

We appreciate a completed referral packet
for Oral Appliance Therapy for OSA

Please provide the following documents to ensure there are no
delays in getting your patients into therapy.

-Physician face to face chart notes BEFORE and AFTER the study indicating need for testing, rationale for oral appliance, or that may indicate PAP intolerance.

- A Copy of the most recent diagnostic PSG or HST and any CPAP/BIPAP titration PSG's if you have them. The most important is the Diagnostic

-Letter of medical necessity or Rx referral to our office outlining diagnosis and rationale for appliance. This can be done on a prescription pad or computer generated. We have provided a fillable template for use if you would like.

If you are putting a dx code on your referral please use G47.33 (OSA)
Treatment code E0486 (Oral appliance)

-Patient demographics, including contact information and patient insurance information.

-You can fax all this information to us at 303-663-6534

We appreciate your support and look forward to helping your patients. If you have any questions please feel free to call our office any time at 303-688-6630.