



Utilization Management
Phone No.: 1-877-284-0102 Fax No.: 1-800-510-2162

CPAP ADULT – BiPAP – AUTOCPAP – CPAP CHILD

Date: _____ Notification # _____ (provided after initial review)
A Utilization Management representative will fax you a notification number by the next business day after receiving this completed form. This notification number does not indicate an approval or denial of benefits, but only proof that the Plan has been notified. This information will be forwarded to the Plan's Managed Care department. If you have any questions, please call Healthlink at 1-877-284-0102.

Provider Information

Provider's Name: _____
Address _____
Phone No. _____ Fax: (Required) _____

Patient's Information

Patient's Name: _____
ID Number _____ Patient's DOB: _____
Address _____
Daytime Phone No. _____

Ordering Physician's Information

Ordering Physician's Name: _____
Address _____
Phone: _____ Fax: _____
TIN: _____

Treatment Information

Equipment ordered: _____
CPT Code: _____
Start Date: _____
Anticipated duration of service: _____

CPAP POSSIBLE INDICATIONS (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Cardiac arrhythmias | <input type="checkbox"/> H/O Stroke |
| <input type="checkbox"/> Epworth Sleepiness Scale | <input type="checkbox"/> HTN |
| <input type="checkbox"/> Excessive sleepiness such as inappropriate daytime napping or sleepiness that interferes with daily activities | <input type="checkbox"/> Ischemic heart disease |
| | <input type="checkbox"/> Polysomnography determined AHI/RDI _____ |
| | <input type="checkbox"/> Pulmonary HTN |

BiPAP (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Claustrophobia | <input type="checkbox"/> Patient intolerance |
| <input type="checkbox"/> Inability to breathe through nose | <input type="checkbox"/> Patient requires high pressures of CPAP (> 10 cm H20) complains of pressure discomfort |
| <input type="checkbox"/> Medical record documentation of CPAP failure (please attach copy of record) | |
| <input type="checkbox"/> Pain or discomfort associated with CPAP | |

AUTOCPAP (check all that apply)

- Topical nasal corticosteroids spray or anticholinergic spray was tried to relieve significant nasal complaints
- Patient is intolerant of high fixed CPAP pressures
- Nurse or Technician in consultation with attending physician, made changes to the CPAP circuit or mask using different nose masks, face masks, nasal pillows or head harness to achieve maximum comfort
- The required fixed level CPAP is at least 10 cm H20 by in-laboratory technician attended CPAP titration during polysomnography

CPAP for children (check all that apply)

- Documented diagnosis of obstructive sleep apnea
- Polysomnography documented AHI or AI AND
- Adenotonsillectomy was unsuccessful in relieving obstructive sleep apnea OR
- Adenotonsillar tissue in minimal OR
- Adenotonsillectomy is inappropriate as obstructive sleep apnea is attributed to another underlying cause or is contraindicated

Additional Comments:

Contact Information

Contact Person _____
Phone No.: _____ Fax No.: _____

Staff Signature/Title: _____ Date: _____

Benefits depend upon the eligibility of the patient at the time of services, subject to all other Plan limitations, pre-certification review requirement and prior related claims. Verification of eligibility and description of benefits are based upon the information we have on file and does not guarantee payment.