

\n\n\n \n \n \n \n \n \n \n \n \n \n

Medical Necessity Letter

\n

To, Jane Doe

\n

05/15/1980

\n

Diagnosis

\n

G47.30 (Sleep apnea, unspecified)

\n

Proposed Treatment

\n

Continuous Positive Airway Pressure (CPAP) therapy with a specific device (ResMed AirSense 10 AutoSet)

\n

Detailed Explanation

\n

Ms. Doe presents with severe obstructive sleep apnea (OSA) as confirmed by polysomnography, demonstrating an Apnea-Hypopnea Index (AHI) of 35 events/hour. Her symptoms include excessive daytime sleepiness, loud snoring, observed apneas, and morning headaches, significantly impacting her quality of life and daily functioning. Untreated severe OSA carries substantial risks, including increased cardiovascular morbidity (hypertension, arrhythmia, heart failure, stroke), metabolic dysfunction (insulin resistance, type 2 diabetes), and cognitive impairment. Less intensive treatments, such as positional therapy or oral appliances, have been considered but are not suitable for her severe AHI and anatomical airway obstruction. CPAP therapy is the gold standard for severe OSA, providing immediate and sustained airway patency, thereby mitigating the aforementioned health risks and improving her overall health and well-being.

\n

Doctor's Signature

\n

\n\n