Date: [Insert Date]

To: [Insurance Company Name]
Attention: Medical Review/Appeals Department
Fax/Address: [Insert Fax Number or Address]

RE: Letter of Medical Necessity for Cranial Remolding Orthosis

Patient Name: [Patient First and Last Name]
Date of Birth: [MM/DD/YYYY]
Policy Number: [Insert ID Number]
Group Number: [Insert Group Number]
ICD-10 Code: Q67.3 (Plagiocephaly) or Q67.2 (Dolichocephaly) or M95.2 (Other acquired deformity of head)

To Whom It May Concern,

I am writing to formally request authorization for a Cranial Remolding Orthosis (HCPCS Code: S1040) for the above-referenced patient. This patient has been diagnosed with moderate-to-severe Brachycephaly.

Clinical Findings:
The patient is currently [Insert Age] months old. Clinical measurements and physical examination conducted on [Insert Date] reveal the following:

- **Cephalic Index:** [Insert Percentage]% (Significant deviation from the norm of 75-82%)
- **Clinical Observations:** [e.g., Posterior flattening, increased cranial height, bulging of the forehead]
- **Conservative Treatment:** The patient has undergone [Number] weeks of supervised repositioning and/or physical therapy without significant improvement in cranial symmetry.

Medical Necessity:
Treatment is necessary at this time because the patient's cranial sutures remain open, but the window for effective corrective growth is closing. Failure to treat this condition may lead to permanent craniofacial deformity, malocclusion of the jaw, and potential difficulties with protective headgear/eyewear in the future. A cranial remolding orthosis is the standard of care to redirect cranial growth and normalize head shape.

I recommend that [Patient Name] be fitted for a custom cranial orthosis to be worn 23 hours a day for a period of [Insert Estimated Duration, e.g., 3-4 months].

Please contact my office at [Insert Phone Number] if further documentation is required for the approval of this medically necessary device.

Sincerely,

[Physician Signature]
[Physician Printed Name]
[Medical Practice Name]
[NPI Number]