DRAFT

Use of this template is voluntary / optional

## Home Oxygen Therapy Order Template

Patient Information:

Last name: _____ First name: _____ MI: ____

DOB (MM/DD/YYYY):_____ Gender: __ M __ F __ Other Medicare ID:_____

Provider (physician/NPP) who is performing the face-to-face evaluation:

Last name: _____ First name: _____ MI: ____ Suffix: ____

NPI: _____ Date of face-to-face evaluation (MM/DD/YYYY):_____

Patient Diagnoses (check all that apply):

___ COPD ___ Bronchiectasis ___ Hypoxemia[1] ___ Diffuse interstitial lung disease
___ Cystic fibrosis ___ Pulmonary neoplasm[2] ___ Erythrocytosis ___ Pulmonary hypertension
___ Recurring CHF d/t Cor Pulmonale ___ Other:_____

*Start date, if different than date of order (MM/DD/YYYY):* _____

Length of need: _____ (months) (99 = lifetime) Flow rate: _____ /_____ (LPM/oxygen %)

Frequency of use (check all that apply): ___ At rest / awake ___ During exertion ____ During sleep

Target O2 Sat:_____ % or range _____ % to _____%

Frequency of O2 Sat monitoring: Q ___ hrs. ___ At rest / awake ___ During exertion ___ During sleep

Portable system: maximum length of need for a single trip (e.g. without recharge): ____ /____ hrs./min.

Oxygen supply (for portable modalities, patient must be mobile in the home):

Portable: ___ Liquid ___ Compressed gas ___ Concentrator

Stationary: ___ Liquid ___ Compressed gas ___ Concentrator

Means of oxygen delivery:

____ Nasal cannula ____ Non-rebreather ____ Ventilator ____ Mask ____ PAP Bleed in

____ Oxygen Conserving Device ____ High Flow Oxygen Therapy ___ Other _____

*Other options or functions:*_____

Type of order (check one category and one or more subcategory items):

___*Initial or original order for certification*

___*Change in status:* ___ *Patient relocated* ___ *Different supplier* ___ *Other*_____

___*Revision or change in equipment:* ____ *New Physician order*[3] ____ *beneficiary requested upgrade with signed ABN* ___ *Other:*_____

___*Replacement:* ___ *lost or stolen* ___ *end of lifetime* ___ *repair exceeds 60% of cost*

Signature, name, date ordered and NPI (if written order prior to delivery)

Signature: _____

Name (Printed): _____

Date (MM/DD/YYYY): _____ *NPI:* _____