

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

Please feel free to call with any questions.