



CAPE MEDICAL SUPPLY

INNOVATING PATIENT CARE

Effective 11/9/12

MassHealth / Medicaid has updated their prescription protocol and is now requiring the following information to be on all CPAP/BIPAP prescriptions.

MASSHEALTH / MEDICAID APPROVED RX MUST INCLUDE:

*RX MUST BE ON PHYSICIAN PRESCRIPTION PAD AND DATED WITHIN 90 DAYS OF DATE OF SERVICE

- NAME AND DATE OF BIRTH
- MEMBER ID #
- ADDRESS
- DX
- TREATMENT WITH SETTINGS
- HEATED HUMIDIFIER & REPLENISHMENT SUPPLIES
- FREQUENCY
- THERAPEUTIC OBJECTIVE

Examples of some of these items are as follows:

-**DX:** *OSA or Central Sleep Apnea*

-**TREATMENT WITH SETTINGS:** *Autopap with setting (5-20cmH2o) or CPAP with Pressure or BiPAP with Pressures*

-**HEATED HUMIDIFIER & REPLENISHMENT SUPPLIES:** *(listed out individually) Heated Humidifier, Tubing, Filter, Headgear, Mask, Cushion, Nasal Pillows, Chinstrap*

-**FREQUENCY:** *Use Nightly*

-**THERAPEUTIC OBJECTIVE:** *To improve symptoms of OSA (or insurance approved patient specific diagnosis IE: COPD, CSA, Respiratory Failure)*