

Physician Name:

NPI #

Address:

Phone#:

Rx

Patient Information

Name:

Age:

DOB:

Gender:

Test Date:

Your patient, PATIENT NAME has been diagnosed by a Board-certified Sleep Physician with Obstructive Sleep Apnea (G47.33) and has recommended Custom Oral Dental Device (E0486) titrated to optimal therapeutic position.

LETTER OF MEDICAL NECESSITY FOR OBSTRUCTIVE SLEEP APNEA – ICD 10 Code G47.33

The above referenced patient has an absolute **Medical Necessity** for sleep apnea. I certify that the above-prescribed oral appliance are medically indicated and in my opinion are reasonable and medically necessary with reference to the standards of medical practice for this patient's condition.

Prescription:

- Trial of a custom oral appliance titrated to manage OSA
- Use nightly while sleeping

In the absence of any diagnosed medical co-morbidities such as Central Sleep Apnea or congestive heart failure or any other medical condition known to be contraindicated, I prescribe the above listed therapy.

_____, MD

Provided by:

