



Preauthorization Worksheet

Office NPI: _____ Tax ID: _____

Patient Name: _____

Date of Birth: _____ Insurance Preauth Phone #: _____

Member ID: _____ Group #: _____

CPT Code: _____ Dx Code/s: _____

Procedure/Appliance Fee: _____

Pertinent Info: _____

Preauth Fax #: _____

VERY IMPORTANT Insurance Company Representative Information:

Office NPI: _____ Tax ID: _____

Patient Name: _____

Supportive Documentation Checklist (*Indicates REQUIRED Documents)

- Patient head and neck examination/data screening form (Exam, CBCT, and Oral Appliances*)
- Sleep and breathing questionnaire/medical health history (Exam, CBCT, and Oral Appliances*)
- Epworth sleepiness scale (Oral Appliances*)
- CPAP intolerance form (Oral Appliances*)

- CBCT/2-D images/patient airway volumetric imaging (Radiographs and Oral Appliances*)
- Doctor's clinical/SOAP notes (Exam, CBCT, and Oral Appliances*)
- Letter of medical necessity (Oral Appliances*)
- Rx from PCP/specialist MD, i.e., a treating doctor who has spent face-to-face time with the patient (Oral Appliances*)
- Sleep study interpreted and signed by a sleep specialist/MD (AHI or RDI is greater than or equal to 5 required)
(Required for E0486 Sleep Appliance*)
- Faxed Mailed

Date Sent: _____

Office Representative: _____

Preauth Requirements: (Checklist on Preauth Worksheet)

E0486 – Sleep Appliance

1. AHI (Apnea Hypopnea Index) of a 5 and above; the sleep study will have this information (AHI is below 15; the patient must have ESS of 10 or higher and/or comorbidities).
2. If AHI is below a 5, then your preauthorization will be denied because it does not meet criteria.
3. Preauthorization will require a sleep study and supportive documentation to be submitted for review.
4. Insurance payer will require an Rx from PCP/specialist MD, i.e., a treating doctor who has spent face-to-face time with the patient.
5. Some insurance payers will require a CPAP Intolerance Form, or they will require the patient to complete a trial with CPAP before approving an oral appliance.

21299 – Unspecified Dentofacial and Maxillofacial Procedures (Orthopedic Oral Appliance) (no OSA Dx)/Pediatric Appliances

To establish medical necessity, we will need the following:

1. Doctor's clinical notes
2. Head and neck exam/data screening form/sleep and breathing questionnaire/health history
3. CBCT report with airway volume measurements
4. LMN (Letter of Medical Necessity) (21299 will require an LMN and medical necessity 100% of the time)

The reason we use CPT code 21299 is because, according to the American Academy of Professional Coders, 21299 is an unlisted craniofacial and maxillofacial procedure and the description is a MAJOR PROCEDURE, ORTHOPEDIC – OTHER. Since there is no correlated CPT code that best describes the treatment, we use the 21299 code for an orthotic appliance to treat maxillofacial deficiencies and provide a full letter of medical necessity describing the oral appliance and how it is not to treat sleep apnea—a E0486 will not suffice.