PAP Order Checklist

Please provide the following documentation when ordering PAP Therapy:

- Patient demographic information
- Face-to-face chart notes prior to the sleep study discussing the symptoms leading to the need for a sleep study
- Sleep study (qualifying diagnostic sleep study signed and dated by a Sleep Certified Physician)
- Titration sleep study (signed and dated by a Sleep Certified Physician)
  NOTE: Titration not required if ordering AutoPAP device
- CPAP/BiLevel Standard Written Order (SWO) required elements:
  - Patient name
  - Order date
  - Specific item and supplies ordered including settings for specific machine — in addition to the description of the base item, the DMEPOS order/prescription may include all concurrently ordered supplies that are separately billed (list each separately)
  - Quantity to be dispensed
  - Treating practitioner name or National Provider Identifier (NPI)
  - Treating practitioner's signature
  - SWO date must be on or prior to delivery date and needs to be on file prior to billing

DOME HOME CARE
Dependable Oxygen & Medical Equipment
Phone (718) 854-5501 · Fax (718) 369-5858 · Email eric@domehc.com · Web domehc.com