

Stroller Letter of Medical Necessity (Sample)

J.T. 123 Main Street Anywhere USA 12345 (800) 555-2222 Physician: (insert name here)
Therapist: (insert name here)
Insurance: (insert Primary Insurance)

Policy #:

Secondary Insurance: (Insert Secondary Ins)

Policy #:

DOB: 01/01/2012

Duration of Need: Lifetime Diagnosis: (insert all diagnoses)

Height: (insert height)
Weight: (insert weight)

The following is medical necessity justification for an adaptive stroller mobility base for JT. JT is a 5 year old male with a primary diagnosis of Cerebral Palsy since birth. JT is non ambulatory due to low tone in all four extremities and overall weakness. JT cannot sit without support and is dependent for all mobility. JT is max assist for transfers. He currently does not have any adaptive medical devices. JT is currently a student at West Middle School in Anywhere USA.

I am JT's school physical therapist and see JT once per week for physical therapy during school hours. I have been working with JT for 2 years. I have worked with children for 8 years both in the clinical and school settings. I have recommended numerous types of mobility bases for clients over that period of time. JT is also seen every week by an occupational therapist and a speech language pathologist.

JT is currently dependent for all mobility and is currently using a loaner adaptive stroller mobility base from the school. Without the use of this mobility base, JT is confined to his bed at home or lying on the floor. Currently he has no other device to use and he cannot be transferred to a standard desk or chair. His family has a standard size sedan for transportation that is not large enough to transport some larger size mobility bases. JT's family cannot transport him to his doctor's appointments or his outside therapy appointments every week without a mobility base.

I am recommending that JT receive a Trotter mobility base with lateral trunk support, headrest extension, bus transit tie downs, and foot and ankle positioners. We have conducted a trial fit of the Trotter mobility base with JT and determined that it will meet his needs. The Trotter mobility base will provide JT with good postural support throughout the day. The Trotter is a lightweight mobility base that can be transported both on the school bus and by JT's family. The Trotter provides JT with the necessary lateral support via the Lateral Support Strap. The headrest extension will provide support to JT's head, especially during transport. The headrest extension along with the foot and ankle positioners

are required to be used with the Bus transit tie downs. For all of the above reasons, it is recommended that JT be provided a Trotter Mobility Base with the specified accessories.	
Mr. or Mrs. Physical Therapist	Dr. Doctor
Date	Date