

INFORMATION NEEDED FOR ORAL APPLIANCE REFERRALS

1. **INITIAL CONSULTATION INCLUDING FACE TO FACE EXAM**
 - a. FACE TO FACE MUST BE WITHIN 6 MONTHS OF THE ORDER
2. **REFERRALS**
 - a. EPIC REFERRAL THAT INCLUDES A STATEMENT OF MEDICAL NECESSITY.
OR
 - b. OUR DETAILED PHYSICIAN'S REFERRAL FORM
OR
 - c. PRESCRIPTION WITH LETTER OF MEDICAL NECESSITY
3. **MOST RECENT SLEEP STUDY**
 - a. MEDICARE APPROVED STUDY
 - b. HYPOPNEAS SCORED AT 3% AND 4% OXYGEN DESATURATION
(Insurance companies have different requirements)
4. **POST SLEEP STUDY REPORT**
 - a. Most insurance companies require documentation of specific co-morbidities as a condition of coverage for Mild OSA (AHI 5-14). It is best that they be included along with other significant medical history or findings in the POST SLEEP STUDY REPORT.
 - b. These co-morbidities are:

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|------------------------|----------------------------|
| i. ESS above 10 | v. Hypertension |
| ii. Impaired cognition | vi. Ischemic heart disease |
| iii. Mood disorder | vii. History of stroke |
| iv. Insomnia | |

Please feel free to call with any questions.