



Letter of Medical Necessity InfantEar

NAME: Last name, First name
MRN: #
DOB: Date of birth
DIAGNOSIS: Q17.9 – Congenital Ear Deformity

To Whom It May Concern:

I am the physician for the above-referenced child who has been diagnosed with a (right, left, bilateral) congenital ear deformity consisting of (Helical Rim, Protruding, Conchal Bowl, Stahl's Ear, Cryptotia, Constricted Ear, Combination Ear) on the right; and (Helical Rim, Protruding, Conchal Bowl, Stahl's Ear, Cryptotia, Constricted Ear, Combination Ear) on the left. Children such as this, if seen in the first few weeks of life, are candidates for ear molding using an external, nonsurgical device. This molding is **extremely time sensitive**, as it takes advantage of the remaining circulating maternal estrogen which makes the ear cartilage softer and more receptive to external ear molding. The use of this device may prevent the need for costly invasive surgical intervention at a later age.

Your prompt attention to our request for predetermination for CPT code 21086 is greatly appreciated.

MD NAME
Attending Physician
Name of Practice