

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address/email: \_\_\_\_\_ Phone number: \_\_\_\_\_

Insurance name: \_\_\_\_\_ Insurance number: \_\_\_\_\_

Date seen prior to sleep test: \_\_\_\_\_ Diagnosis test date: \_\_\_\_\_

Diagnosis:  OSA ICD-9 327.23/ICD-10 G47.33  Other: \_\_\_\_\_

Duration of need:  99 months  Other: \_\_\_\_\_

**CPAP Therapy E0601 + E0562 + A9279**

**AirSense™ 10 Elite** with heated humidification

Pressure: \_\_\_\_\_ cm H<sub>2</sub>O (4–20 cm H<sub>2</sub>O)  
Ramp time: \_\_\_\_\_ min(s) (Auto, OFF–45 min.)  
EPR\*:  1  2  3

**APAP Therapy E0601 + E0562 + A9279**

**AirSense™ 10 AutoSet™** with heated humidification

AutoSet mode **DEFAULTS**

Default mode settings

Min. pressure: \_\_\_\_\_ cm H<sub>2</sub>O (4 cm H<sub>2</sub>O) **4**  
Max. pressure: \_\_\_\_\_ cm H<sub>2</sub>O (20 cm H<sub>2</sub>O) **20**  
Ramp time: \_\_\_\_\_ min(s) (Auto, OFF–45 min.)  
EPR:  1  2  3

**AirSense™ 10 AutoSet™ for Her** with heated humidification

AutoSet for Her mode **DEFAULTS**

Default mode settings

Min. pressure: \_\_\_\_\_ cm H<sub>2</sub>O (4 cm H<sub>2</sub>O) **4**  
Max. pressure: \_\_\_\_\_ cm H<sub>2</sub>O (20 cm H<sub>2</sub>O) **20**  
Ramp time: \_\_\_\_\_ min(s) (Auto, OFF–45 min.)  
EPR:  1  2  3

**Bilevel Therapy E0470 + E0562 + A9279**

**AirCurve™ 10 VAuto** with heated humidification

VAuto mode **DEFAULTS**

Default mode settings

Max. IPAP: \_\_\_\_\_ cm H<sub>2</sub>O (4–25 cm H<sub>2</sub>O) **25**  
Min. EPAP: \_\_\_\_\_ cm H<sub>2</sub>O (4 cm H<sub>2</sub>O–IPAP) **4**  
PS: \_\_\_\_\_ cm H<sub>2</sub>O (0–10 cm H<sub>2</sub>O) **4**  
Ramp time: \_\_\_\_\_ min(s) (OFF–45 min.)

Spont mode

IPAP: \_\_\_\_\_ cm H<sub>2</sub>O (4–25 cm H<sub>2</sub>O)  
EPAP: \_\_\_\_\_ cm H<sub>2</sub>O (3 cm H<sub>2</sub>O–IPAP)  
Ramp time: \_\_\_\_\_ min(s) (OFF–45 min.)  
 Easy-Breathe ON

**AirCurve™ 10 S** with heated humidification

Spont mode

IPAP: \_\_\_\_\_ cm H<sub>2</sub>O (4–25 cm H<sub>2</sub>O)  
EPAP: \_\_\_\_\_ cm H<sub>2</sub>O (3–25 cm H<sub>2</sub>O–IPAP)  
Ramp time: \_\_\_\_\_ min(s) (OFF–45 min.)  
 Easy-Breathe ON

**S9 VPAP™ COPD\*** with heated humidification

Spont mode **DEFAULTS**

Default mode settings

IPAP: \_\_\_\_\_ cm H<sub>2</sub>O (4–30 cm H<sub>2</sub>O) **13**  
EPAP: \_\_\_\_\_ cm H<sub>2</sub>O (3–25 cm H<sub>2</sub>O) **5**  
Ramp time: \_\_\_\_\_ min(s) (OFF–45 min.)

**Bilevel w/ Backup Rate Therapy E0471 + E0562 + A9279**

**AirCurve™ 10 Adapt** with heated humidification

ASV mode **DEFAULTS**

Default mode settings

EPAP: \_\_\_\_\_ cm H<sub>2</sub>O (4–15 cm H<sub>2</sub>O) **5**  
Min. PS: \_\_\_\_\_ cm H<sub>2</sub>O (0–6 cm H<sub>2</sub>O) **3**  
Max. PS: \_\_\_\_\_ cm H<sub>2</sub>O (5–20 cm H<sub>2</sub>O) **15**  
Ramp time: \_\_\_\_\_ min(s) (OFF–45 min.)  
Backup rate: Automatic (15 BPM)

ASV Auto mode **DEFAULTS**

Default mode settings

Min. EPAP: \_\_\_\_\_ cm H<sub>2</sub>O (4–15 cm H<sub>2</sub>O) **4**  
Max. EPAP: \_\_\_\_\_ cm H<sub>2</sub>O (4–15 cm H<sub>2</sub>O) **15**  
Min. PS: \_\_\_\_\_ cm H<sub>2</sub>O (0–6 cm H<sub>2</sub>O) **3**  
Max. PS: \_\_\_\_\_ cm H<sub>2</sub>O (5–20 cm H<sub>2</sub>O) **15**  
Ramp time: \_\_\_\_\_ min(s) (OFF–45 min.)  
Backup rate: Automatic (15 BPM)

**AirCurve™ 10 ST** with heated humidification

Spont/timed mode

IPAP: \_\_\_\_\_ cm H<sub>2</sub>O (4–25 cm H<sub>2</sub>O)  
EPAP: \_\_\_\_\_ cm H<sub>2</sub>O (3–25 cm H<sub>2</sub>O)  
Rate: \_\_\_\_\_ BPM (5–30 BPM)

**S9 VPAP™ ST-A\*** with heated humidification

Timed mode  PAC mode

Spont/timed mode

IPAP: \_\_\_\_\_ cm H<sub>2</sub>O (4–30 cm H<sub>2</sub>O)  
EPAP: \_\_\_\_\_ cm H<sub>2</sub>O (3–25 cm H<sub>2</sub>O)  
Rate: \_\_\_\_\_ BPM (5–50 BPM)  
Ti: \_\_\_\_\_ sec. (0.1–4 sec.)

iVAPS mode

Height: \_\_\_\_\_ in. (44–100 in.)  
Target patient rate: \_\_\_\_\_ BPM (8–30 BPM)  
Target Va: \_\_\_\_\_ L/min. (1–30 L/min.)  
Vt (Tidal volume) \_\_\_\_\_ (mL)  
Vt/kg \_\_\_\_\_ (mL/kg)  
EPAP: \_\_\_\_\_ cm H<sub>2</sub>O (3–25 cm H<sub>2</sub>O)  
Min. PS: \_\_\_\_\_ cm H<sub>2</sub>O (0–20 cm H<sub>2</sub>O)  
Max. PS: \_\_\_\_\_ cm H<sub>2</sub>O (0–27 cm H<sub>2</sub>O)

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

Mask Interface	HCP/CS	Qty/Freq
<b>Full Face Masks</b>	<b>A7030</b>	<b>1 per 3 months</b>
<input type="checkbox"/> AirFit™ F10	<input type="checkbox"/> AirFit™ F10 for Her	
<input type="checkbox"/> Quattro™ Air	<input type="checkbox"/> Quattro™ Air for Her	
<input type="checkbox"/> Quattro™ FX	<input type="checkbox"/> Quattro™ FX for Her	
<input type="checkbox"/> Mirage Quattro™		
<input type="checkbox"/> Other _____		
<b>Nasal Masks</b>	<b>A7034</b>	<b>1 per 3 months</b>
<input type="checkbox"/> AirFit™ N10	<input type="checkbox"/> AirFit™ N10 for Her	
<input type="checkbox"/> Swift™ FX Nano	<input type="checkbox"/> Swift™ FX Nano for Her	
<input type="checkbox"/> Mirage™ FX	<input type="checkbox"/> Mirage™ FX for Her	
<input type="checkbox"/> Other _____		
<b>Nasal Pillows Masks</b>	<b>A7034</b>	<b>1 per 3 months</b>
<input type="checkbox"/> AirFit™ P10	<input type="checkbox"/> AirFit™ P10 for Her	
<input type="checkbox"/> Swift™ FX	<input type="checkbox"/> Swift™ FX for Her	
<input type="checkbox"/> Swift™ FX Bella		
<input type="checkbox"/> Swift™ FX Bella Gray		
<input type="checkbox"/> Other _____		

Therapy Accessories	HCP/CS	Qty/Freq
<input checked="" type="checkbox"/> Wireless monitoring	A9279	
<input type="checkbox"/> Heated tubing	A4604	1 per 3 months
<input type="checkbox"/> Heated tubing with oxygen port	A4604	1 per 3 months
<input type="checkbox"/> Slim tubing	A7037	1 per 3 months
<input type="checkbox"/> Standard tubing	A7037	1 per 3 months
<input type="checkbox"/> Humidifier tub, disposable	A7046	1 per 6 months
<input type="checkbox"/> Humidifier tub, cleanable	A7046	1 per 6 months
<input type="checkbox"/> Filter, disposable	A7038	2 per month
<input type="checkbox"/> Nasal cushions	A7032	2 per month
<input type="checkbox"/> Pillow cushions	A7033	2 per month
<input type="checkbox"/> Full face cushions	A7031	1 per month
<input type="checkbox"/> Headgear	A7035	1 per 6 months
<input type="checkbox"/> Chin strap	A7036	1 per 6 months

**Attach**

- 1) Copy of sleep test.
- 2) Copy of medical record from initial face-to-face prior to sleep test.

Medicare and commercial payors will not authorize service without supporting documentation.

**Notes**

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**DO NOT SUBSTITUTE**

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

**NPI#:** \_\_\_\_\_ **Physician name:** \_\_\_\_\_

\_\_\_\_\_  
*Physician signature* \_\_\_\_\_  
*Signature date*

\*\*Combined responses of those expressing a preference in an independent patient survey in the USA, UK, Germany, France & Australia, from September 2012. Visit [www.resmed.com/maskbrand](http://www.resmed.com/maskbrand). ResMed Corp San Diego, CA, USA +1 858 836 5000 or 1 800 424 0737 (toll free). ResMed Ltd Bella Vista, NSW, Australia +61 (2) 8884 1000 or 1 800 658 189 (toll free). See ResMed.com for other ResMed locations worldwide. AirCurve, AirFit and AirSense are trademarks of ResMed Ltd. AutoSet, EPR, Mirage, Mirage Quattro, Quattro, Swift, S9 and VPAP are trademarks of ResMed Ltd and are registered in the U.S. Patent and Trademark Office. © 2014 ResMed. Specifications may change without notice. 1015938/7 2014-07