

# Letter of Medical Necessity

## Heated Humidifier

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

Physician \_\_\_\_\_

Diagnosis \_\_\_\_\_

My patient \_\_\_\_\_ has been diagnosed with obstructive sleep apnea and requires CPAP therapy with heated humidification to permit adequate compliance to their necessary therapy.

Without heated humidification, reactive nasal congestion will limit the ability of the CPAP machine to deliver the necessary pressure to the upper airway, which will reduce the effectiveness and compliance to the CPAP therapy, resulting in an untreated OSA patient.

I am prescribing Heated Humidification to prevent a CPAP treatment failure.

This inline device adds moisture to the nasal mucosa, which reduces the congestion and reactive increased resistance that will limit the effectiveness of the CPAP treatment.

(complete, if indicated)

The patient is experiencing one or more of the following symptoms and is currently on CPAP therapy WITHOUT humidification:

- Nasal congestion
- Dry irritated nasal passages
- Bloody nose

Other \_\_\_\_\_

Doctor's name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Doctor's Signature \_\_\_\_\_