

Physician Written Order for Oral Appliance for Obstructive Sleep Apnea

Ordering Physician: _____

Physician's Address: _____ Zip: _____

Physician's Phone No: _____ Physician's FAX No: _____

Patient Name: _____

Diagnosis: Obstructive Sleep Apnea, Adult Pediatric 327.23

Oral Appliance Type: Custom Fabricated Mandibular Advancement device:

E0486 – ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT

A custom fabricated Oral Appliance for OSA is defined as one that is individually made for a specific patient (no other patient would be able to use this item) starting with basic materials. It involves substantial work to produce, usually by a specialized Laboratory. It may involve the incorporation of some prefabricated components. It involves more than trimming, bending, or making other modifications to a substantially prefabricated item.

The above named patient was diagnosed as indicated. Treatment of this condition is thus ordered as a medical necessity.

Physician's Signature: _____

Date of Order: _____

