



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

 Phone _____

 Fax _____