


**R WRITTEN ORDER AND MEDICAL JUSTIFICATION
APNEA MONITOR / OXIMETER / OXYGEN (PEDIATRIC)**

Date of Last Provider Visit _____

<p>Supplier Name, Address, Telephone & NSC#:</p> <div style="text-align: center;"> PROCARE HOME MEDICAL</div> <p>901 N. Leatherleaf Loop Wasilla, AK 99654 Phone: (907) 357-7882 Fax: (907) 357-7883 NSC#: 1267160003</p>	<p>Patient Name, Address, Telephone & HIC#:</p> <p>(____) _____ - _____ HIC#: _____.</p> <p>Patient DOB: ____ / ____ / ____ Sex: ____ (M/F)</p>
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We have been asked to provide the following equipment to the patient named above. Please review and verify this information by completing any of the highlighted areas, and date and sign at the bottom. We suggest you keep a copy of this for your records.

APNEA MONITOR / OXIMETER / OXYGEN & SUPPLIES:

Date of Service: _____

Diagnosis and Code:

- Hypoxemia of Newborn (P84)
- Primary Apnea of Newborn (P28.3)
- Other Apnea of Newborn (P28.4)
- Bradycardia, Neonatal (P29.12)
- Other _____

Length of Need (# of months) _____ 1-99 (99=life)

Patient Length: _____ ft. in. Weight: _____ lbs.

Current Gestational Age (CGA): _____

Apnea Monitor w Memory (E0619)

_____ # hr/day

Alarm Settings:

Default settings are listed for reference.

- >42 weeks
Apnea (20 sec): _____
Bradycarida (60 BPM): _____
Tachycardia (Off): _____
- <42 weeks
Apnea (20 sec): _____
Bradycarida (80 BPM): _____
Tachycardia (Off): _____

Event Recording:

Apnea (16 sec): _____

Bradycardia (85 BPM): _____

Monitor Downloads:

- Every Two (2) Weeks
- Every Month
- When Memory is Full

Supplies:

- Electrodes (A4556)
- Belt, Foam (A9900)
- Leadwires (A4557)
- Conductive Gel (A4558)

Oximeter - Continuous (E0445)

_____ # hr/day

Alarm Settings:

Saturation (PO2): High _____ Low _____

Pulse: High _____ Low _____

Oxygen

Liter Flow: _____ Liters Per Minute (LPM)

Frequency:

- Continuous, or
- _____ hours per day
- Range of liter flow and use (i.e. "as needed up to 4 LPM." or "when short of breath,")

Route:

- Nasal Cannula O2 Mask
- Other _____

MEDICAL NECESSITY INFORMATION:

REQUIRED CRITERIA

An apnea monitor is necessary for at least one (1) of the following:

- Infant with history of apparent life threatening event(s) that needs to be monitored for apnea and bradycardia so care giver(s) may intervene if necessary.
- Medically fragile infant on Oxygen needs home monitor so care givers can be aware of potential life-threatening event(s).
- Premature infant on caffeine needs monitored for apnea and bradycardia so care givers can be aware of life-threatening event(s).
- Other: _____

PROVIDER CERTIFICATION:

I, the patient's treating provider, certify the medical necessity of these items for this patient and maintain medical records reflecting the medical justification and care provided.

Provider's Signature

Date

Provider's Name

NPI: _____ Telephone: _____