



Patient name: _____ **Order date:** _____
Address: _____ **DOB:** _____
Email: _____ **Phone number:** _____
Insurance name: _____ **Insurance ID number:** _____
Diagnosis: OSA: ICD-10 G47.33 **Diagnosis test date:** _____
 Primary CSA: ICD-10 G47.31 Nonobstructive alveolar hypoventilation: ICD-10 G47.34 **Duration of need:** 99 mo. Other: _____
 Other: _____

APAP therapy E0601 + E0562 + A9279

AirSense™ 11 AutoSet™ (w/integrated HumidAir™ humidifier)

AirSense™ 10 AutoSet™ (w/integrated HumidAir™ humidifier)

AutoSet™ mode **DEFAULT**

Default mode settings

Min. pressure: _____ cmH₂O (4–20 cmH₂O) **4**

Max. pressure: _____ cmH₂O (4–20 cmH₂O) **20**

Ramp time: _____ min(s) (Auto, OFF–45 min.)

EPR™: 1 2 3

AutoSet for Her mode

Includes access to Care Check-In via the device or myAir and access to Personal Therapy Assistant via myAir.

CPAP therapy E0601 + E0562 + A9279

AirSense™ 11 Elite (w/integrated HumidAir™ humidifier)

Includes access to Care Check-In via the device or myAir and access to Personal Therapy Assistant via myAir.

AirSense™ 10 Elite (w/integrated HumidAir™ humidifier)

DEFAULT

Pressure: _____ cmH₂O (4–20 cmH₂O) **10**

Ramp time: _____ min(s) (Auto, OFF–45 min.)

EPR™: 1 2 3

Bilevel therapy E0470 + E0562 + A9279

AirCurve™ 11 VAuto (w/integrated HumidAir™ humidifier)

Includes access to Care Check-In via the device or myAir and access to Personal Therapy Assistant via myAir.

AirCurve™ 10 VAuto (w/integrated HumidAir™ humidifier)

VAuto mode **DEFAULT**

Default mode settings

Max. IPAP: _____ cmH₂O (4–25 cmH₂O) **25**

Min. EPAP: _____ cmH₂O (4–25 cmH₂O) **4**

PS: _____ cmH₂O (0–10 cmH₂O) **4**

Ramp time: _____ min(s) (OFF–45 min.)

Spont mode **10**

IPAP: _____ cmH₂O (4–25 cmH₂O) **10**

EPAP: _____ cmH₂O (3–25 cmH₂O) **4**

Ramp time: _____ min(s) (OFF–45 min.)

Easy-Breathe ON

AirCurve™ 10 S (w/integrated HumidAir™ humidifier)

Spont mode **DEFAULT**

IPAP: _____ cmH₂O (4–25 cmH₂O) **10**

EPAP: _____ cmH₂O (3–25 cmH₂O) **4**

Ramp time: _____ min(s) (OFF–45 min.)

Easy-Breathe ON

Bilevel w/ backup rate therapy E0471 + E0562 + A9279

AirCurve™ 11 ASV™¹ (w/integrated HumidAir™ humidifier)

Includes access to Care Check-In via the device or myAir and access to Personal Therapy Assistant via myAir.

AirCurve™ 10 ASV™¹ (w/integrated HumidAir™ humidifier)

ASV¹ mode **DEFAULT**

Default mode settings

EPAP: _____ cmH₂O (4–15 cmH₂O) **5**

Min. PS: _____ cmH₂O (0–6 cmH₂O) **3**

Max. PS: _____ cmH₂O (5–20 cmH₂O) **15**

Ramp time: _____ min(s) (OFF–45 min.)

Backup rate: Automatic (15 bpm)

ASV¹ Auto mode

Default mode settings

Min. EPAP: _____ cmH₂O (4–15 cmH₂O) **4**

Max. EPAP: _____ cmH₂O (4–15 cmH₂O) **15**

Min. PS: _____ cmH₂O (0–6 cmH₂O) **3**

Max. PS: _____ cmH₂O (5–20 cmH₂O) **15**

Ramp time: _____ min(s) (OFF–45 min.)

Backup rate: Automatic (15 bpm)

AirCurve™ 10 ST (w/integrated HumidAir™ humidifier)

Spont/timed mode **DEFAULT**

IPAP: _____ cmH₂O (4–25 cmH₂O) **10**

EPAP: _____ cmH₂O (3–25 cmH₂O) **4**

Rate: _____ bpm (5–50 bpm) **10**

AirCurve™ 10 ST-A (w/integrated HumidAir™ humidifier)

Timed mode PAC mode **DEFAULT**

Spont/timed mode

IPAP: _____ cmH₂O (4–30 cmH₂O) **10**

EPAP: _____ cmH₂O (3–25 cmH₂O) **4**

Rate: _____ bpm (5–50 bpm) **10**

Ti: _____ sec. (0.1–4 sec.) **2**

iVAPS™¹ 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: _____ cmH₂O (3–25 cmH₂O) **4**

Min. PS: _____ cmH₂O (0–20 cmH₂O) **4**

Max. PS: _____ cmH₂O (0–27 cmH₂O) **20**



Mask interface	HCPCS
Full face masks	A7030
<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™ F30	
<input type="checkbox"/> AirFit™ F20	
<input type="checkbox"/> AirFit™ F20 for Her	
<input type="checkbox"/> Other _____	
Nasal masks	A7034
<input type="checkbox"/> AirFit™ N30	<input type="checkbox"/> AirTouch™ N20
<input type="checkbox"/> AirFit™ N30i	<input type="checkbox"/> AirTouch™ N20 for Her
<input type="checkbox"/> AirFit™ N20	
<input type="checkbox"/> AirFit™ N20 for Her	
<input type="checkbox"/> Other _____	
Nasal pillows masks	A7034
<input type="checkbox"/> AirFit™ P30i	
<input type="checkbox"/> AirFit™ P10	
<input type="checkbox"/> AirFit™ P10 for Her	

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 accessories	HCPCS
<input type="checkbox"/> ClimateLineAir™ 11 heated tube	A4604
<input type="checkbox"/> ClimateLineAir™ heated tube	A4604
<input type="checkbox"/> ClimateLineAir™ Oxy heated tube (Air10™ compatible)	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"/> Combo mask oral cushion	A7028
<input type="checkbox"/> Combo mask nasal pillows	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

DISPENSE AS WRITTEN

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

* Device does not include integrated wireless module, but does include SD card
 † 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

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.