

# Join our network request submission - Ancillary providers and centers

## Sleep study center questionnaire

To join our sleep study network, email this completed questionnaire with any required documentation to [ancillarynetwork@uhc.com](mailto:ancillarynetwork@uhc.com). Include "Sleep studies questionnaire" and the facility name in the subject line. An incomplete questionnaire or missing documentation may cause contracting delays.

Go to [UHCprovider.com/join](https://UHCprovider.com/join) > **Ancillary providers** for more details on joining our network, including required documentation, submission instructions and more.

### Questionnaire completed by

Name:	Title:
Phone:	Email address:
Date completed:	

### Required attachments

Copy of Form W-9 signed within the last 3 months

Copy of current state license (if applicable)

Copy of Certificate(s) of Insurance (COI) for medical malpractice policy/policies

Copy of COI(s) for comprehensive general liability insurance policy/policies

Certificate or letter from the accreditation agency for all locations, including verification of survey completed within the last 36 months (e.g. AASM, AAO-HNS) (if applicable)

### Legal owners

Identify all names of legal owners and percent of ownership

### DBA

Name:	Phone:
Address:	

### Contracting contact, if different than individual completing questionnaire

Name:	Phone:
Address (if different)	

### Taxonomy codes

## Current UnitedHealthcare participation status

UnitedHealthcare commercial plans State(s):

UnitedHealthcare® Medicare Advantage State(s):

UnitedHealthcare Community Plan (Medicaid) State(s):

Doesn't participate in any of the plans listed above

## Participation IDs

Medicare ID:

Community Plan (Medicaid) ID:

## Billing

Address:

Phone:

Fax:

## Do you have multiple service locations?

Yes No

If yes, complete the following sections for each branch location. If you have more than 3 branches, please attach a separate sheet with a roster of all location details.

Place of service address:

Phone:

Fax:

Place of service address:

Phone:

Fax:

Place of service address:

Phone:

Fax:

## Sleep studies

Home sleep apnea testing

Attended full-channel polysomnography, in office

Daytimesleep studies (multiple sleep latency testing or abbreviated daytime sleep studies, e.g., Positive Airway Pressure (PAP) Nap)

Attended PAP titration

Attended repeat testing

## Obstructive and central sleep apnea treatment

Nonsurgical treatment (oral appliance therapy)

Surgical treatment, e.g., uvulopalatopharyngoplasty (UPPP), mandibular osteotomy (MO) and maxillomandibular osteotomy and advancement (MMA)

- DME procurement

## Facility's claim preference

All claims must be submitted using the following selection to help avoid claim delays or denials. Any changes in billing submission type must be reported to us to for contractual amendment. Failure to do so can result in processing delays and/or claims denials.

1500 (HCFA 1500/CMS-1500/1500 HICF)

UB (UB92/UB04)

## Sleep accreditation

American Academy of Sleep Medicine (AASM)

American Thoracic Society

The Joint Commission (TJC)

American Academy of Otolaryngology - Head and Neck Surgery (AAO-HNS)

American Academy of Dental Sleep Medicine (AADSM)

American Association of Oral and Maxillofacial Surgeons (AAOMS)

Is accreditation report attached?      Yes      No

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Company of New York, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Oxford Health Plans (CT), Inc., All Savers Insurance Company, Tufts Health Freedom Insurance Company or other affiliates. Administrative services provided by OptumHealth Care Solutions, LLC, OptumRx, Oxford Health Plans LLC, United HealthCare Services, Inc., Tufts Health Freedom Insurance Company or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH), or its affiliates.