

Oral Appliance for Obstructive Sleep Apnea

Prior authorization requests accepted from providers only.

Member/Patient Name _____

Checklist

Documentation of the following information:

- Sleep Study
- Please check all that apply and provide supporting documentation for the following:
 - Excessive daytime sleepiness, as documented by an Epworth Sleepiness Scale score or inappropriate daytime napping (e.g. during driving, conversation, or eating) or sleepiness that interferes with daily activities.
 - Impaired cognition
 - Mood disorders
 - Documented hypertension
 - Documented ischemic heart disease
 - Documented history of stroke
- In addition, if the request is from an orthodontist or dentist, documentation of an evaluation and an examination along with a **prescription or referral** from the treating Internal Medicine Physician, Neurologist, Otolaryngologist, Pulmonologist, Primary Care Physician, or Certified Sleep Specialist is required.
- Eligible Certified Sleep Specialists must be one of the following: Diplomats of the American Board of Sleep Medicine (D, ABSM); an individual member of the American Academy of Sleep Medicine (AASM); certified by the American Academy of Dental Sleep Medicine; or have a subspecialty certification from the American Board of Pediatrics, the American Board of Family Medicine or the American Board of Psychiatry and Neurology.

Next Steps

1. Please provide history and physical including onset of symptoms, imaging and treatment received, and response to treatment.
2. Complete this form and submit request online through InTouch at PacificSource.com/aboutproviderintouch. You'll find the Preauthorization Request Form at: PacificSource.com/provider/preauthorization.aspx.

Questions? Please call us toll-free at (888) 691-8209 or (541) 684-5584.

This is not an inclusive list. Additional information may be requested.