

Patient Name: _____ Date: _____

Address: _____ DOB: _____

Replacement parts for CPAP or VPAP therapy (circle all that apply)

1. E0601 CPAP Machine (Pressure _____ cmH2O)
2. E0562 Heated Humidifier
3. A7031 replacement facemask interface, A7023 nasal pillow,
A7032 nasal cushion -2 every 1 month
4. A7035 headgear 1 every 6 months
5. A7036 chin strap 1 every 6 months
6. A7037 tubing 1 every 3 months
7. A7030 full face mask 1 every 3 months
8. A7034 nasal mask 1 every 3 months
9. A7038 disposable filters 2 every month
10. A7039 non-disposable filter 1 every 6 months
11. A7046 replacement water chamber 1 every 6 months

or replace as medically necessary

Diagnosis: _____

Length of need: _____ (99 months = lifetime)

Signature: _____ Date: _____

Printed name: _____

NPI: _____

Fax back to: (785) 235-9703

**360 DEGREE
Patient Care**

provided by:

**jayhawk pharmacy
& patient supply**



**Jayhawk Patient
Supply
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Ste "E"
Topeka, KS 66606
785-235-9700
785-235-9703 Fax**

**Jayhawk Pharmacy &
Patient Supply
2860 SW Mission Woods
Drive
Topeka, KS 66614
785-228-9700
785-228-1375 Fax**

Medicare allows for PAP devices to be replaced every 5 years. To have insurance pay for item patient must be

1. Be seen by doctor for a face to face prior to setup
 - a. During visit doctor must document that patient uses and benefits from PAP usage.

2. Between 31-90 days from setup patient must be seen by doctor for compliance follow up.
 - a. During visit doctor must document that patient is using and benefits from PAP usage.
 - b. If this is not done than patient must return PAP device and Medicare will not pay for new supplies until new sleep study is preformed.