



# LETTER OF MEDICAL NECESSITY (LOMN)

MANDIBULAR ADVANCING DENTAL DEVICE FOR THE TREATMENT OF OSA

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

RE: OBSTRUCTIVE SLEEP APNEA AND MANDIBULAR ADVANCEMENT DEVICE STATEMENT OF MEDICAL NECESSITY

An appropriate alternative to CPAP would be a mandibular advancing dental device. This type of treatment is recognized by the American Academy of Sleep Medicine. It is important to recognize that this dental appliance is for the treatment of a medical condition, not a dental condition. These appliances reduce sleep apnea associated health risks without the need for surgery, medications, or other therapies

Contraindications for CPAP are as follows but are not limited to: Uncooperative or extremely anxious patient, reduced consciousness, and inability to protect their airway, Unstable cardiorespiratory status or arrest, Trauma or burns affecting face; facial, esophageal, or gastric surgery, air leak syndrome (pneumothorax with bronchopleural fistula). Contraindication is present and requires alternative OSA treatment.

Leaving this patient suboptimally treated may lead to additional health issues. Manufacturing a dental appliance is a costly process requiring both time and materials and therefore it is necessary to obtain prior authorization. This LOMN is required to request such preauthorization enabling financial assistance for our patient. Therefore, we are providing you now with the information necessary for you to determine its benefit and necessity.

Treatment Duration: LIFETIME OR 99 YEARS

PHYSICIAN NAME: \_\_\_\_\_

PHYSICIANS  
SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

PHYSICIANS  
ADDRESS: \_\_\_\_\_

Please sign and fax back to 713-790-9233 (Please include MD  
Clinicals and Baseline Sleep study with Raw Data).

*Sue Ellen Richardson DDS, MAGD, FICD*  
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