[Date]

[Insurance Company Name]
[Appeals Department Address]
[City, State, Zip Code]

RE: Letter of Appeal for Medical Necessity
Patient Name: [Patient First and Last Name]
Patient Date of Birth: [MM/DD/YYYY]
Policy Number: [Policy ID Number]
Group Number: [Group Number]
Claim/Reference Number: [Reference Number from Denial Letter]

To Whom It May Concern,

I am writing to formally appeal the denial of coverage for a Cranial Remolding Orthosis (HCPCS Code S1040) for my child, [Patient Name]. This request was previously denied on [Date of Denial] based on the determination that the device was [Reason for Denial, e.g., Cosmetic/Not Medically Necessary].

[Patient Name] has been diagnosed with [Specific Diagnosis, e.g., Deformational Plagiocephaly / Brachycephaly] (ICD-10 Code: [Code]). This condition was diagnosed by [Doctor's Name] on [Date].

The use of a cranial remolding orthosis is medically necessary for the following reasons:

- **Severity:** Clinical measurements indicate a [Cranial Vault Asymmetry / Cephalic Index] of [Measurement], which falls into the "Severe" range.
- **Failure of Conservative Treatment:** We have attempted conservative repositioning therapy and physical therapy for a period of [Number] weeks/months, starting on [Date], without significant improvement in the cranial symmetry.
- **Functional Risk:** If left untreated, this degree of deformity can lead to complications including [e.g., jaw misalignment/TMJ, visual field abnormalities, or auditory processing issues].

Attached please find the following supporting documentation:

- Letter of Medical Necessity from [Physician's Name]
- Anthropometric measurements and clinical assessment report
- Photographs documenting the cranial deformity
- Peer-reviewed clinical literature supporting the efficacy of orthotic treatment for this diagnosis

This treatment is time-sensitive, as the window for effective cranial remolding closes once the infant's sutures begin to fuse. I request an expedited review of this appeal to ensure my child receives the necessary medical intervention within the clinical timeframe.

Thank you for your prompt attention to this matter. I look forward to your response within [Number] business days.

Sincerely,

[Parent/Guardian Signature]
[Parent/Guardian Printed Name]
[Phone Number]
[Email Address]