

Oral Appliance Worksheet

Patient Name _____ DOB _____ Age _____

Health Plan _____ Member Number _____

Requesting Physician _____ Sleep Study Provider _____

Directions:

Collect patient information from the requesting physician. Submit online (www.ProviderPortal.com) for an instant response.

Order Type: Oral Appliance (E0485 / E0486)

Primary Suspected Diagnosis _____

AHI Score

Please provide the AHI or RDI, whichever is higher, from the most recent PSG, HST, or pre-split portion of a split night. _____

Patient History / Comorbid Conditions

(please check all that apply)

- Excessive daytime sleepiness
 - Epworth Sleepiness Scale (ESS) > 10 or,
 - Inappropriate daytime napping (during conversation, driving or eating) or,
 - Sleepiness that interferes with daily activity
- Impaired cognition
- Mood disorders
- Insomnia
- Documented hypertension
- Ischemic heart disease
- History of stroke
- Cardiac arrhythmias
- Pulmonary hypertension

Oral Appliance rather than PAP device

- The patient prefers to use an Oral Appliance rather than a PAP device as initial therapy

Please explain why this patient is ineligible to be a Positive Airway Pressure (PAP) Candidate

- This patient is not a candidate for positive airway pressure therapy
- PAP therapy been attempted for 45 days or more and found not to be effective despite participation in a PAP compliance program
- The patient has failed to comply with PAP therapy despite a 45 day trial and participation in a PAP compliance program

Is the intended appliance to be dispensed a TRD or a MRA which complies with ALL the CMS criteria? The CMS criteria is noted below:

- Have a fixed mechanical hinge at the sides, front, or palate
- Have a mechanism that allows the mandible to be advanced in increments of one millimeter or less
- Be able to protrude the mandible beyond the front teeth at maximum protrusion

- Be adjustable by the beneficiary in increments of one millimeter or less
- Retain the adjustment setting when removed
- Maintain mouth position during SLEEP so as to prevent dislodging the device

- Yes, the appliance meets CMS criteria
- No, the appliance does not meet CMS criteria
- Unknown

