

Sample Dental Medical Necessity Letter

Share this letter with your dentist as an example of the type of information that can be provided to your medical insurance company to secure coverage under that plan for dental work.

July 20, 2020

ABC Insurance Company
123 Main Street
Anytown, New York 01234

Patient Name: Jane Doe
Policy Number: 123456789

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 (FGF23) activity. In addition to causing musculoskeletal defects and muscular dysfunction, increased FGF23 and resultant phosphate-wasting may lead to a range of dental and periodontal defects.^{1,2}

Radiographically, the enamel layer appears thinner while the dentin layer is more radiolucent.^{4,5} Pulp chambers are enlarged, and prominent pulp horns extend up to the dentino-enamel junction.^{3,4,6-8} The literature cites numerous reports of spontaneous infection of the dental pulp tissue, resulting in tooth abscesses.^{3,4,5,7} Other commonly reported dental issues in individuals with XLH include caries⁹, periodontitis¹⁰, and enamel hypoplasia.^{8,9} 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.¹¹

Ms. Doe initially presented with several of the dental and periodontal manifestations that are characteristic of XLH, including a normal but slightly thinner enamel layer and a history of spontaneous dental abscesses. Please find attached a list of current medications and specialists involved in her care. I am also attaching a medical history form from my records and Ms. Doe's current treatment plan.

I have cared for Ms. Doe since age 21. She requires a root canal treatment to eliminate infection, reduce pain, and prevent the loss of teeth. I request that your company provide coverage 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, M.D.
(555) 123-4567; mjones@mail.com

REFERENCES

1. Carpenter TO, Imel EA, Holm IA, Jan de Beur SM, Insogna KL. A clinician's guide to X-linked hypophosphatemia. *J Bone Miner Res.* 2011;26(7):1381-1388.
2. Ruppe MD. X-linked hypophosphatemia. In: Adam MP, Ardinger HH, Pagon RA, et al, eds. *GeneReviews*® [Internet]. Seattle (WA): University of Washington, Seattle; 1993-2017. <https://www.ncbi.nlm.nih.gov/books/NBK83985/>. Accessed December 9, 2019.
3. 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.
4. Boukpepsi T, Hoac B, Coyac BR, et al. Osteopontin and the dento-osseous pathobiology of X-linked hypophosphatemia. *Bone.* 2016;95:151-161.
5. 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;142:324-331.
6. Beck-Nielsen SS, Mughal Z, Haffner D, et al. FGF23 and its role in X-linked hypophosphatemia-related morbidity. *Orphanet J Rare Dis.* 2019;14:58.
7. Chaussain-Miller C, Sinding C, Septier D, Wolkow M, Goldberg M, Garabedian M. Dentin structure in familial hypophosphatemic rickets: benefits of vitamin D and phosphate treatment. *Oral Dis.* 2007;13:482-489.
8. Bender IB, Naidorf JJ. Dental observations in vitamin D-resistant rickets with special reference to periapical lesions. *J Endod.* 1985;11(11):514-520.
9. 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.
10. Biosse 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.
11. Souza MA, Soares Junior LAV, Dos Santos MA, Vaisbich MH. Dental abnormalities and oral health in patients with hypophosphatemic rickets. *Clinics (Sao Paulo).* 2010;65(10):1023-1026.