

CONFIRMATION OF ORDER – Non-Invasive Ventilator

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:

Length of Need: 99 (in months)

Physician:

NPI:

DIAGNOSIS

ICD 10 Code **Description**

EQUIPMENT/SERVICES

Quantity	Proc. Code	Item Name/Narrative
1	E0466	E0466 non-invasive or E0465 invasive
1/3 mo.	A7037	A7037, Tubing, 1 per 3 months
1/6 mo.	A7035	A7035, Headgear, 1 per 6 months
1/3 mo.	A7030	A7030, Full Face Mask, 1 per 3 months

ADDITIONAL MEDICAL INFORMATION *(Non-Invasive Ventilator, Respironics Trilogy 100)*

Rate	Sigh	on	off	EPAP/PEEP	AVAPS	S/T
IPAP min				IPAP max	Vt target	AVAPS-AE
PS min				PS max	EPAP min	EPAP max
AVAPS rate				max pressure		

Heated Humidifier or HME if needed

Hours of Use – During Sleep & PRN

Physician Signature: _____

Date: _____