



Better Sleep
ATLANTA

Letter of Medical Necessity (LOMN) and RX

Patient Name: _____ Patient DOB: _____

Re: Obstructive Sleep Apnea and Mandibular Advancement Device Rx and Statement of Medical Necessity

I am prescribing a Mandibular Advancement Device (E0486) as initial/replacement treatment for the above-named patient who has been diagnosed with Obstructive Sleep Apnea (G47.33). I concur that the recommended therapy is medically necessary, and I now prescribe treatment utilizing an FDA-approved Mandibular Advancement Device (MAD).

Make of the MAD: _____ Model: _____

The length of need is lifetime. I strongly urge you to cover the costs of this therapy. Failure to provide coverage for this medically necessary therapy may result in progression of disease and increased risk of associated comorbidities.

Physician's Name: _____ Signature: _____

Physician's Address: _____

NPI: _____ Date: _____



Prescribing Provider

Provider Name: _____ Provider NPI #: _____

Phone: _____ Fax: _____

Address: _____

Patient Information

Patient Name: _____ Patient DOB: _____

Phone: _____ Email: _____

Diagnosis

- Obstructive sleep apnea – G47.33
- Hypersomnia due to sleep apnea – G47.14
- Insomnia due to sleep apnea – G47.01
- Sleep apnea/Sleep related breathing disorder, unspecified – G47.30
- Sleep Apnea, other, unspecified – G47.39
- Sleep related bruxism – G47.63
- The patient has **MILD** or **MODERATE** Obstructive Sleep Apnea and prefers Oral Appliance Therapy.
- The patient has Obstructive Sleep Apnea, has tried and failed CPAP therapy and would like to pursue Oral Appliance Therapy.
- The patient has **SEVERE** Obstructive Sleep Apnea but is unable or unwilling to try CPAP therapy and would like to pursue Oral Appliance Therapy.

Symptoms

The patient exhibits the following symptoms and comorbidities associated with a diagnosis of obstructive sleep apnea:

- Excessive Daytime Sleepiness / Fatigue
- Gasping / Choking
- Insomnia
- History of Stroke
- Impaired Cognition
- Ischemic Heart Disease
- Mood Disorders
- Treatment Resistant Hypertension
- Witnessed Apneas

Prescription

- Custom Oral Mandibular Advancement Device for the treatment of Obstructive Sleep Apnea (HCPC – E0486 or K)
- Initial / New Order
- Replacement Order
- Other: _____

Duration: Lifetime DIAGNOSIS

Code: G47.33

Provider Signature: _____



Call Christina for your complimentary consult today: **(404)716-9504**

Please complete the reverse side in its entirety and include the most recent sleep study.

