP mask 1 per 3 months / headgear 1 per 6 months (A7030 or A7034 and A7035)  
• Frequency: used daily during sleep
- Qty: 1 PAP tubing 1 per 3 months (A4604 or A7037) • Frequency: used daily during sleep
- Qty: 2 PAP disposable filter 2 per month (A7038) • Frequency: used daily during sleep
- Qty: 1 PAP non disposable filter 1 per 6 months (A7039) • Frequency: used daily during sleep
- Qty: 1 PAP water chamber 1 per 6 months (A7046) • Frequency: used daily during sleep
- Qty: 1 Replacement full face cushion (A7031) or Qty: 2 replacement nasal cushions/pillows (A7032/A7033)  
• Frequency: used daily during sleep

**Refills on Prescription: 11**

**Please pick machine and fill in prescribed pressures:**

<b>E0470 (BiPAP without a backup respiratory rate)</b>									
<input type="checkbox"/>	BiPAP/VPAP		IPAP/EPAP: _____ / _____					Respiratory Rate: N/A	
<b>E0471 (BiPAP with a backup respiratory rate)</b>									
<input type="checkbox"/>	BiPAP S/T		IPAP/EPAP: _____ / _____					Respiratory Rate: _____	
<b>E0471 (BiPAP with a backup respiratory rate)</b>									
		Mode	EPAP	Min. EPAP	Max EPAP	Min. PS	Max PS	Max Pressure	Rate
<input type="checkbox"/>	ResMed VPAP Adapt	ASV	_____	N/A	N/A	_____	_____	N/A	Auto-15 bpm
<input type="checkbox"/>	ResMed VPAP Adapt	ASV Auto	N/A	_____	_____	_____	_____	N/A	Auto-15 bpm
<input type="checkbox"/>	Repironics Auto SV Advanced	N/A	N/A	_____	_____	_____	_____	_____	_____
**PS is pressure support									

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This equipment is subject to face-to-face requirements - Sec 6407 (ACA). The physician must have a face-to-face exam within 6 months prior to the date of this order. This exam must document that the patient was evaluated/treated for a condition that supports the need for this item.**

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