Usage Evaluation

For Continuing Use of Bi-level and Continuous Positive Airway Pressure (BIPAP and CPAP) Devices

Upload this request through the Provider Web Portal. For questions regarding this form, call: (800) 525-2395.

DATE OF REQUEST: _____ /_____ /_____

Note: This form or appropriate physician notes must be submitted no sooner than 31 days and no later than 91 days after initiation of therapy.

NOTES:	
RECIPIENT INFORMATION	
Recipient Name:	Date of Birth:
Recipient ID:	Phone:
SUPPLIER INFORMATION	
Supplier Name:	NPI:
Initial Authorization Number *(11-digits)*:	Phone:

RECIPIENT QUESTIONS

The following questions may be answered by the recipient, their spouse, their caregiver or their treating physician. The supplier must not provide answers to any question below.

1. **Are you (the Medicaid recipient), now using a machine that helps you take breaths (separate from a machine that may be giving you oxygen or medicine)? ☐ Yes ☐ No**
2. **In a 24-hour period, how many hours do you usually use this machine? _____ Hours**
3. **About how many months have you been using this machine? _____ Months**
4. **Do you think this treatment will benefit you in the future? ☐ Yes ☐ No**

Name of Person Who Answered Questions #1 – 4 *(please print)*: _____

Relationship to Recipient *(check one)*: ☐ Self ☐ Caregiver ☐ Spouse ☐ Physician

Signature: _____ Date: _____

FOR BIPAP DEVICES ONLY (CODES E0470 AND E0471)

Physician's Notes (tell if/how the recipient would benefit from the purchase of this device):

Physician Signature:	**Date:**

This authorization request is not a guarantee of payment. Payment is contingent upon eligibility, available benefits, contractual terms, limitations, exclusions, coordination of benefits and other terms and conditions set forth by the benefit program. The information on this form and on accompanying attachments is privileged and confidential and is only for the use of the individual or entities named on this form. If the reader of this form is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, the reader is hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If this communication is received in error, the reader shall notify sender immediately and destroy all information received.