



Certificate of Medical Necessity –Invasive Ventilator Prescription

4215 Credit Union Drive
Anchorage, AK 99503
NSC# 1267160001
Phone:907-274-0770
Fax: 907-274-0773

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 Modes only): Select a mode: 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:

- 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) 31 per month

Printed Physician Name: NPI:

Address:

Phone: Fax:

Physician Signature: Date: