AMELIA GENTLE DENTISTRY | DENTAL SLEEP MEDICINE

Oral Appliance Therapy Prescription & Medical Necessity Form

DIAGNOSIS

☐ G47.33 Obstructive Sleep Apnea

AHI/REI: _____ events/hour **Sleep study date:** _____

OSA severity: ☐ Mild ☐ Moderate ☐ Severe

RELEVANT SYMPTOMS / COMORBIDITIES & PAP STATUS

☐ Excessive daytime sleepiness
☐ Insomnia
☐ Impaired cognition
☐ Mood disorder
☐ Hypertension
☐ Ischemic heart disease
☐ History of stroke
☐ Other: _____

PAP status, if applicable:

☐ Patient is unable to tolerate PAP
☐ PAP is contraindicated
☐ Patient prefers oral appliance therapy
☐ Other: _____

RECOMMENDATIONS

The medical necessity of therapy for the diagnosis of OSA is demonstrated by study results. Therapeutic options include:

- The patient may benefit from the use of a custom-fabricated device/appliance with oral appliance therapy (E0486/K1027). If that line of therapy is to be pursued, the patient should be evaluated by a dentist trained in the treatment of sleep-related breathing disorders. Please correlate clinically, along with patient preference, to determine if this mode of therapy is best for the patient.
- Consider nasal continuous positive airway pressure (CPAP) therapy. If the patient chooses CPAP therapy, a nocturnal PSG with CPAP titration is recommended. As an alternative, an Auto PAP with a pressure range of 5–20 cmH2O with download is an option.
- An ENT consultation may be useful to look for specific causes of obstruction and possible treatment options.
- Consider advising the patient against the use of alcohol or sedatives within 3–4 hours of bedtime, as these substances can worsen excessive daytime sleepiness and respiratory disturbances of sleep.
- Consider advising the patient against participating in potentially dangerous activities while drowsy, such as operating a motor vehicle, heavy equipment, or power tools.
- Consider advising the patient of the long-term consequences of untreated OSA and the need for treatment and close follow-up.
- Consider myofunctional therapy (OMT) to strengthen the coordination of the tongue and facial muscles.
- Consider standard or epigenetic orthodontic treatment to develop the patient's dental arches.
- Clinical follow-up as deemed necessary.

All treatment, management, and further evaluation decisions require interpretation by the referring or treating provider in the full clinical context. Treatment is recommended for all patients diagnosed with moderate and severe obstructive sleep apnea (AHI/RDI > 15). Treatment is recommended for patients diagnosed with mild obstructive sleep apnea (AHI/RDI 5–15) if associated with comorbidities.

Rx

I have reviewed this patient's diagnostic sleep study and recommend treatment of the patient's obstructive sleep apnea with a custom-fabricated mandibular advancement oral appliance (HCPCS E0486). In my clinical judgment, oral appliance therapy is medically necessary and appropriate for this patient.

Please proceed with custom-fabricated oral appliance therapy (OAT) (E0486/K1027) for the treatment of Obstructive Sleep Apnea (OSA) (G47.33).

Quantity: x1 **Use:** Nightly, for a lifetime

TREATING PRACTITIONER

Practitioner: _____ **NPI:** _____

Signature: _____ **Date:** _____

SEND REFERRALS TO

Dedicated Sleep Fax: (904) 85-SLEEP / (904) 857-5337

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