CLINICAL POLICY & INSURANCE COVERAGE BRIEF

Durable Medical Equipment (DME) & Cranial Prosthetics Department

Facility Name: Revivify Beauty Salon & Spa, LLC
Clinical Director: Abigail Rice, AMCA Board Certified Hair Loss Practitioner
Specialty: Certified Cranial Prosthesis Specialist
Compliance: Fully HIPAA Compliant / Secure Medical Environment
Facility National Provider Identifier (NPI): 1659244143
Processing Location: Medical Department Terminal Only
(Charges cannot be processed at the front salon register)

Overview of Regional Reimbursement Protocols

This billing brief outlines the specific criteria required to satisfy Florida state and federal guidelines for the procurement of a cranial prosthesis. While our internal payment terminal is configured under a medical Merchant Category Code (MCC) to allow instant checkout for FSA and HSA cards, compliance with traditional government-sponsored health insurance requires strict adherence to the documentation parameters below.

1. Traditional Medicare (Original Medicare Parts A & B)

Federal statutory regulations strictly exclude standard cranial prostheses from traditional Medicare coverage. Under federal guidelines, these items are classified as "cosmetic" and routine grooming devices, regardless of a treating physician's written order. Traditional Medicare billing forms submitted for code **HCPCS A9282** will result in an automatic administrative denial.

2. Medicare Advantage (Part C Plans)

Patients enrolled in Medicare Advantage regional plans (managed by commercial entities such as Humana, UnitedHealthcare, or Aetna) frequently maintain expanded durable medical equipment (DME) benefits. These plans routinely cover a prescribed medical hair prosthesis when it is supported by a documented clinical diagnosis code and a signed medical order.

3. Florida Statewide Medicaid Managed Care (SMMC)

Under the Florida Agency for Health Care Administration (AHCA), standard Medicaid fee-for-service frameworks rarely cover cranial prosthetics. However, coverage is widely available under **Florida SMMC plans** (including Simply Healthcare, Sunshine

Health, and Humana Medicaid). To bypass mandatory state prior authorization audits, the clinical order must explicitly establish the physical necessity of the device.

Mandatory Provider Documentation Requirements

To ensure your patient's claim passes structural audits, the medical order or Letter of Medical Necessity (LMN) forwarded to our department must contain the following verified data points:

- **Florida Medicaid Provider ID:** The prescribing physician's active state Medicaid registration number must be present on all SMMC submissions.
- **Validated ICD-10-CM Coding:** The clinical order must reference an approved medical hair-loss etiology (e.g., L65.1 for Chemotherapy-induced anagen effluvium, L63.0-L63.9 for Autoimmune Alopecia variants, or L66.0-L66.9 for Scarring/Cicatricial Alopecia types).
- **Explicit Physiological Justification:** The clinical narrative must confirm that the prosthesis is required for thermal regulation and protection of a physically compromised epidermal scalp layer from ultraviolet skin injury, rather than for aesthetic or cosmetic styling purposes.

(Flip page over for Prescription Order Form)

STATE OF FLORIDA — MEDICAL PRESCRIPTION & DME ORDER

(For Florida Medicaid SMMC, Medicare Advantage, and Commercial Insurance)

Date of Order: _____

REFERRAL CLINIC / FULFILLMENT SUPPLIER:

- **Facility Name:** Revivify Beauty Salon & Spa, LLC (Medical Department)
- **Clinical Practitioner:** Abigail Rice, AMCA Board Certified Hair Loss Practitioner
- **Credentials:** Certified Cranial Prosthesis Specialist
- **Facility NPI:** 1659244143

PRESCRIBING PROVIDER / CLINIC INFORMATION:

- **Clinic / Practice Name:** _____
- **Physician Name & Title:** _____
- **National Provider Identifier (NPI):** _____ *(10 digits)*
- **Florida Medicaid Provider ID:** _____ *(Required for Medicaid Claims)*

PATIENT BENEFICIARY INFORMATION:

- **Patient Name:** _____ **Date of Birth:** _____
- **Medicare / Medicaid ID Number:** _____
- **Managed Care Plan (e.g., Sunshine, Simply, Humana):** _____

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1. CLINICAL DIAGNOSIS & INDICATIONS (ICD-10-CM)

Physician: Please check the primary code confirming the medical etiology of severe scalp hair loss.

- [ ] **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
- [ ] **L65.1** – Anagen effluvium (Chemotherapy-induced alopecia)

- [ ] **Other Diagnostic Code: _____ Description: _____**

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2. Rx / DURABLE MEDICAL EQUIPMENT (DME) ORDER

- **Equipment Prescribed: Cranial Prosthesis** *(Medical Hair Prosthesis)*
- **Healthcare Common Procedure Coding System (HCPCS) Code: A9282**
- **Quantity:** 1 Base Unit
- **Duration of Medical Need:** [ ] 12 Months / [ ] Lifetime / [ ] Other: _____

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3. CLINICAL CERTIFICATION OF MEDICAL NECESSITY

I certify that the above-named patient is under my direct clinical care and exhibits severe, documented scalp hair loss secondary to the medical condition or treatment marked in Section 1. Due to this physical impairment, a **Cranial Prosthesis (HCPCS A9282)** is prescribed strictly as a structural prosthetic replacement for the loss of vital epidermal scalp tissue.

This specialized prosthetic device is medically necessary to preserve the patient's physical thermoregulation, protect the compromised scalp from extreme ultraviolet epidermal injury, and mitigate profound psychosocial distress associated with their underlying medical pathology. This item is an integral part of the patient's ongoing treatment plan and is **not** ordered for cosmetic, decorative, or aesthetic grooming purposes.

Physician Signature (Handwritten or Authorized Digital):

_____ Date Signed: _____
