

Sample: Letter of Medical Necessity

Step-Step Physical Therapy

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January 15, 2009

Patient: Jane Doe
Date of birth: 12/12/2002
Prescribing physician: Jan Doolittle
Medical diagnoses & ICD-9 codes: Cerebral Palsy, 343.9; Gait Abnormality, 781.2
Durable medical equipment requested: Bilateral AFOs and Bilateral night splints
Date of assessment/evaluation for bracing: 1-10-09
Length of need: Until outgrown/Lifetime

To whom it may concern:

Jane Doe is a 2 year old female child diagnosed with cerebral palsy and gait abnormality per referral from Dr. Jan Doolittle. Jane is currently in need of the following orthoses: DAFO 3.5 (resist plantarflexion) for day use and DAFO 9 Softy (limited ambulation stretching brace with foam liner) for night use.

Jane is currently receiving the following services: physical therapy. Therapy is targeting improvements in the following gross motor areas: maintain foot and ankle alignment in weight bearing; prevent the development of muscle contracture; improve gait, functional strength, flexibility, and gross motor skills.

Jane's high level of gross motor function: she is able to walk independently on level and non-level surfaces but demonstrates toe walking 75% of the time. She is able to statically stand with heels to the ground, but dynamically does not perform heel strike during gait. Her heel cord flexibility is decreased but she gets to neutral to 5 degrees of dorsiflexion bilaterally.

Functional improvement expected after obtaining DAFO 3.5 and DAFO 9 Softy: Maintain foot and ankle alignment in weight bearing, prevent development of muscle contracture, and improve heel strike during gait.

Jane would benefit from an orthosis which includes the following characteristics: flexible wrap around foot control for comfortable, evenly distributed pressure, lightweight yet durable plastic that allows ambulation assistance without adding energy taxing additional weight, and plantar surface contours for improved proprioceptive input. Currently, there is no local provider who is able to fabricate orthoses with these characteristics.

Cascade Prosthetics & Orthotics, Inc., is an out-of-state provider for this style of orthosis. Cascade P&O is owned and operated by Don Buethorn, CPO, in Ferndale, Wash. The process is initiated with the child's physical therapist who will cast the child's foot/ankles.

If you have questions or concerns regarding any of this information, please don't hesitate to call me at 800-555-1234. Thank you for your consideration and timely response to this matter.



Jan Doolittle, P.T.

Practitioner's letterhead with all contact information

Patient name and DOB

Date of assessment

Patient Dx and condition / DME requested

Therapy goals

Problems you are trying to address

Functional challenges the patient has that will be improved with this orthotic device

Characteristics unique to DAFOs. You can find more specific product info at www.cascadedafo.com

Therapist name, credentials, and signature (Hand signature preferred, electronic okay in some instances)