PATIENT INSTRUCTION SHEET FOR THEIR PHYSICIAN

Dear Doctor,

Your patient is seeking clinical care for a medical hair loss or scalp disorder through our specialized Medical Department. To ensure their treatments, medical products, or cranial prosthesis can be covered under their **Flexible Spending Account (FSA)** or **Health Savings Account (HSA)**, the IRS legally requires a signed Letter of Medical Necessity (LMN) or Prescription.

The IRS strictly bans pre-tax funds for cosmetic hair care, meaning **general terms like "wig," "hair thinning," or "alopecia" without a specific medical code will cause automatic claim rejections**.

To protect your patient from financial penalties, please copy the template below onto your standard clinic letterhead, select the appropriate medical diagnosis code, and sign it.

LETTER OF MEDICAL NECESSITY & RX TEMPLATE

(Physician: Please copy/paste onto clinic letterhead or fill out completely)

Date: _____

Patient Name: _____ **Date of Birth:** _____

To Whom It May Concern,

I am writing to formally establish the medical necessity for the specialized scalp treatments, clinical formulations, or medical hair prostheses prescribed for the above-named patient.

1. CLINICAL DIAGNOSIS (ICD-10-CM)

The patient is currently under my care and has been diagnosed with the following medical condition(s):

- [ ] **L63.0** – Alopecia totalis
- [ ] **L63.1** – Alopecia universalis
- [ ] **L63.9** – Alopecia areata, unspecified
- [ ] **L66.12** – Frontal fibrosing alopecia (FFA)
- [ ] **L66.81** – Central centrifugal cicatricial alopecia (CCCA)
- [ ] **L65.0** – Telogen effluvium (Severe metabolic / shock-induced shedding)
- [ ] **L65.1** – Anagen effluvium (Chemotherapy / radiation-induced loss)
- [ ] **L65.8** – Other specified nonscarring hair loss (e.g., severe traction injury)
- [ ] **Other ICD-10 Code:** _____ **Description:** _____

2. PRESCRIBED MEDICAL TREATMENT PLAN

To mitigate, treat, or manage the physical symptoms of the medical diagnosis checked above, I am formally prescribing the following clinical interventions:

- [ ] **Cranial Prosthesis** *(Medical Hair Prosthesis / HCPCS Billing Code: A9282)*
- [ ] **Clinical Trichology Therapy** *(Clinical scalp and follicle treatments)*
- [ ] **Medicated / Clinical-Grade Topical Hair Growth Formulations**
- [ ] **Low-Level Laser Therapy Device (LLLT)** *(FDA-cleared medical device)*

3. STATEMENT OF NECESSITY & DURATION

The prescribed items and clinical therapies are directly required to treat the patient's physical medical condition. They are not prescribed for standard cosmetic appearance, routine grooming, or aesthetic styling purposes.

- **Estimated Duration of Treatment:** _____ Months / [ ] Lifetime / Ongoing

Physician Name & Title: _____
Clinic / Practice Name: _____
NPI Number: _____ | **Phone:** _____

Physician Signature: _____ **Date:** _____

[Physician's Signature]

Physician's Name (Printed): [Doctor's Name]
Medical License Number: [License #]
NPI Number: [NPI #]
Phone Number: [Doctor's Phone]

LIST OF ALL CODE

ICD-10-CM medical diagnosis codes For Letters of Medical Necessity (LMN) to justify FSA/HSA eligibility for hair-loss treatments:

1. Autoimmune & Total Hair Loss Subtypes

- **L63.0** – Alopecia (capitis) totalis (Complete loss of scalp hair)
- **L63.1** – Alopecia universalis (Total loss of all body and scalp hair)
- **L63.2** – Ophiasis (Band-like hair loss pattern along the back/sides of head)
- **L63.8** – Other alopecia areata
- **L63.9** – Alopecia areata, unspecified

2. Scarring (Cicatricial) Alopecia

- **L66.11** – Classic lichen planopilaris
- **L66.12** – Frontal fibrosing alopecia (FFA)
- **L66.81** – Central centrifugal cicatricial alopecia (CCCA)
- **L66.2** – Folliculitis decalvans
- **L66.0** – Pseudopelade
- **L66.9** – Cicatricial alopecia, unspecified

3. Shock, Medical Treatment, & Injury-Induced Loss

- **L65.0** – Telogen effluvium (Hair shedding from severe stress, illness, thyroid issues, or trauma)
- **L65.1** – Anagen effluvium (Rapid hair loss triggered by toxic drugs or cancer chemotherapy)
- **L65.8** – Other specified nonscarring hair loss (Includes traction alopecia from physical scalp injury or friction)
- **L65.9** – Nonscarring hair loss, unspecified (Used when the explicit cause is unknown but tied to a systemic disease)