[Physician Name]
[Practice Name]
[Address]
[City, State, Zip]
[Phone Number]
[Date]

[Insurance Company Name]
[Prior Authorization Department]
[Address]
[City, State, Zip]

RE: Letter of Medical Necessity for CPAP Therapy

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Policy ID Number: [Policy ID]
Group Number: [Group Number]
Case/Reference Number: [Reference Number if applicable]

To Whom It May Concern,

I am writing to request a prior authorization and to document the medical necessity for Continuous Positive Airway Pressure (CPAP) therapy (HCPCS E0601) for the above-referenced patient. This request is based on a diagnosis of Obstructive Sleep Apnea (OSA).

Clinical Diagnosis:
The patient has been diagnosed with Obstructive Sleep Apnea (ICD-10 Code: G47.33). This diagnosis was confirmed via a sleep study conducted on [Date of Sleep Study].

Sleep Study Findings:
The polysomnography (or Home Sleep Apnea Test) results demonstrated the following:

- Apnea-Hypopnea Index (AHI) / Respiratory Disturbance Index (RDI): [Insert Number] events per hour.
- Oxygen Desaturation (Lowest SaO2): [Insert Percentage]%.

Medical Justification:
The patient presents with significant symptoms and/or comorbidities including [List symptoms: e.g., excessive daytime sleepiness, hypertension, cardiovascular disease, snoring, gasping]. Without appropriate intervention via CPAP therapy, the patient is at increased risk for serious health complications, including stroke and heart failure.

Treatment Plan:
I have prescribed the following equipment and supplies:

- CPAP Device (E0601)
- Humidifier (E0562)
- Interface/Mask (e.g., A7034, A7030)
- Tubing and Filters

Based on the severity of the patient's OSA and the clinical guidelines for treatment, CPAP therapy is the standard of care and is medically necessary for this patient's health and safety.

Please contact my office at [Phone Number] if you require further documentation or clinical notes regarding this request.

Sincerely,

[Physician Signature]
[Physician Printed Name]
[NPI Number]