Date: [Insert Date]

TO: [Insurance Company Name]
ATTN: Claims/Appeals Department
FAX: [Insert Fax Number]

RE: Letter of Medical Necessity for CPAP Supplies and Accessories
Patient Name: [Insert Patient Name]
Date of Birth: [Insert DOB]
Policy Number: [Insert Policy Number]
Group Number: [Insert Group Number]

To Whom It May Concern,

I am writing to provide a Letter of Medical Necessity for the aforementioned patient regarding their ongoing treatment for Obstructive Sleep Apnea (ICD-10 Code: G47.33).

The patient has been diagnosed with Obstructive Sleep Apnea based on a clinical evaluation and a sleep study conducted on [Insert Date]. They are currently utilizing a Continuous Positive Airway Pressure (CPAP) device to maintain airway patency during sleep.

To ensure the efficacy of this life-sustaining therapy and to prevent complications such as respiratory infections, skin breakdown, and therapy non-compliance, the following supplies and accessories are medically necessary on a recurring basis:

- **Full Face, Nasal, or Pillow Mask:** Required to maintain an effective seal for pressurized air.
- **Headgear and Chin Straps:** Required to secure the mask and ensure proper positioning.
- **Replacement Filters (Fine and Coarse):** Required to prevent the inhalation of dust, allergens, and pathogens.
- **CPAP Tubing (Standard or Heated):** Required to deliver air from the machine to the mask.
- **Humidifier Water Chamber:** Required to provide moisture and prevent airway dryness.

Failure to replace these items according to the standard replacement schedule leads to equipment degradation, bacterial growth, and air leaks, which would compromise the patient's health and increase the risk of cardiovascular comorbidities associated with untreated sleep apnea.

Please approve the coverage for these essential CPAP supplies. If you require further documentation or clinical notes, please contact my office at [Insert Phone Number].

Sincerely,

[Physician Signature]
Physician Name: [Insert Name]

NPI Number: [Insert NPI]
Practice Name: [Insert Practice Name]