

Oral Appliance for Obstructive Sleep Apnea

Pre-service Determination Request

Date _____

Prior authorization is not required. However, an incomplete form may result in pre-service determination denial and/or denial of claims. Pre-service determination approval does not guarantee payment. Documentation must support billed charges.

Member information		
Member name (print)	SMID	Date of birth (month/day/year)
Provider information		
Ordering provider name (print)	Telephone number	Fax number
Place of service: <input type="checkbox"/> Home <input type="checkbox"/> Skilled nursing facility <input type="checkbox"/> Other _____		
DME name		
Vendor contact name	Vendor telephone number	Vendor fax number
DME vendor address		
Procedure information		
Scheduled date of service or equipment to be received (month/day/year)	Requested service/procedure/DME	HCPC code(s)
Diagnosis	Diagnosis code(s)	

Answer all of the following questions.

The member has a face-to-face clinical evaluation by the treating physician prior to the sleep test to assess the member for obstructive sleep apnea testing Yes No

Physician's name _____ Specialty _____

Telephone no. _____

Assessment date (month/day/year) ____ / ____ / ____

The sleep test is ordered by the treating physician. Yes No

Treating physician's name _____ Telephone no. _____

The member has a covered sleep test:

Sleep test performed by _____

Specialty _____ Telephone no. _____

Sleep test read by _____

Specialty _____ Telephone no. _____

The covered sleep test meets one of the following:

- The apnea-hypopnea index (AHI) or respiratory disturbance index (RDI) is greater than or equal to 15 events per hour with a minimum of 30 events

OR

AHI level _____ Date _____ Number of events _____

RDI level _____ Date _____ Number of events _____ Yes No

- The AHI or RDI is greater than or equal to 5 and less than or equal to 15 events per hour with a minimum of 10 events and documentation of:

– Excessive daytime sleepiness, impaired cognition, mood disorders, or insomnia Yes No

OR

– Hypertension, ischemic heart disease or history of stroke Yes No

OR

– Greater than 20 episodes of oxygen desaturation, i.e., oxygen saturation of less than 85%, during a full night sleep study; or any 1 episode of oxygen desaturation, i.e., oxygen saturation of less than 70% Yes No

- If the AHI or the RDI is greater than 30 and meets either of the following:

– The member is not able to tolerate a positive airway pressure (PAP) device Yes No

If yes, explain or provide documentation to support _____

OR

– The treating physician determines that the use of a PAP device is contraindicated Yes No

If yes, explain or provide documentation to support _____

The device is ordered by the treating physician following review of the report of the sleep test Yes No

Treating physician name _____ Telephone no. _____

The device is provided by a licensed dentist (DDS or DMD) Yes No

DDS or DMD name _____ Telephone no. _____

Is this a replacement device Yes No

If yes, date of previous device (month/day/year) _____ / _____ / _____

Reason for replacement _____

By signing this form, the provider attests that the above information is accurate and documented in the medical record. Security Health Plan may, at its discretion, request medical records to make a final coverage determination.

Provider signature _____

Date _____

Pre-service decisions: Initial review is received and a coverage determination is made within fourteen (14) calendar days of receipt of request. The member and/or provider are notified in writing of a denial decision within fourteen (14) calendar days of receipt of the request.

Urgent pre-service decisions: Initial review is received and a coverage determination is made within seventy-two (72) hours of receipt of request.

Mail or fax form to: Security Health Plan
Health Services Department
PO Box 8000
Marshfield, WI 54449-8000
Fax 715.221.9918

Marshfield Clinic providers route to:
Health Services Department
Routing location, SHP

If you have any questions, please contact Provider Assistance at 1.800.548.1224.