



## Sleep Apnea (OSA) Documentation Checklist

Patient Information	
Patient Name:	
Date of Birth:	
Chart number:	
Insurance Name:	
Insurance Type:	<input type="checkbox"/> Commercial <input type="checkbox"/> Medicare Replacement (Commercial) <input type="checkbox"/> Medicare
Referring Physician:	(also entered into patient chart referrals screen & patient's appointments)
Verification of Benefits	
<input type="checkbox"/>	Demographic and Insurance Information Form / Intake Form
<input type="checkbox"/>	Upload copy of patient insurance card (front & back)
<input type="checkbox"/>	Upload copy of patient driver license
Clinical Documentation Requirements	
Required Documents - Scan and upload into Pt Chart <small>All documents must be legible</small>	Justification of Medical Necessity Or other important details
<input type="checkbox"/> Copy of RX/ Detailed Written Order (DWO) Signed by Referring Physician  Note: Must be dated prior to date of service	Rx must be within 6 months of treatment  Rx must be for "OAT for OSA" or "E0486 for OSA"  Required that treating physician has had the face-to-face exam within 6 months prior to the Rx/DWO
<input type="checkbox"/> Referral from assigned Primary Care Physician <i>(may be required by some carriers)</i>	May be required for Tricare, HMO, or IPA plan
<input type="checkbox"/> Office visit exam notes from treating physician from the face-to-face clinical evaluation by that treating physician done PRIOR TO sleep test to assess the patient for OSA testing	Required by Medicare, Medicare Replacement Plans, UHC  <i>**Triton Recommends for all carriers</i>
<input type="checkbox"/> Interpreted In-Lab Polysomnography (PSG) Report or interpreted At Home Sleep Test (HST) Report (Sleep)	Documented Dx of OSA  Note: Sleep Study must be within the previous 12 months of delivery date <i>(Medicare and may be requested by other carriers)</i> If sleep study is older than 12 months—a letter from treating physician as to why new sleep study not done
<input type="checkbox"/> Medical History with Comorbidities	If AHI is between 5 and 14: Medical documentation of symptoms that include Excessive daytime sleepiness (Epworth of 10 or above), impaired cognition, mood disorders, or insomnia AND/OR Uncontrolled hypertension, ischemic heart disease, or history of stroke
<input type="checkbox"/> Dental Questionnaire Form	<i>(may be requested by some carriers)</i>
<input type="checkbox"/> Clinical Documentation of your office visit(s) including Patient Intake Forms	<i>**Triton Recommends for all carriers</i>

<input type="checkbox"/>	Epworth Sleepiness Scale (Sleep) with date	If AHI between 5 & 14 – Epworth must be 10 or above
<input type="checkbox"/>	CPAP Intolerance Form (Sleep) with date	Documentation of trial and failure of CPAP AND/OR Treating physician determines and documents that the use of a PAP device is contraindicated
<input type="checkbox"/>	Signed and dated POD (proof of delivery) Note: POD date must match the Date of Service (DOS) appliance delivered; include the brand and serial # of the appliance	E0486 must be billed on DATE of DELIVERY  Medicare – only bill E0486 to DME Office visits & radiology are to Medicare Pt B
<input type="checkbox"/>	Lab Invoice showing the appliance details	Invoice with appliance with MSRP with what patient should pay, not what provider actually paid Must be a PDAC approved appliance <i>(may be requested by some carriers)</i>
<input type="checkbox"/>	Member Authorization for a Designated Official	<i>(may be requested by some carriers)</i>
<b>Medicare: Only Required if Same or Similar Rule Applies</b>		
<input type="checkbox"/>	Face-to-Face clinical notes from the referring physician <u>AFTER</u> the sleep study	Documenting a change in condition that substantiates why the CPAP/bi-PAP treatment is no longer indicated and warrants a new piece of equipment
<input type="checkbox"/>	Medicare Advanced Beneficiary Notice (ABN)  Form found on <a href="https://tritonmedicalsolutions.com/forms/">https://tritonmedicalsolutions.com/forms/</a> Be sure to the correct form (Par or Non-Par)	Note: Allows payment from Medicare beneficiary if claim is denied for Same or Similar

Additional Notes:

E0486 has a 90-day Global Period with Medicare (and many other carriers)  
Covers – office visits, radiology, appliance (impressions & seating), adjustments  
Frequency Limitation: once every 5 years

NOTE: Providers contracted with Medicare Part B in addition to Medicare DME CAN bill an office visit with a diagnosis other than OSA (G47.33) during this global period if the patient presents with other symptoms.  
Best practice – document new symptom and treatment of new symptom

Requirements and suggestions listed above are from Triton’s best practices and taken from these sources:

<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33611>

[https://dentalsleeppractice.com/need-know-medicare-guidelines-oral-appliances-osa-friend-foe-part-4/#The\\_coverage\\_criteria\\_is\\_different\\_for\\_mild\\_moderate\\_and\\_severe\\_OSA](https://dentalsleeppractice.com/need-know-medicare-guidelines-oral-appliances-osa-friend-foe-part-4/#The_coverage_criteria_is_different_for_mild_moderate_and_severe_OSA)

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/obstructive-sleep-apnea-treatment.pdf>