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