RE: 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.

Suggested example:	child's name	appears to have a	
neuromotor dysfunction	of yet undefined etiole	ogy, in contrast to and which goes	
beyond a developmenta	I delay. He/she meets	s the criteria for a diagnosis of	
(if no specific of	diagnosis, consider: F	F82 Specific Developmental	
Disorder of Motor Functi	ion, M62.81 Muscle W	Veakness, F50.9 Eating Disorder,	
Unspecified, or F93.9 C	hildhood Emotional D	isorder, Unspecified). Occupationa	ļ
therapy is recommended	d for an hour once (or	twice) weekly with the expectation	
of significant functional of	change. Progress sho	ould be reviewed in six months to	
determine the need for f	urther intervention.		
If your physician has an	v augotiona plagas p	rovide up with a release and we	
would be happy to spea	, , , , , , ,	rovide us with a release and we	