

Spiro PD 2.0 Referral Form

V.06.01.21.B

For Idiopathic Pulmonary Fibrosis Patients



Phone: 484-664-7600 Fax: 484-664-7500

Patient Demographics

Name: _____ ☐ M ☐ F
DOB: _____ SS#: _____
Phone: _____ 2nd Phone: _____
Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Primary language, if other than English: _____

Authorized alternate contact information

Name/relation: _____
Phone: _____ Email: _____

Provider Information

Prescriber: _____
Phone: _____ Fax: _____
Facility/Clinic Name: _____
Address: _____
NPI: _____ Office contact: _____

Training by: ☐ Prescriber's office ☐ RemetricHealth ☐ Not needed

****Please fax a copy (front and back) of the patient's insurance card(s) as well as any relevant clinical notes/documents****

Clinical Information

Diagnosis:

- ☐ Idiopathic pulmonary fibrosis, unspecified (J84.10)
☐ Other _____

Clinical Info/Comments:

Device(s) Ordered

☐ **Spiro PD 2.0 Personal Spirometer** – personal digital spirometer, mouthpiece, stand, and charging cord (Quantity #1)

Provider Signature: _____ **Date:** _____

My signature for this prescription also authorizes RemetricHealth and its representatives to act as an agent of mine to initiate and execute the patient's insurance prior authorization process. Confidentiality statement: This message is intended only for the individual or institution to which it is addressed. This may contain information, which is confidential, privileged, and/or proprietary. This information may be exempt from disclosure under applicable laws including but not limited to HIPAA. If you are not the intended recipient, please note you are strictly prohibited from distributing, copying, or disseminating this information. If you received this information in error please notify the sender noted above and destroy all transmitted material.

Statement of Medical Necessity

Patients with idiopathic pulmonary fibrosis (IPF) suffer from progressive but unpredictable declines in lung function, making home monitoring essential to following changes in FVC, which may be predictive of acute exacerbations and disease progression. Daily home monitoring of lung function with a personal spirometer is a medical necessity for patients with idiopathic pulmonary fibrosis to detect the early signs of complications that may lead to emergency room visits, hospitalization, lung transplantation, or death.

In a study conducted by Russell et. al., assessment of daily home FVC provided a more accurate determinant of disease behavior and subsequent outcome than did periodic hospital based measurements. The increased frequency of measurement permitted by taking home readings provided information above and beyond that obtained from periodic hospital based readings. Furthermore, performing daily home spirometry provided clinicians with an increased number of readings which dramatically improved the precision of the estimate of the rate of disease progression compared to that of periodic based hospital readings.

Personal spirometers with the ability for remote monitoring by healthcare professionals provide numerous patient outcome benefits as well as economic benefits in IPF patients. Providing the patient with this personal spirometer is a medical necessity to help prevent hospitalization, the need for lung transplant, and death.

_____ (patient name) is being treated under a comprehensive care plan for idiopathic pulmonary fibrosis. I certify that the device ordered above (Spiro PD 2.0 personal spirometer) is a medically necessary component of the patient's overall treatment and medical well-being.

Provider Signature

X

Date

Printed Name