QUESTIONNAIRE #6
PULSE OXIMETER - ADULT 21+

<table>
<thead>
<tr>
<th>Member Name</th>
<th>Health First Colorado ID #</th>
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Length of Need | End Date | Height | Weight |
|----------------|----------|--------|--------|

The information requested below is required to determine medical necessity. Complete this form and attach to the completed Prior Authorization Request (PAR).

1. What is the complete diagnosis with complicating factors?
   
   **Note:** If COPD is the primary diagnosis, additional respiratory diagnosis is required.

2. Is the member on oxygen? If yes, how many liters per minute (lpm)?
   - Yes
   - No
   - _________ lpm
   - Continuous
   - Nocturnal Only
   - Exercise Only

3. Is the pulse oximeter request for?
   - Spot Check Monitoring
   - Continuous Monitoring
   - Date
   - Reading

4. What are the underlying conditions/circumstances that indicates the need for a continuous pulse oximeter?
   - Monitor desaturation with/without oxygen conserving device
   - Alarm system to monitor high risk respiratory member
   - Titration of liter flow
   - High altitude monitoring
   - Nocturnal Hypoventilation

5. Describe recommended treatment when member desaturates.
   - Titrate to greater than or equal to
   - % with exercise
   - If O2 sat is less than 90%, titrate liter flow to
   - Other

6. Supply any additional information that will assist us in determining **medical necessity** for this request:

Print Prescriber Name __________________________

Prescriber Signature __________________________

Date __________________________

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Improve health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

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