

Patient name: _____
 Address: _____
 Phone: _____
 Insurance name: _____
 Diagnosis test date: _____
 Referring physician: _____
 Physician address: _____
 Physician phone: _____

Order date: _____
 D.O.B: _____
 City, State, Zip: _____
 Email: _____ Insurance ID: _____
 Duration of need: 12 m Lifetime Other: _____
 City, State, Zip: _____
 Physician fax: _____

APAP therapy	E0601 + E0562 + A9279
<input type="checkbox"/> AirSense™ 11 AutoSet™ (w/integrated HumidAir™ humidifier)	
Includes access to Care Check-In through the device or myAir™, the Personal Therapy Assistant in myAir™, and the AutoSet™ for Her therapy mode.	
<input type="checkbox"/> AirSense™ 10 AutoSet™ (w/integrated HumidAir™ humidifier)	
<input type="checkbox"/> AutoSet™ mode	DEFAULT
<input type="checkbox"/> Default mode settings	
Min. pressure: _____ cmH ₂ O (4–20 cmH ₂ O)	4
Max. pressure: _____ cmH ₂ O (4–20 cmH ₂ O)	20
Ramp time: _____ min(s) (Auto, OFF–45 min.)	
EPR™: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	

CPAP therapy	E0601 + E0562 + A9279
<input type="checkbox"/> AirSense™ 11 Elite (w/integrated HumidAir™ humidifier)	
Includes access to Care Check-In through the device or myAir™ and the Personal Therapy Assistant in myAir™.	
<input type="checkbox"/> AirSense™ 10 Elite (w/integrated HumidAir™ humidifier)	
<input type="checkbox"/> Pressure: _____ cmH ₂ O (4–20 cmH ₂ O)	10
Ramp time: _____ min(s) (Auto, OFF–45 min.)	
EPR™: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	

Bilevel therapy	E0470 + E0562 + A9279
<input type="checkbox"/> AirCurve™ 11 VAuto (w/integrated HumidAir™ humidifier)	
Includes access to Care Check-In through the device or myAir™ and the Personal Therapy Assistant in myAir™.	
<input type="checkbox"/> AirCurve™ 10 VAuto (w/integrated HumidAir™ humidifier)	
<input type="checkbox"/> VAuto mode	DEFAULT
<input type="checkbox"/> Default mode settings	
Max. IPAP: _____ cmH ₂ O (4–25 cmH ₂ O)	25
Min. EPAP: _____ cmH ₂ O (4–25 cmH ₂ O)	4
PS: _____ cmH ₂ O (0–10 cmH ₂ O)	4
Ramp time: _____ min(s) (OFF–45 min.)	
<input type="checkbox"/> Spont mode	
IPAP: _____ cmH ₂ O (4–25 cmH ₂ O)	10
EPAP: _____ cmH ₂ O (3–25 cmH ₂ O)	4
Ramp time: _____ min(s) (OFF–45 min.)	
<input type="checkbox"/> Easy-Breathe ON	
<input type="checkbox"/> AirCurve™ 10 S (w/integrated HumidAir™ humidifier)	
<input type="checkbox"/> Spont mode	DEFAULT
IPAP: _____ cmH ₂ O (4–25 cmH ₂ O)	10
EPAP: _____ cmH ₂ O (3–25 cmH ₂ O)	4
Ramp time: _____ min(s) (OFF–45 min.)	
<input type="checkbox"/> Easy-Breathe ON	

Bilevel w/ backup rate therapy	E0471 + E0562 + A9279
<input type="checkbox"/> AirCurve™ 11 ASV† (w/integrated HumidAir™ humidifier)	
Includes access to Care Check-In through the device or myAir™ and the Personal Therapy Assistant in myAir™.	

<input type="checkbox"/> AirCurve™ 10 ASV† (w/integrated HumidAir™ humidifier)	
<input type="checkbox"/> ASV† mode	DEFAULT
<input type="checkbox"/> Default mode settings	
EPAP: _____ cmH ₂ O (4–15 cmH ₂ O)	5
Min. PS: _____ cmH ₂ O (0–6 cmH ₂ O)	3
Max. PS: _____ cmH ₂ O (5–20 cmH ₂ O)	15
Ramp time: _____ min(s) (OFF–45 min.)	
Backup rate: Automatic (15 bpm)	
<input type="checkbox"/> ASV† Auto mode	
<input type="checkbox"/> Default mode settings	
Min. EPAP: _____ cmH ₂ O (4–15 cmH ₂ O)	4
Max. EPAP: _____ cmH ₂ O (4–15 cmH ₂ O)	15
Min. PS: _____ cmH ₂ O (0–6 cmH ₂ O)	3
Max. PS: _____ cmH ₂ O (5–20 cmH ₂ O)	15
Ramp time: _____ min(s) (OFF–45 min.)	
Backup rate: Automatic (15 bpm)	

<input type="checkbox"/> AirCurve™ 11 ST (w/integrated HumidAir™ humidifier)	
Includes access to Care Check-In through the device or myAir™ and the Personal Therapy Assistant in myAir™.	

<input type="checkbox"/> AirCurve™ 10 ST (w/integrated HumidAir™ humidifier)	
<input type="checkbox"/> Spont/timed mode	DEFAULT
IPAP: _____ cmH ₂ O (4–25 cmH ₂ O)	10
EPAP: _____ cmH ₂ O (3–25 cmH ₂ O)	4
Rate: _____ bpm (5–50 bpm)	10
Ti: _____ sec. (0.1–4 sec.)	2

<input type="checkbox"/> AirCurve™ 11 ST-A (w/integrated HumidAir™ humidifier)	
Includes access to Care Check-In through the device or myAir™ and the Personal Therapy Assistant in myAir™.	
<input type="checkbox"/> PAC mode	DEFAULT
<input type="checkbox"/> Spont/timed mode	
IPAP: _____ cmH ₂ O (4–30 cmH ₂ O)	10
EPAP: _____ cmH ₂ O (3–25 cmH ₂ O)	4
Rate: _____ bpm (5–50 bpm)	10
Ti: _____ sec. (0.1–4 sec.)	2
<input type="checkbox"/> iVAPS™± mode	
Height: _____ in. (44–100 in.)	70
Target patient rate: _____ bpm (8–30 bpm)	15
Target Va: _____ L/min. (1–30 L/min.)	5.2
Vt (Tidal volume) _____ (mL)	
Vt/kg _____ (mL/kg)	
AutoEPAP:™ _____ (ON/OFF)	
Min EPAP: _____ cmH ₂ O (3–25 cmH ₂ O)	4
Max EPAP: _____ cmH ₂ O (3–25 cmH ₂ O)	15
EPAP:™ _____ cmH ₂ O (3–25 cmH ₂ O)	4
Min. PS: _____ cmH ₂ O (0–20 cmH ₂ O)	4
Max. PS: _____ cmH ₂ O (0–27 cmH ₂ O)	20

†If appropriate, select either EPAP or AutoEPAP.

<input type="checkbox"/> AirCurve™ 10 ST-A (w/integrated HumidAir™ humidifier)	
<input type="checkbox"/> Timed mode <input type="checkbox"/> PAC mode	DEFAULT
<input type="checkbox"/> Spont/timed mode	
IPAP: _____ cmH ₂ O (4–30 cmH ₂ O)	10
EPAP: _____ cmH ₂ O (3–25 cmH ₂ O)	4
Rate: _____ bpm (5–50 bpm)	10
Ti: _____ sec. (0.1–4 sec.)	2
<input type="checkbox"/> iVAPS™± mode	
Height: _____ in. (44–100 in.)	70
Target patient rate: _____ bpm (8–30 bpm)	15
Target Va: _____ L/min. (1–30 L/min.)	5.2
Vt (Tidal volume) _____ (mL)	
Vt/kg _____ (mL/kg)	
EPAP: _____ cmH ₂ O (3–25 cmH ₂ O)	4
Min. PS: _____ cmH ₂ O (0–20 cmH ₂ O)	4
Max. PS: _____ cmH ₂ O (0–27 cmH ₂ O)	20

Mask interface	HCPCS
Full face masks*	A7030 + A7035
<input type="checkbox"/> AirTouch™ F30i Comfort	<input type="checkbox"/> AirFit™ F20 for Her
<input type="checkbox"/> AirTouch™ F30i Clear [§]	<input type="checkbox"/> AirFit™ F20 Non Magnetic
<input type="checkbox"/> AirFit™ F40	<input type="checkbox"/> AirTouch™ F20
<input type="checkbox"/> AirFit™ F30i	<input type="checkbox"/> AirTouch™ F20 for Her
<input type="checkbox"/> AirFit™ F30i Non Magnetic	<input type="checkbox"/> Other _____
<input type="checkbox"/> AirFit™ F20	
Nasal masks*	A7034 + A7035
<input type="checkbox"/> AirFit™ N30	<input type="checkbox"/> AirTouch™ N30i
<input type="checkbox"/> AirFit™ N30i	<input type="checkbox"/> AirTouch™ N20
<input type="checkbox"/> AirFit™ N20	<input type="checkbox"/> AirTouch™ N20 for Her
<input type="checkbox"/> AirFit™ N20 for Her	
<input type="checkbox"/> Other _____	
Nasal pillows masks	A7034 + A7035
<input type="checkbox"/> AirFit™ P30i	
<input type="checkbox"/> AirFit™ P10	
<input type="checkbox"/> AirFit™ P10 for Her	
Oral nasal masks*	A7027 + A7035
<input type="checkbox"/> AirFit™ X30i	

Connected health	HCPCS
Wireless monitoring	
<input type="checkbox"/> Add a physician to patient in AirView™™	
<input type="checkbox"/> Invite patient to sign up for myAir™	
Therapy components and accessories	HCPCS
<input type="checkbox"/> ClimateLineAir™ 11 heated tube	A4604
<input type="checkbox"/> ClimateLineAir™ 11 Oxy heated tube	A4604
<input type="checkbox"/> ClimateLineAir™ heated tube	A4604
<input type="checkbox"/> ClimateLineAir™ Oxy heated tube	A4604
<input type="checkbox"/> Heated tube	A4604
<input type="checkbox"/> SlimLine™ tube	A7037
<input type="checkbox"/> Standard tubing	A7037
<input type="checkbox"/> Humidifier tub, disposable	A7046
<input type="checkbox"/> Humidifier tub, cleanable	A7046
<input type="checkbox"/> Filter, disposable	A7038
<input type="checkbox"/> Nasal cushions	A7032
<input type="checkbox"/> Nasal pillows cushions	A7033
<input type="checkbox"/> Full face cushions	A7031
<input type="checkbox"/> Oral cushion for oral nasal mask	A7028
<input type="checkbox"/> Nasal pillows for oral nasal mask	A7029
<input type="checkbox"/> Headgear	A7035
<input type="checkbox"/> Chin strap	A7036

Attach
1) Copy of sleep test
2) Copy of medical record from initial face-to-face clinical evaluation prior to sleep test
Medicare and commercial payers may not authorize service without supporting documentation.

Notes

Directions for use: <input type="checkbox"/> use at night while sleeping

Statement of medical necessity: The above patient has undergone a diagnostic evaluation. This evaluation has confirmed a positive diagnosis of sleep apnea. Positive airway pressure therapy is medically necessary and provides effective treatment for this disorder.

NPI#: _____ **Practitioner name:** _____

Practitioner signature (signature stamps and date stamps not permitted) _____
Signature date

*Some masks contain magnets that may interfere with certain implants or medical devices. Please refer to the User Guides for complete information, including magnet contraindications and warnings.
[†]ASV therapy is contraindicated in patients with chronic, symptomatic heart failure (NYHA II-IV) with reduced left ventricular ejection fraction (LVEF ≤ 45%) and moderate to severe predominant central sleep apnea.
[‡]Intelligent Volume-Assured Pressure Support (iVAPS) mode is intended for patients weighing more than 66 lbs (30 kg).
[™]When device is paired with the Resmed Connectivity Module (RCM), wireless connectivity is enabled, allowing key patient therapy data to be transmitted directly from the device to the Resmed secure, cloud-based management system, AirView.
[§]AirTouch F30i Clear is available for sale only in the U.S.

Completion of this form is neither a verification of benefits nor a guarantee of payment. Before filing any claims, it is the supplier's sole responsibility to verify current requirements and coverage policies with the applicable payer.