

Patient Name	Insurance ID/Group
Address	Insurance Name Insurance Phone
Phone	Order Date
DOB	Height/Weight
Estimated Length of Need (i.e. 99=lifetime)	ICD-10

HCPCS Code: E0482 –Cough stimulating device, alternating positive and negative airway pressure

Patient Interface: mask mouthpiece trach adapter

Frequency of Treatment _____

Titrate to achieve inspiratory pressures of 30-45 cm H₂O and expiratory pressure of -30-45 cm H₂O or to achieve an effective cough.

-or-

Cough Assist Settings (for this option, complete information below):

Mode: manual auto

Cough-Trak: on off

Inspiratory pressure (range) cm H₂O Inspiratory time secs
Expiratory pressure (range) cm H₂O Expiratory time secs

Additional orders regarding Cough Assist:

Please attach the following:

- Progress notes/face to face evaluation indicating patient need for prescribed equipment/supplies
- Test results
- Patient demographics sheet

In my opinion, the supplies ordered are both reasonable and necessary for the treatment of this patient's condition per accepted standards of medical practice and are not prescribed for convenience. My signature below certifies the medical need for these items for this patient. This form must be SIGNED and DATED by the prescribing Physician prior to dispensing supplies and medical equipment.

Physician Name:		Physician NPI:	
Physician Address:		Physician Phone:	
Physician Signature:		Date:	
No stamps please – not valid by law			