

March 6, 2017

Letter of Medical Necessity

Re:

DOB:

Insurance ID#

To Whom It May Concern:

This letter concerns the treatment of _____ for Obstructive Sleep Apnea syndrome (ICSD 327.23-0; OSAS) with an oral appliance. This patient has opted to pursue an oral appliance as a primary modality for treatment of Obstructive Sleep Apnea Syndrome. This modality is an adjustable oral appliance (E0486 – Mandibular Repositioning Orthotic) typically made by a dentist or an orthodontist. Briefly described, it is a mouth guard that positions and holds the mandible anterior to its rest position while sleeping, and therefore, creating an increased oropharynx opening. The device is titrated over several weeks to months depending on patient tolerance, comfort, and reduction of symptoms. After successful titration, a follow-up NPSG with the oral appliance in place is indicated to confirm resolution of OSAS. This regimen is recommended by the American Academy of Sleep Medicine for the treatment of mild to moderate OSAS, particularly when daytime symptoms are minimal and CPAP compliance prognosis is poor (SLEEP, 1997: 20(6); 406-487 and 1995: 18(6) S1-13), updated (SLEEP, 2006: 29(2); 240-243).

To our knowledge, there is no provider in network who can offer this service and make this device. If you have any questions or concerns, please do not hesitate to call me at

Sincerely,