

sleeptech

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Oxygen Standard Written Order

Patient First Name: _____ Initial: _____ Last Name: _____ Date of Birth: _____
Address: _____ Phone: _____
Initial Order Date: _____ Revised Date: _____ Recert Date: _____

DIAGNOSIS

Description	ICD-10

Test Results: Need either of the following: ****all must be within 30 days of order or within 2 days of discharge from a facility and results and chart notes within 30 days of order sent in with order****

- ABG** - Resting PaO2 less than: 55 on Room Air for continuous or less than 60 for nocturnal (AR Medicaid) **OR**
- Resting POX** 88% or below OR ONPO 88% or below for 5 minutes or more (cumulative thru test) **OR**
- Three step POX Test A)** Resting POX > 88% ; **B)** then w/ exertion POX of 88% or < and walking distance for this result; **C)** and then resting on O2 (MD prescribing) showing rebound of POX greater than 88% on O2 ordered.

OXYGEN ORDERED

Length of need 99	(99 = Lifetime)	LPM Ordered:
E1352 - conserving Device Setting		Continuous LPM
Bleed in w/ NIV	LPM	Nocturnal LPM
With Exertion	LPM	Bleed in w/ PAP LPM

EQUIPMENT ORDERED

- ☐ E1390 - O₂ Concentrator, Rental ☐ E0431 - Gaseous Portable Oxygen System, Rental ☐ X9999 - Oxygen Enrichment Valve
☐ K0738 - Portable Gas Oxygen System w/ Compressor, Rental ☐ E0443 - Oxygen Contents ☐ A4615 - Nasal Cannula
☐ A4620 - Non-rebreather mask ☐ A4616 - Extension tubing ☐ E1392 - Portable O₂ Concentrator ☐ Other: _____

ORDERING PHYSICIAN INFORMATION

Name: _____ Signature: _____
NPI#: _____ Address: _____
Phone: _____ Fax: _____
Date: _____