

Sample Letter of Medical Necessity

PATIENT NAME:

DOB:

PHYSICIAN:

EQUIPMENT REQUIRED: **Zzoma (HCPCS: E0190)**

To Whom It May Concern:

I am the physician for the above-referenced patient who has been diagnosed with obstructive sleep apnea which is predominately positional.

I consider it medically necessary for this patient to be equipped with Zzoma for the treatment of obstructive sleep apnea (ICD-10: G47.33). The Zzoma positional sleeper is a class II medical device cleared by the FDA for the treatment of obstructive sleep apnea. It is also recommended as primary therapy for patients with predominately positional sleep apnea by the American Academy of Sleep Medicine.

Please do not hesitate to contact me.

Thank you for your understanding and your attention.

Sincerely,

NPI: _____