

MEGP136887; GLOC72839; A4013204; DHA82362; TC855969; GTSG55116;
CBFC855969; BAU15261; THV95267; SC68532; M0514526
A0057323269

11/30/1945

* In Progress *

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PAP AND SUPPLIES**PROVIDER:** Munson Home Services

921 W. Front Street

Traverse City, MI 49684-8153

Phone (231) 935-2100**FAX** (231) 647-5909**PATIENT:****PHYSICIAN:****Initial Date** 05/09/2023**Revised Date****Recertification****Length of Need** 12
(in months)**Policy** 9FC2J14KW87**DIAGNOSIS****ICD-10 Code** **Description**

G47.33 Obstructive sleep apnea (adult) (pediatric)

EQUIPMENT/SERVICES

Qty	Proc. Code	Item Name/Narrative
1	A7034	*MASK, AIRFIT N 20 LARGE
6	A7032	Cushion
1	A7035	Headgear
1	A7036	Chinstrap
6	A7038	Disposable filter
1	A4604	Tubing
1	A7046	Chamber

ADDITIONAL MEDICAL INFORMATION

INFORMATIONAL ONLY-QTY. LIMITS

A7030 1/3 MONTHS

A7031 1/MONTH

A7032 2 PAIR/MONTH

A7033 2 PAIR/MONTH

A7034 1/3 MONTHS

A7035 1/6 MONTHS

A7036 1/6 MONTH

A7037 1/3 MONTHS

A7038 2/MONTH

A7039 1/6 MONTHS

A7046 1/6 MONTHS

A4604 1/3 MONTHS

Physician Signature**Date**

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