QUESTIONNAIRE #6
PULSE OXIMETER – ADULT 21+

<table>
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<tr>
<th>Client Name:</th>
<th>Colorado Medicaid ID #:</th>
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<th>Length of Need:</th>
<th>Height:</th>
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| Weight: | |

The information requested below is required to determine medical necessity. After you have completed this form, attach it to the completed Prior Authorization Request (PAR).

1) What is the complete diagnosis with complicating factors:
   (If COPD is the primary diagnosis, additional respiratory diagnosis is required)

2) Is the client on oxygen?
   a.) If yes, how many liters per minute (lpm)?
      ☐ Yes ☐ No
      _______ lpm
      ☐ Continuous ☐ Nocturnal Only ☐ Exercise Only

3) Is the pulse oximeter being requested for:
   a.) If the pulse oximeter is being requested for spot check monitoring; please provide the client’s last three readings and dates.

4) Underlying conditions/circumstances that indicate the need for a continuous pulse oximeter (only one needed to qualify):
   ☐ Monitor desaturation with/without oxygen conserving device
   ☐ Alarm system to monitor high risk respiratory client
   ☐ Titration of liter flow
   ☐ High altitude monitoring
   ☐ Nocturnal Hypoventilation

5) Describe recommended treatment when client desaturates.
   a.) If other, please explain.

6) Please supply any additional information that will assist us in determining medical necessity for your request:

*Note: Children 20 and under do not require questionnaire.

Print Prescriber Name

Prescriber Signature ___________________________ Date ____________

Revision Date: 09/15