

# CONFIRMATION OF ORDER – Home Oxygen

**PROVIDER:** Home Health Solutions  
501 East Sloan Street  
Harrisburg, IL 62946

**phone:** 618-252-5349  
**fax:** 618-252-2445

**NPI:** 1215337266  
**Tax ID #:** 371124259

**Patient:**

**Date of Birth:**

**Order Date:**

**Insurance:**

**Physician:**

**NPI:**

## DIAGNOSIS

ICD 10 Code	Description
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## EQUIPMENT/SERVICES

Quantity	Proc. Code	Item Name/Narrative
1	E1390	Home Oxygen Concentrator
1	K0738	Homefill Unit, conserving device & oximetry testing ( <i>continuous &amp; exertion only</i> )
1	E1392	Portable Oxygen Concentrator
1	E0431	Oxygen Backup Tank

## ADDITIONAL MEDICAL INFORMATION

O2 at	LPM via:	Nasal cannula	Mask	Bled into PAP device
		Continuous	Exertion	Sleep

Y N Is patient mobile within the home?

Y N Have alternative treatment measures been tried or deemed clinically ineffective?

Room Air Saturation	%	Date	Testing done at:	Rest	Exercise	Sleep
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If qualified on exertion, oxygen saturation on O2 at	LPM	SpO2	%	Start Date
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**Length of Need:** (99=*lifetime*)

**Physician Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_