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Letter of Medical Necessity

For a wearable GPS location device, for a health savings account (HSA) or flexible spending account (FSA) claim

Date _____ To (plan administrator) _____

PATIENT

Patient name _____ Date of birth _____

Account holder (if different) _____ Plan or member ID _____

DIAGNOSIS

- ☐ Autism spectrum disorder ☐ Dementia or Alzheimer's disease ☐ Intellectual disability
- ☐ Wandering or elopement risk

Other condition _____ ICD-10-CM code(s) _____

Z91.83 is "wandering in diseases classified elsewhere"; the underlying condition is coded first.

I am the treating clinician for the patient named above. Because of the condition listed, the patient is at risk of wandering or elopement: leaving a safe place or a caregiver without warning, without the ability to recognize danger such as traffic or water, and without being able to ask for help.

History of wandering (how often, recent incidents, dangers involved)

I recommend a wearable GPS location device for this patient. Its purpose is to mitigate the risk of injury or death from wandering associated with the diagnosis above: it lets caregivers locate the patient quickly and alerts them when the patient leaves a set safe area. In my opinion it is medically necessary for this patient and is recommended primarily to address this risk, not for general use.

Device recommended _____ Expected duration of need _____

For example: "StepSafe SS-01 GPS location device with service", and "12 months" or "ongoing".

CLINICIAN

Name and credentials _____ NPI _____

State license no. _____ Phone _____

Signature _____ Date _____