UniCare

CPAP and BiPAP

Precertification-Clinical Worksheet
Phone: 800-442-9300 / Fax: 800-848-3623

Important: UniCare pre-reviews CPAP and BiPAP for *Medicare members only*.
For non-Medicare members, contact Carelon Medical Benefits Management

Patient name: _____ DOB: _____ Member ID: _____

Provider: _____

Provider address: _____

Provider phone: _____ Provider fax: _____ Provider NPI #: _____

Requesting physician: _____

Physician address: _____

Physician phone: _____ Physician fax: _____ Physician NPI #: _____

Start date of service: _____ End date of service: _____

Notification #: _____

In order to review the medical necessity for this service, we need the following information:

- Prescription for the requested treatment
- Documentation of medical necessity
- Copy of current sleep study and results, to include the AHI or RDI (BiPAP only)

Relevant diagnosis and past medical history: _____

_____

_____

CPAP: HCPC_____ Purchase $_____ Rental $_____ New_____ Used _____

BiPAP: HCPC_____ Purchase $_____ Rental $_____ New_____ Used _____

Ventilator: HCPC_____ Purchase $_____ Rental $_____ New_____ Used _____

Accessories (if applicable): _____ HCPC _____ $ _____

_____ HCPC _____ $ _____

UniCare has preferred providers for these services. To get the maximum benefit, a preferred provider must be used. UniCare covers the allowed rental charge up to the allowed purchase price for approved durable medical equipment.

Signature: _____ **Date**: _____

Print name: _____ **Phone**: _____

After completing this form and obtaining the necessary clinical information, please fax to 800-848-3623.