

Medical Insurance Claim Preparation: Document Check-list for OSA Oral Appliance Therapy

Documents	Descriptions	Notes
<input type="checkbox"/> Form CMS-1500	Health insurance claim form, including Medicare/Medicaid	
	Sample is available from CMS website.	https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS1188854.html
	The printed forms can be ordered from <ul style="list-style-type: none"> - U.S. Government bookstore - Printing companies / Office supply stores 	https://bookstore.gpo.gov/search/site/CMS-1500%20Form
	Fact sheet can be downloaded from CMS website for further information.	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/form_cms-1500_fact_sheet.pdf
<input type="checkbox"/> Copy of the diagnostic sleep study	<input type="checkbox"/> Must be read, interpreted, and signed by a physician.	Physician must be a diplomate to the American Academy of Sleep Medicine (AASM).
	<input type="checkbox"/> Includes recommendations for therapy, oral appliance therapy (MAD).	A sleep study is valid for 5 years for most insurance companies.
<input type="checkbox"/> Physician's prescription	<input type="checkbox"/> Includes the oral appliance order signed by the physician. [Acceptable forms] <ul style="list-style-type: none"> - Written on the traditional prescription pad form - Printed form generated from the physician's office 	Any physician can order an oral appliance, a diplomate to the AASM is not necessary.
<input type="checkbox"/> Copy of your clinical notes	<input type="checkbox"/> Intra/Extra oral examination <input type="checkbox"/> Occlusion and arch shape <input type="checkbox"/> TMJ Findings <input type="checkbox"/> Chief complaint regarding to OSA <input type="checkbox"/> Symptoms of OSA <input type="checkbox"/> Diagnosis for OSA <input type="checkbox"/> Treatment plan <input type="checkbox"/> Expectations from treatment	Print version of notes with the better readability is recommended for the submission. Format for note-taking is available on Wholeyou.com
<input type="checkbox"/> Copy of the CPAP compliance log : For the patient who tried CPAP therapy	To prove the patient tried CPAP and was non-compliant.	This is the CPAP user record, but not a CPAP titration study.
<input type="checkbox"/> Copy of the CPAP non-compliant form : For the patient who has not tried CPAP therapy	Must be filled out and signed by the patient with full signature and date.	
<input type="checkbox"/> Letter of medical necessity from the physician	Helpful in making the claim go easier	

This form contains general information, and its accuracy is not guaranteed. The information does not constitute advice, and should not be treated as such.