

Sample Medical Necessity Letter

[San Diego Hair Loss Center](#)

[**Doctor's Name**]

[Medical Title]

[Medical Office Name]

[Office Address]

[City, State, ZIP Code]

[Phone Number]

[**Date**]

Insurance Provider: [**Insurance Company Name**]

Policyholder: [**Patient's Full Name**]

Policy Number: [**Patient's Insurance Policy Number**]

Subject: Letter of Medical Necessity for Cranial Prosthesis

Dear [Insurance Provider],

I am writing to request coverage for a **cranial prosthesis** for my patient, [**Patient's Full Name**], who is experiencing significant medical hair loss due to [**medical condition, e.g., chemotherapy-induced alopecia, alopecia areata, lupus, or burns**].

[**Patient's Full Name**] has been diagnosed with [**Diagnosis and ICD-10 Code, e.g., C50.919 – Malignant Neoplasm of Breast or L63.9 – Alopecia Areata, or A9282 for Cranial Prosthesis**]. As a result, they have suffered **complete/partial hair loss**, which has led to significant psychological distress, scalp sensitivity, and temperature regulation issues.

Due to the medical necessity of a **cranial prosthesis**, I am prescribing a custom-fitted wig designed to accommodate their specific medical needs. This prosthesis is essential for their **mental well-being, self-esteem, and overall quality of life**. It also provides necessary **scalp protection from sun exposure, injury, and irritation** caused by hair loss.

I kindly request that [Insurance Company Name] approve and cover the cost of this **cranial prosthesis** under the patient's policy. I have attached all necessary supporting documentation, including the prescription and itemized invoice. If additional information is needed, please do not hesitate to contact me at [**Doctor's Phone Number**].

Thank you for your prompt attention to this matter.

Sincerely,

[**Doctor's Name**]

[Medical Title]

[Medical Office Name]

[Signature]