WEST MICHIGAN
CPAP Alternatives
Customized Sleep Apnea Solutions
Dr. Karel Vandervelden, DMD D.ABDSM
Phone (616) 741 9035 | Fax (616) 772 9380

Date: _____

Patient Name: _____ DOB: _____

Patient Phone: _____

I have evaluated this patient and have determined they have Obstructive Sleep Apnea (commonly referred to as OSA, and previously also referred to as Upper Airway Resistance Syndrome (UARS)). Patients with OSA are at a high risk for cardiovascular, neuropsychiatric, and metabolic consequences if left untreated. These include hypertension, diabetes, arrhythmias, strokes, depression, dementia, just to name a few. Therefore, treatment of this condition is medically necessary, and treatment options include the use of custom fabricated oral appliances (E0486 or K1027 or 21299), Oximeter device (E0445), Docking Station (K1037), Morning Repositioner/AM Aligner (E1399) and Materials and Supplies (99070), which have scientifically been proven to be very effective in treating OSA (per American Academy of Sleep Medicine (AASM) practice parameters). CPT 99453, CPT 99454, CPT 99445, CPT 99470 for monitoring oximetry based physiologic sleep metrics (like ODI, Hypoxic Burden, SpO2) on a monthly basis using an FDA cleared remote monitoring device. This patient is an excellent candidate for oral appliance therapy. They have refused or failed a trial of continuous positive airway pressure (CPAP) despite adequate attempts to use it. I urge you to cover this medically necessary device so that they can function optimally and avoid the consequences as stated above.

RX: Please proceed with a custom, fabricated, oral appliance therapy (OAT) (E0486 or K1027 or 21299) for the treatment of Obstructive Sleep Apnea (OAS) (G47.33). Quantity: x1 Use nightly for lifetime
Morning Repositioner/AM Aligner (E1399) for the management of complications from oral appliance therapy for the treatment of Obstructive Sleep Apnea (OAS) (G47.33). Quantity: x1 Use daily in the morning for lifetime. Materials and Supplies (99070) as part of overall treatment of oral appliance therapy for the treatment of Obstructive Sleep Apnea (OSA) (G47.33). Quantity: x1

OSA Severity: ☐ Mild ☐ Moderate ☐ Severe

Patient declined CPAP or is CPAP intolerant: ☐ Yes ☐ No

Patient has one of the following Comorbidities: ☐ Excessive Daytime Sleepiness

☐ Hypertension ☐ Insomnia ☐ Mood Disorder

☐ Impaired Cognition ☐ Ischemic Heart Disease ☐ History of stroke

Physicians Name: _____

Physicians NPI: _____

Physicians Signature: _____

***Please include patient demographics, insurance, appointment notes, and sleep study (if the patient has one). Fax to (616)-772-9380.**

Contact@wmCPAPalternatives.com 81 E 8th St Holland MI 49423