

Necessary Components to Write a Letter of Medical Necessity

1. Basic information:
 - a. Patient's name, date of birth, diagnosis, and insurance information.
2. Patient function and needs:
 - a. Document the patient's abilities, limitations, medical complications, etc.
 - b. For durable medical equipment (DME), include range of motion (ROM), strength, sitting ability, standing ability, postural deformities, spasticity, and previous or current pressure injuries.
3. Equipment or treatment requested:
 - a. Be specific about what is being requested including every additional component of DME.
 - b. Include the length of the need.
4. Why your patient needs this:
 - a. Explain why you think your patient needs or would benefit from this intervention. Be specific.
 - b. For DME, explain every part of device that does not come with the basic system.
 - c. Example 1: a baclofen pump test dose will allow you to determine response to the medication and therefore have more information about whether the baclofen pump itself would be effective for the patient.
 - d. Example 2: An AAC device will allow your patient to participate greater in educational settings, with peers, with family members and in the community. It may allow the patient to direct the patient's own care, or to have employment in the future. It may lessen the patient's level of frustration and therefore improve the quality of life.
5. Evidence:
 - a. When available, cite the literature.
6. Other options:
 - a. Be prepared to explain why the other options won't work or haven't worked.
 - b. If applicable, review successful trial of equipment that is being requested.
 - c. Example 1: the patient tried a less expensive bath chair, activity, chair, etc. and it didn't work because it was not supportive enough.
 - d. Example 2: the patient tried four other medications with ongoing dystonia that is limiting the patient's care. The patient was limited by side effects of sedation, which are less with a baclofen pump.
7. Safety:
 - a. Explain why this is the safest option for your patient and how it can protect them from falls, fractures, skin breakdown, etc.
 - b. Example 1: Susie has poor trunk control and scoliosis, so she requires lateral supports to remain upright in the wheelchair. Without these, she will fall to the side and could be injured because she cannot return herself to an upright position. She is also at a higher risk of developing further bony deformities if not positioned properly.
8. Sign with your credentials and contact information with an open invitation to contact you for more information.
9. **Special considerations:**
 - a. EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Medicaid: Specifically, Federal Law mandates each state administering the program to provide medically necessary services including medical and rehabilitative or other remedial care, DME, home based nursing care, therapy, orthotics, prosthetics, preventative services, personal care services etc. to children from 0-21 years old whether or not the service/DME/assistive technology (AT) etc. is provided to adults on Medicaid in that state. The goal is maximum reduction or prevention of physical or emotional disability to enable the child to function at the highest level in the community.
10. If the patient continues to be denied despite a letter of medical necessity or peer-to-peer, be sure to follow the patient rules/requirements. This may mean an appeal or a hearing. If possible, participate in the hearing (in person or virtually) if the prescription continues to be denied, advocate for your patient.