

Support of Medical Necessity for Occupational Therapy

The following may be helpful in wording a statement to satisfy the request from insurance companies for documentation of medical necessity. This information is provided to assist your physician, who will determine what he or she feels is appropriate for your child.

_____ [Child's Name] _____ appears to have a neuromotor dysfunction of yet undefined etiology, in contrast to and which goes beyond a developmental delay. He/she meets the criteria for a diagnosis of _____ (if no specific diagnosis, consider: F82 Specific Developmental Disorder of Motor Function, M62.81 Muscle Weakness, F50.9 Eating Disorder, Unspecified, or F93.9 Childhood Emotional Disorder, Unspecified). Occupational therapy is recommended for an hour once (or twice) weekly with the expectation of significant functional change. Progress should be reviewed in six months to determine the need for further intervention.

If your physician has any questions, please provide us with a release and we would be happy to speak with him/her directly.