COLORADO
Department of Health Care Policy & Financing

Kepro

Prior Authorization Request 2810 N. Parham Road Suite 305 Henrico, VA 23219	**ColoradoPAR Program** Medical Review Department	Phone: 1-720-689-6340 Fax: 1-800-922-3508

QUESTIONNAIRE #8
CPAP/ Bi- Level (PAP) - ADULT 21+

Member Name		Health First Colorado ID #	

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. Date of sleep study. **Note**: The sleep study must have been completed within one year of PAR start date and a copy submitted with the PAR.			
2. Apnea Hypopnea Index (AHI) results: AHI of 15 or greater member will qualify. If AHI between 5 and 14, the member must have diagnosis of one of the following: **Note**: Members that have AHI of 4 or less do not qualify for CPAP.	□ Daytime Sleepiness □ Mood Disorders □ Hypertension □ Impaired Cognition □ Insomnia □ Ischemic Heart Disease		
3. If Bi-PAP is being ordered for condition instead of Obstructive Sleep Apnea, then the sleep study is not required. □ Restrictive Lung Disease □ Neuromuscular Disease □ COPD	PaCO2 _____	On	_____ Liters per minute (lpm) or room air test done on usual FiO2
	Saturation of _____	% for 5 continuous minutes on	_____ lpm
	Maximum Inspiratory Pressure _____	Or Forced Vital Capacity	_____ %
	PaCO2 _____	On	_____ Liters per minute (lpm) or room air test done on usual FiO2
	Saturation of _____	% for 5 continuous minutes on	_____ lpm
	OSA Ruled Out: □ Yes □ No CPAP Ruled Out: □ Yes □ No		
4. Supply any additional information that will assist us in determining **medical necessity** for this request:			

Print Prescriber Name _____

Prescriber Signature _____

Date _____

Revised July 2021