HOME OXYGEN STANDARD WRITTEN ORDER

PROCARE HOME MEDICAL

Please fax to :
Anchorage (907) 274-0773
Fairbanks (907) 458-8914
Soldotna (907) 260-3757
Wasilla (907) 357-7883
or email to
dme@procarehm.com

Patient Name, Address, Telephone & Insurance ID#:

(_____) _____ - _____ Ins ID #: _____

Patient DOB: ____ / ____ / ____ Sex: ____ (M/F)

HOME OXYGEN:

Diagnosis and Code:

☐ Emphysema (J43.9) ☐ Chronic Obstructive Bronchitis (J44.9) ☐ Cor Pulmonale (I27.81) ☐ Congestive Heart Failure (I50.9)
☐ Hypoxemia (R09.02) ☐ Chronic Obstructive Asthma (J44.9) ☐ Lung Cancer (C34.90) ☐ Interstitial Disease (J84.89)
☐ Pneumonia,Organism unspecified(J18.9) ☐ COPD (J44.9) ☐ Other _____

Date of Last Provider Visit: _____ Length of Need (# of months): _____ 1-99 (99=life)

Equipment

☐ Concentrator-Stationary Oxygen System (E1390) ☐ Portable Tank System (E0431) _____ SCF per day (E tank= 25scf, D=15 scf)
☐ Home Trans-fill System* (K0738) ☐ Portable Oxygen Concentrator* (POC)(E1390/E1392) ☐ Conserving Device*

Does the patient require the use of portable oxygen to be mobile in their home?* ☐ Y ☐ N

Oximetry Testing (*Required):

☐ Titrate oxygen with conserver devise to maintain a saturation of _____% or greater.

Frequency: ☐ Continuous ☐ With Activity/Exertion ☐ At Rest ☐ _____ hrs/day
☐ Range of liter flow and use (i.e. "as needed up to 4LPM" or "when short of breath") _____

Method of Delivery: ☐ Nasal Cannula ☐ Trans Tracheal ☐ O2 Mask ☐ Nasal application device for CPAP / BiPAP
☐ Other _____

Liters Per Minute: _____ (LPM)

Oxygen Saturation Test Date: _____

At rest on room air ____% During exercise on room air ____ % During exercise with oxygen ____ % During Sleep ____ %

If greater than 4LPM is prescribed: What are the test results when taken on 4 LPM? _____%

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: _____ NPI: _____

Provider Name: _____ Telephone: _____