

# ~ Letter of Medical Necessity ~

## Heated Humidifier for Nasal Positive Airway Pressure Therapy

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD: \_\_\_\_\_

My patient, \_\_\_\_\_, is exhibiting nasal congestion as a response to a nasal CPAP/Bi-level therapy. Left untreated, the congestion will limit the ability of the CPAP/Bi-level machine to deliver pressure to the pharynx. This will result in the patient returning to an untreated state of OSA. The pressure produced by the CPAP/Bi-level machine acts as an airway splint, allowing the OSA patient regular respiratory breathing during sleep.

I am prescribing Heated Humidification to abate the nasal congestion. This device adds moisture to the nasal mucosa, which reduces the congestion and the resistance. The congestion and nasal airway resistance, which will be reduced, is limiting the effective CPAP/Bi-level pressure to the patient. The Heated Humidifier connects between the patient and the CPAP device, and is effective in boosting moisture content to approximately 24-28mg/L in the inspired. That level of humidification is approximately 10mg/L of humidification great than delivered via a typical passover humidifier. Remember, room typically has about 8-10mg/L of humidity, and by the time inspired air reaches the lungs, it is at 44mg/L of humidity.

### The patient is experiencing one or more of the following symptoms:

<input type="checkbox"/> Infection of nose	<input type="checkbox"/> Headache
<input type="checkbox"/> Mucosal drying, rebound congestion	<input type="checkbox"/> Dry irritated throat
<input type="checkbox"/> Break down soft tissue around nares	<input type="checkbox"/> Chest discomfort
<input type="checkbox"/> Bloody nose	<input type="checkbox"/> Infection of throat, sinuses, nose
<input type="checkbox"/> Therapeutic Continuous / Bi-level Positive Airway Pressure setting in excess of 10cm/H <sub>2</sub> O	<input type="checkbox"/> Other: _____ _____

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Dr's signature: \_\_\_\_\_ Date: \_\_\_\_\_

License #: \_\_\_\_\_ Exp: \_\_\_\_\_

*Form courtesy:*

*Awake in Philly*  
Community Education Group

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