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

[Insurance Company Name]
[Claims/Appeals Department]
[Street Address]
[City, State, Zip Code]

**RE: Letter of Medical Necessity for CPAP Therapy with Heated Humidification**

**Patient Name:** [Patient Name]
**Date of Birth:** [DOB]
**Policy Number:** [Policy ID]
**Group Number:** [Group ID]

To Whom It May Concern,

I am writing to request coverage for a Continuous Positive Airway Pressure (CPAP) device (HCPCS E0601) and an integrated heated humidifier (HCPCS E0562) for the above-mentioned patient. This equipment is medically necessary to treat the patient's diagnosed Obstructive Sleep Apnea (OSA), ICD-10 code G47.33.

The patient underwent a clinical evaluation and a diagnostic sleep study (Polysomnography) on [Date of Study]. The results showed an Apnea-Hypopnea Index (AHI) of [AHI Number], confirming a diagnosis of [Moderate/Severe] Obstructive Sleep Apnea. Without proper treatment, the patient is at increased risk for hypertension, cardiovascular disease, and excessive daytime somnolence.

Heated humidification is a critical component of this prescription. The use of CPAP therapy without heated humidification often leads to side effects such as nasal dryness, congestion, and irritation of the upper airway. These side effects are primary causes of patient non-compliance. Heated humidification is required to ensure physiological comfort and long-term adherence to the life-sustaining therapy.

**Prescribed Equipment:**

- CPAP Device (E0601)
- Heated Humidifier (E0562)
- CPAP Mask/Interface (Type: [Mask Type])
- Related Supplies (Tubing, Filters, Cushions)

The prescribed pressure setting for this patient is [Number] cm H2O. This treatment is expected to be lifelong.

I request that you approve the coverage for this medical equipment as soon as possible. Should you require further documentation or the full sleep study report, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[NPI Number]