

Date: [Insert Date]

TO: [Insurance Company Name]

ATTN: [Appeals/Authorization Department]

FAX/ADDRESS: [Insert Fax Number or Address]

RE: Letter of Medical Necessity for Adaptive Pediatric Stroller

Patient Name: [Patient Name]

Date of Birth: [Patient DOB]

Member ID: [Insurance ID Number]

Provider Reference Number: [Reference Number]

To Whom It May Concern,

I am writing to formally request authorization for an adaptive pediatric stroller with specialized postural support for my patient, [Patient Name]. [Patient Name] is a [Age]-year-old with a primary diagnosis of [Primary Diagnosis, e.g., Cerebral Palsy, GMFCS Level IV].

Clinical Status:

The patient presents with significant physical impairments, including [List impairments, e.g., trunk hypotonia, poor head control, scoliosis, and spasticity]. Due to these deficits, the patient is unable to maintain an upright seated position or ambulate safely over community distances. Standard commercial strollers do not provide the necessary orthopedic alignment or pressure redistribution required for this patient's medical needs.

Medical Necessity and Equipment Specifications:

The requested equipment, [Specific Model Name], is medically necessary for the following reasons:

- **Postural Support:** Specialized lateral supports and a 5-point harness are required to prevent skeletal deformities and maintain an open airway.
- **Tilt-in-Space Function:** This feature is critical for pressure relief, managing autonomic dysreflexia, and assisting with gravity-assisted positioning for feeding.
- **Safety and Transport:** The adaptive stroller provides a crash-tested base for safe transport to medical appointments and therapy.
- **Growth Capability:** This device is adjustable to accommodate the patient's growth, ensuring long-term medical utility.

Consequences of Non-Coverage:

Without this specialized equipment, [Patient Name] is at high risk for skin breakdown (pressure ulcers), progressive spinal curvature, respiratory compromise, and complete loss of mobility within the community.

In summary, this adaptive stroller is not for convenience, but is a vital piece of durable medical equipment (DME) required to support the patient's basic physiological functions and orthopedic health. Please contact my office at [Phone Number] if further documentation is required.

Sincerely,

[Physician Signature]

[Physician Printed Name]

[Title/Medical Specialty]

[NPI Number]

[Clinic/Hospital Name]