

Non-Invasive Ventilator Standard Written Order



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)

According to the CMS National Coverage Determination for DME (section 280.1), Non-Invasive Ventilators are: "Covered for treatment of neuromuscular diseases, thoracic restrictive diseases, and chronic respiratory failure consequent to chronic obstructive pulmonary disease."

Order Date: Date of Last Provider Visit:

Length of Need:

Diagnosis:

Chronic Respiratory Failure (J96.10)
Chronic Respiratory Failure w/ Hypoxia (J96.11)
Chronic Respiratory Failure w/ Hypercapnia (J96.12)
Acute/Chronic Resp. Failure (J96.20)
Acute/Chronic Resp. Failure w/ Hypoxia (J96.21)
Acute/Chronic Resp. Failure w/ Hypercapnia (J96.22)
Consequent to: COPD (J44.9)

Sarcoidosis (D86.9)
Obesity Hypoventilation Syndrome (E66.2)
Pulmonary Fibrosis (J84.10)
Interstitial Lung Disease (J84.9)

ALS (G12.21)
Multiple Sclerosis (G35)
Myasthenia Gravis (G70.00)
Muscular Dystrophy (G71.00)
Paraplegia (G82.20)
Quadraplegia (G82.50)
Other:

Unspecified kyphosis, thoracic region (M40.204)
Musculoskeletal Deformities (M95.9)
Other:

NIV Settings & Supplies

Non-Invasive Ventilator (HCPCS E0466)

Primary Settings:

Volume Assured Pressure Support
Max Pressure PS Min PS Max
EPAP Min EPAP Max Vt

Additional Info:

Respiratory Therapist to titrate pressures and/or
adjust Vt for optimal therapy and patient comfort.

Supplies:

Heated Humidifier - (A9999)
Disposable H2o Chamber - 4/month (A9999)
Reusable Ventilator Circuit - 1 every 3 months (A9900/A9999)
Bacteria Filters - 4/month (A9999)
PRN Filters: Air/Intake Filter 1/6 months Particulate Filter 1/month
White Pollen Filter 1/month Fan Filter 1/6 months

Secondary Settings:

Assist Control via Mouthpiece Ventilation Vt
Pressure Control via Mouthpiece Ventilation
IPAP EPAP

Frequency & Usage

Continuous Nocturnal PRN
Supplemental Oxygen Bleed In

Sterile H2o - 31,000mL max/mo (A4217)
Non-Invasive Interface (Patient Preference)
Full Face Mask (A7030) – 1 every 3 months
Full Face Cushion (A7031) – 1/month
Nasal Mask (A7034) – 1 every 3 months
Nasal Pillows/Cushions (A7032/A7033) – 2/month
MPV Circuit-4/month(A4618)

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's Name: Telephone: