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

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