

Date: [Insert Date]

To: [Insurance Company Name]

Attention: Medical Review Department

Fax/Address: [Insert Fax Number or Address]

RE: Letter of Medical Necessity for a Tilt-In-Space Specialized Pediatric Stroller

Patient Name: [Patient Name]

Date of Birth: [Patient DOB]

Member ID: [Insurance ID Number]

ICD-10 Diagnosis Codes: [Insert Diagnosis Codes, e.g., G80.9, Q05.9]

To Whom It May Concern,

I am writing to formally request coverage for a Tilt-In-Space Specialized Pediatric Stroller for my patient, [Patient Name]. This equipment is medically necessary to manage [his/her] complex physical and functional limitations resulting from [Insert Primary Diagnosis].

Clinical Status and Functional Limitations:

[Patient Name] presents with the following clinical needs:

- Poor trunk and head control requiring external postural support.
- Inability to maintain an upright seated position against gravity.
- High risk for skin breakdown and pressure sores due to limited mobility.
- Respiratory or digestive complications that require periodic positioning changes.
- [Optional: Insert details regarding muscle tone, e.g., hypertonia or hypotonia].

Medical Necessity for Tilt-In-Space Feature:

A standard pediatric wheelchair or commercial stroller is insufficient for this patient. The Tilt-In-Space mechanism is required for:

- **Pressure Relief:** To shift weight and redistribute pressure to prevent decubitus ulcers.
- **Postural Stability:** To allow gravity to assist in maintaining head and trunk alignment, reducing fatigue.
- **Physiological Function:** To improve respiratory expansion and assist with safe swallowing and digestion.
- **Autonomic Stability:** To manage orthostatic hypotension or autonomic dysreflexia.

Equipment Recommendation:

I am prescribing the [Insert Specific Model Name, e.g., Zippie Voyage] with the following necessary accessories:

- [Insert Accessory 1: e.g., Lateral trunk supports for spinal alignment]
- [Insert Accessory 2: e.g., Contoured headrest for cervical support]
- [Insert Accessory 3: e.g., Five-point harness for safety and positioning]

In summary, this specialized stroller is the least costly alternative that meets the patient's medical and functional requirements. Without this equipment, the patient is at significant risk for skeletal deformities, skin breakdown, and loss of functional independence.

Please contact my office at [Phone Number] if further clinical documentation is required.

Sincerely,

[Physician Name, MD/DO]

[NPI Number]

[Practice Name]