

Required Documentation for Complete CPAP Orders

To submit a complete CPAP order, include the following documents and fax to **888-323-8429**.

1. Standard Written Order (SWO) - Signed by Physician

- Patient name and date of birth
- Sleep apnea diagnosis selection:
 - G47.33 (Obstructive Sleep Apnea)
 - G47.37 (Central Sleep Apnea)
- Equipment selection:
 - CPAP – Specify fixed pressure
 - AutoPAP – Specify min. and max. pressure (e.g., 4 to 20 cmH₂O)
 - BiPAP – Specify IPAP and EPAP pressure
 - AutoBiPAP or BiPAP ST/ASV (contact Quality DME for guidance on settings)
- Treating Practitioner's signature and date (MD, DO, PA, or NP)

2. Diagnostic Sleep Study (one of the following)

- Home Sleep Test (HST)
- Polysomnography (PSG) report
- Split-Night Polysomnography (PSG) report

3. Patient Demographics & Insurance Information

- Patient contact information (address, home phone, cell, email)
- A copy of the patient's insurance card (front and back), if available

4. Office Visit Notes documenting sleep apnea symptoms, medical necessity for testing, and the decision to order a sleep study

5. Additional Required Documents (Medicare patients only)

- Patient sleep study dated within one (1) year
- Treating Practitioner's Face-to-Face visit notes must:
 - Be dated within the last six (6) months
 - Be dated before the HST or PSG (for a new CPAP)
 - Clearly state the medical reason for ordering the sleep study

Notes for Incomplete CPAP Orders:

- If any required documents are missing, we will notify your office via fax
- The order will remain on hold until all required documents are received
- Patients will be updated on their order status periodically