

Utilization Management Request Checklist

Enter Sleep Study Results / Enter Compliance Results www.providerportal.com

Patient Name _____ DOB _____ Age _____

Health Plan _____ Member Number _____

Requesting Physician _____ Sleep Study Provider _____

DIRECTIONS:

Collect patient information from the requesting physician, servicing physician or durable medical equipment supply company. Submit online (<https://www.ProviderPortal.com>) to store on the member's profile for future use.

Category	Order Type: Enter Sleep Study Results Only
Testing Start Date	___/___/_____
Testing End Date	___/___/_____
Total Nights of Testing	
Max AHI Score	

Category	Order Type: Enter Compliance Results Only
PAP Device History	Which PAP device does the member have? <input type="checkbox"/> APAP (Automatic Positive Airway Pressure)/E0601 <input type="checkbox"/> CPAP (Continuous Positive Airway Pressure)/E0601 <input type="checkbox"/> BPAP (Bilevel Positive Airway Pressure) with back-up rate feature/E0471 <input type="checkbox"/> BPAP (Bilevel Positive Airway Pressure) without back-up rate feature /E0470
Member Initial Treatment Start Date	What is the start date of the member's initial treatment with the PAP device? ___/___/_____
Compliance Data	<input type="checkbox"/> CMS Compliance Standard Achieved <ul style="list-style-type: none"> ○ The CMS Standard is defined as 4+ hours/night of use >= 70% of the nights in 30 consecutive days over the reporting period. <input type="checkbox"/> Average daily hours of use of the PAP equipment _____
Compliance Data Collection	How was this compliance data collected? ___ Directly from the device ___ Member attestation If member attestation was selected above, what is the make / model of the PAP equipment?