



Toilet Support Letter of Medical Necessity (Sample)

J.T.
123 Main Street
Anywhere USA 12345
(800) 555-2222

Physician: Dr. T. Jones
Therapist: B. Smith
Insurance: Anthem BC/BS
Policy #: 123456789
Secondary Insurance: Medicaid
Policy #: 987654321

DOB: 01/01/2007
Duration of Need: Lifetime
Diagnosis: Cerebral Palsy, Muscle Weakness, Developmental Delay
Height:
Weight:

The following is medical necessity justification for a Contour Toilet Support for JT. JT is a 10 year old male with a primary diagnosis of Cerebral Palsy and Muscle Weakness. JT is non ambulatory and requires moderate support for upright sitting. He is dependent on his wheelchair with custom contoured seating for all of his mobility and requires max assist of one for transfers.

JT currently does not have any adaptive toileting equipment at home. At home JT is confined to his bed or wheelchair. Currently JT is transferred onto the toilet by one of his caregivers, then his caregiver has to hold him on the toilet to provide the support required for JT while toileting. This is an unsafe situation for both JT and his caregivers. They are both at risk for injury. The Contour Toilet Support will provide adequate trunk support to allow JT safely use the toilet. Without the recommended toileting support, it will not be possible for JT to toilet safely. I have evaluated JT for the Contour Toilet Support in our clinic. The Contour Toilet Support is the least costly alternative that could perform all of the functions required for JT.

It is the goal of JT and his primary caregivers for him to be safe during toileting. For all of the above reasons, it is recommended that JT be provided a Contour Toilet Support.

Mr. or Mrs. Physical Therapist

Dr. Doctor

Date

Date