BARNES HEALTHCARE SERVICES

Non-Invasive Ventilation Order Form

Patient Name _____ Acct #_____DOB_____

Address _____ ☐ Male ☐ Female Height_____Weight_____

City_____State_____ Zip_____ Order Date _____ Renewal Date: _____

Length of Need (#months) _____Lifetime_____ ☐ Initial ☐ Renewal ☐ Revision

DIAGNOSIS ICD-10 CODE REQUIRED

ICD-10	Diagnosis	ICD-10	Diagnosis	ICD-10	Diagnosis
_____	Chronic Resp. Failure	_____	Obesity Hypoventilation Syndrome	_____	Myesthenia Gravis
_____	COPD	_____	Pulmonary Fibrosis	_____	Muscular Dystrophy
_____	Bronchiectasis	_____	Intersitial Lung Disease	_____	Multiple Sclerosis
_____	Cystic Fibrosis	_____	Cancer of Lung and Bronchus	_____	Black Lung
_____	Sarcoidosis	_____	ALS	_____	_____

ORDERS

☐ E0466 **NON-INVASIVE VENTILATION (Standard)**

Mode: AVAPS AE

PS Min: 6cmH_2O Max Pressure: 30cmH_2O

PS Max: 26cmH_2O BUR:_____ Breaths/minute or ☐ Auto

EPAP Min: 4cmH_2O EPAP Max: 15cmH_2O

V_T: 6-8cc/kg Ideal body weight

Office physician/clinician to calculate V_T:_____

Frequency: ☐ Continuous ***OR***

☐ 8-24 hours per day to sustain life

O_2 Bleed in @: _____(if applicable)** Hours/Day: _____

☐ Heated Humidifier

☐ Titrate settings to patient comfort

☐ E0466 **NON-INVASIVE VENTILATION (Custom)**

Mode: ☐ AVAPS AE ☐ ST w/ AVAPS

PS Min: _____ IPAP Min _____

PS Max: _____ IPAP Max _____

EPAP Min _____ EPAP _____

EPAP Max _____ RR _____

Max Pressure _____ V_T _____

BUR: _____Breaths/minute or ☐ Auto

Frequency: ☐ Continuous ***OR***

☐ 8-24 hours per day to sustain life

☐ Heated Humidifier O_2 Bleed in @:_____(if applicable)**Hours/Day: _____

CLINICAL RESPIRATORY SERVICES

Clinical Respiratory Assessment: ☐ Ongoing (12 months) ☐ One Time

☐ Teach and train (non-patient contact) please specify: _____

Desired non-emergent clinical interventions: _____

EQUIPMENT AND SUPPLIES

VENTILATION

- ☐ E0466 Non-Invasive Ventilator
- ☐ E0482 Cough Stimulating Device
- ☐ E0561 Humidifier, Non-heated
- ☐ E0562 Humidifier, Heated
- ☐ A4604 Tubing w/Heating Element, 1/3mo
- ☐ A4618 Vent Circuits, 5/1mo
- ☐ A4618 Mouthpiece Vent Disposable Circuit
- ☐ A4618 MVP (Mouthpiece Ventilation Support System)
- ☐ A6402/A6251 Drain Sponges, 1box/1mo

- ☐ A7027 Combination Oral/Nasal Mask, 1/3mo
- ☐ A7028 Oral Cushion, 2/1mo
- ☐ A7030 Full Face Mask, 1/3mo
- ☐ A7031 Face Mask Interface, 1/1mo
- ☐ A7032 Cushion for Nasal Mask
- ☐ A7033 Pillow on Nasal Cannula, 2/1mo
- ☐ A7034 Nasal Interface, 1/3mo
- ☐ A7035 Headgear, 1/6mo
- ☐ A7036 Chinstrap, 1/6mo
- ☐ A7037 Tubing, 1/3mo
- ☐ A7038 Disposable Bacteria Filter, 2/1mo

- ☐ A7039 Non-Disposable Filter, 1/6mo
- ☐ A7044 Oral Interface
- ☐ A7045 Exhalation Port
- ☐ A7046 Water Chamber, 1/6mo
- ☐ A7508 HME
- ☐ Other _____

SUCTION

- ☐ E0600 Suction Machine
- ☐ A4624 Suction Catheters, 90/1mo
- ☐ A4628 Yankauer Catheters, 2/1mo
- ☐ A7000/A7002 Suction Cannister Kits
- ☐ Other _____

Prescriber Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Prescriber Signature: _____ Date: _____

License #: _____ NPI: _____