

# 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 = Lifetime)	LPM Ordered:
E1352 - conserving Device Setting	Continuous LPM
Bleed in w/ NIV LPM	Nocturnal LPM
	Bleed in w/ PAP LPM

### EQUIPMENT ORDERED

- E1390 - O<sub>2</sub> 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     Other: \_\_\_\_\_

### ORDERING PHYSICIAN INFORMATION

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
NPI#: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_