

Ongoing Treatment, PAP Compliance

Patient Name _____ DOB _____ Age _____

Health Plan _____ Member Number _____

Requesting Physician _____ Sleep Study Provider _____

Directions:

Collect patient information from the requesting physician. Submit online (www.ProviderPortal.com) for an instant response.

Order Type:

- Ongoing Treatment: APAP/CPAP and Supplies (E0601)
- Ongoing Treatment: BPAP with back-up rate feature and Supplies (E0471)
- Ongoing Treatment: BPAP without back-up rate feature and Supplies (E0470)
- Miscellaneous PAP

Carelon now requires that machine compliance data be reported to support a request for on-going treatment. This process has been automated for several manufacturers when there is a completed patient matching. For all other requests, a recent download from the patient's PAP device will be needed to complete your request.

Manufacturer

- Fisher and Paykel
- Philips
- ResMed

PAP Machine Type

- APAP
- CPAP
- BPAP

Primary Suspected Diagnosis _____

Patient Initial Treatment Start Date

What is the start date of the patient's initial treatment with the PAP device? ____/____/____



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continued

Provide Compliance Data for the patient

Patient usage (per Carelon Medical Benefits Management Compliance Standard) is greater than or equal to four (4) hours per night on 70% of nights during a consecutive thirty (30) day period within the preceding 90 days.

- Yes
- No
- Unknown

Compliance Data Collection (unknown option selected)

Patient usage (defined in Carelon Sleep Guidelines) is greater than or equal to four (4) hours per night on 70% of nights during a consecutive thirty (30) day period within the preceding 90 days

Preceding 90-day Compliance Window: Begin Date: __ End Date: ____

Manufacturer Compliance Report Dates: Begin Date: __ End Date: ____

(The End Date must be within the *Preceding 90-day compliance window* and for period of 1 day or more)

Best Consecutive 30-Days of Data: Begin Date: ____ End Date: ____

(Must be within both entered date ranges above and not exceed 30 days)

Number of days usage was greater than or equal to 4 hours:

(Must be within the Best 30-Days of Data and within the Preceding 90-day Compliance Window)

*The CMS Standard is defined as 4+ hours/night of use \geq 70% of the nights in 30 consecutive days over the reporting period.

