

Sample Dental Medical Necessity Letter

This sample dental medical necessity letter is an example of the type of information that can be provided to your medical insurance company as needed.

The information provided in this document is for informational/educational purposes only and does not represent any legal, coverage, reimbursement, or billing advice.

[Insert Date]

ABC Insurance Company
123 Main St
Anywhere, NY 01234

To Whom It May Concern:

Jane Doe is a 30-year-old patient in our practice who requires medically necessary dental care. Her primary condition is X-linked hypophosphatemia (XLH)—a rare, hereditary, progressive, and lifelong condition characterized by chronic hypophosphatemia due to increased fibroblast growth factor 23 (FGF23) activity. In addition to causing musculoskeletal defects, increased FGF23 and the resulting phosphorus wasting may lead to a range of dental and periodontal defects.^{1,2,3}

Radiographically, in patients with XLH, the enamel layer appears thinner while the dentin layer is more radiolucent.⁴ Pulp chambers are enlarged, and prominent pulp horns extend up to the dentino-enamel junction.⁵ The scientific literature includes reports of spontaneous infection of the dental pulp tissue, resulting in tooth abscesses.^{4,6} Other commonly reported dental issues in individuals with XLH include caries,⁷ periodontitis,⁸ and enamel hypoplasia.⁷ Even with regular, periodic dental care and maintenance of good oral hygiene, individuals with XLH may not be able to avoid spontaneous abscesses or other dental or periodontal issues.⁹

Ms Doe initially presented with several of the dental and periodontal manifestations that are characteristic of XLH, including **[insert patient-specific information]**. Please find attached a list of current medications and specialists involved in her care. I have also attached a medical history form from my records, as well as Ms Doe's current treatment plan.

I have cared for Ms Doe since she was 21 years old. She requires **[insert patient-specific information]**. I request coverage from your company for this procedure. I would be happy to provide any assistance that may inform and facilitate coverage for Ms Doe's dental care. Please do not hesitate to contact me by phone or email if you have any questions or concerns. Thank you very much for your willingness to provide dental care coverage to this patient. We will follow up to confirm that your office has received this information.

Sincerely,

Mary Jones, DDS
(555) 123-4567; mjones@mail.com

References:

1. Hamilton AA, Faitos S, Jones G, Kinsley A, Gupta RN, Lewiecki EM. Whole body, whole life, whole family: patients' perspectives on X-linked hypophosphatemia. *J Endocr Soc.* 2022;6(8):bvac086. doi:10.1210/jendso/bvac086
2. Javaid MK, Ward L, Pinedo-Villanueva R, et al. Musculoskeletal features in adults with X-linked hypophosphatemia: an analysis of clinical trial and survey data. *J Clin Endocrinol Metab.* 2022;107(3):e1249-e1262. doi:10.1210/clinem/dgab739
3. Clayton D, Chavez MB, Tan MH, et al. Mineralization defects in the primary dentition associated with X-linked hypophosphatemic rickets. *JBM R Plus.* 2021;5(4):e10463. doi:10.1002/jbm4.10463
4. Boukpepsi T, Hoac B, Coyac BR, et al. Osteopontin and the dento-osseous pathobiology of X-linked hypophosphatemia. *Bone.* 2017;95:151-161. doi:10.1016/j.bone.2016.11.019
5. Baroncelli GI, Angiolini M, Ninni E, Galli V, Saggese R, Giuca MR. Prevalence and pathogenesis of dental and periodontal lesions in children with X-linked hypophosphatemic rickets. *Eur J Paediatr Dent.* 2006;7(2):61-66.
6. Chaussain-Miller C, Sinding C, Wolikow M, Lasfargues JJ, Godeau G, Garabedian M. Dental abnormalities in patients with familial hypophosphatemic vitamin D-resistant rickets: prevention by early treatment with 1-hydroxyvitamin D. *J Pediatr.* 2003;142(3):324-331. doi:10.1067/mpd.2003.119
7. Rabbani A, Rahmani P, Ziaee V, Ghodoosi S. Dental problems in hypophosphatemic rickets, a cross sectional study. *Iran J Pediatr.* 2012;22(4):531-534.
8. Bioso Duplan M, Coyac BR, Bardet C, et al. Phosphate and vitamin D prevent periodontitis in X-linked hypophosphatemia. *J Dent Res.* 2017;96(4):388-395. doi:10.1177/0022034516677528
9. Souza MA, Soares Junior LA, Santos MA, Vaisbich MH. Dental abnormalities and oral health in patients with hypophosphatemic rickets. *Clinics (Sao Paulo).* 2010;65(10):1023-1026. doi:10.1590/s1807-59322010001000017