

Letter of Medical Necessity & DWO for E0486

Dentist Name: **Brenna McLain DDS**
Dentist Address: 3740 Dacoro Ln. #140 Castle Rock, CO 80109
Phone: 303-688-6630 Fax: 303-663-6534

Date:
NPI: 1992044119

Re: Patient Name:
Insurance ID Number: _____

Group#: _____

To Whom It May Concern:

I am writing on behalf of the above-named Patient to document the medical necessity for the Patient to be fitted with an Obstructive Sleep Apnea Appliance. This letter is to serve as a written order for E0486, to be fabricated by the above named Dentist. Length of need: Lifetime.

The Patient has been diagnosed with (check appropriate box):

Obstructive Sleep Apnea ICD10 G47.33 (ICD9 327.23)

AND/OR

- | | |
|--|--|
| <input type="checkbox"/> Hypertension I10 | <input type="checkbox"/> Impaired Cognition G31.84 |
| <input type="checkbox"/> Excessive Daytime Sleepiness R53.83 | <input type="checkbox"/> Cardiac Arrhythmias I49.9 |
| <input type="checkbox"/> Obesity E66.9 | <input type="checkbox"/> Mood Disorders F39 |
| <input type="checkbox"/> Insomnia G47.00 Insomnia w/apnea | <input type="checkbox"/> E11.9 Diabetes |
| <input type="checkbox"/> History of Stroke Z86.73 | |

Enclosed for your records is a copy of the Sleep Study, including the Patient's history and diagnosis. It is my opinion that an Obstructive Sleep Apnea Appliance will help alleviate the Patient's symptoms and improve the Patient's overall health.

Treatment Rationale: The Patient exhibits the following signs and symptoms in support of the Diagnosis
(List all that apply)

In summary, an Obstructive Sleep Apnea Appliance is medically necessary for this Patient's diagnosis and condition and It is my opinion that an Oral Appliance will help alleviate the Patient's symptoms and improve the Patient's overall health. Please contact me if any additional information is required to ensure the prompt approval of an Oral Sleep Appliance for the Patient.

Thank you for your cooperation.
Sincerely,

Doctor Name and Signature: **NPI:**
Phone number: **Email:**