

**Spiro PD 2.0 Referral Form****For Idiopathic Pulmonary Fibrosis Patients****Phone: 877-385-0535 Fax: 877-326-2856****Patient Demographics**

Name: \_\_\_\_\_ ☐ M ☐ F  
 DOB: \_\_\_\_\_ SS#: \_\_\_\_\_  
 Phone: \_\_\_\_\_ 2<sup>nd</sup> Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Primary language, if other than English: \_\_\_\_\_

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

**Provider Information**

Prescriber: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Facility/Clinic Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 NPI: \_\_\_\_\_ Office contact: \_\_\_\_\_  
 Training by: ☐ Prescriber's office ☐ PMD Healthcare ☐ Not needed

**Clinical Information****Diagnosis:**

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

**Clinical Info/Comments:**

\_\_\_\_\_  
 \_\_\_\_\_

**Clinical Support\***

- ☐ Patient to be enrolled in OptiMed's monitoring services and specialty pharmacy medication management\*

**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 OptiMed Health Partners 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.

\*Clinical support service includes monitoring of lung function through the PMD portal in conjunction with the provision of specialty pharmacy medication management (clinical pharmacist review, proactive refill management and adherence support, and insurance benefit investigation, financial assistance, compliance and adherence packaging as needed).

**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**