



Certificate of Medical Necessity –Invasive Ventilator Prescription

915 30th Avenue
Fairbanks, AK 99701
NSC# 1267160002
Phone:907-458-8912
Fax: 907-458-8914

Provider Name:
Order Date:
Phone/Fax:

Patient Name
DOB:
Address:
Home Phone:
Mobile Phone
Patient Height:
Weight:
Scheduled Date of Discharge from the hospital:

Duration of Equipment: Lifetime (99 months) Other:

ICD-10 Diagnosis and Code:

Settings:

AVAPS (Trilogy only): Mode (circle one): PC, S/T, S, T

VT ml (6-8mg/kg of IBW, NOT actual weight. IBW based on Ht) AVAPS Rate: 5 (5 is standard) Respiratory Rate (10 or 2 below resting resp. rate): IPAP max (4-44, standard around 25): IPAP min (standard between 5 and 10, +4 of EPAP): EPAP (4-10, at least 4 below IPAP min)

SIMV: VT: Rate: PS: PEEP: I time:

AC: VT: Rate: PEEP: I time:

PC-SIMV: PEEP: PS (above PEEP): Rate: I Time:

PC (Trilogy): IPAP: EPAP: Rate: I Time:

PC (LTV): Pressure: PEEP:

S/T or T: IPAP: EPAP: Rate: I Time: Rise Time (1-6): Ramp (5-45 min):

S: IPAP: EPAP (at least 4): Rise Time: Ramp:

CPAP: Ramp:

Supplemental Oxygen (if applicable): FI02 or LPM Titrate O2 to maintain SaO2 >

Humidification (Circle One): Heated Humidifier or HME

TRACH TYPE and SIZE:

Hours of Use (Circle One): Continuous Other:

Supplies:

- Checkboxes for various supplies: Circuit, Disposable, Ventilator (A9900) - 5 per month; Bacteria Filter (A9999) - 5 per month; Temperature Probe (A9900) - 2 PRN; Adapter, Heated Wire (A9999) - 2 PRN; Water Chamber (A9900) - 5 per month; Sterile Water Bags (A4217) - 30 per month; Ventilator Check - 1 per month; Filter, Inlet (A9900) - 1 per month; IV Pole and bracket (E0776) - 1 PRN; Heated Inspiratory Line (A4618) - 5 per month; Exhalation Port (A9900) - 5 per month; Flex Adapter (A4649) - 5 per month; Ambu Bag (S8999) - 1 PRN Pediatric Adult; Inline Suction Catheter (A4605) Size Qty; HME (A4483) per month

Printed Physician Name: NPI:

Address:

Phone: Fax:

Physician Signature: Date: