

Writing a Letter of Medical Necessity

A. Include the following information:

1. Full name of child, names of parents (parents and child may have different names)
2. Date of birth of child
3. Insurance plan name (there may be more than one plan)
4. Relevant diagnoses (codes are helpful only if they are accurate! Ask the doctor.)
5. Item/service being requested
6. Why the item/service is medically necessary (refer to the insurance plans' definition)
7. What positive/negative impacts the item/service will result in (include financial)
8. Scope and duration of treatment
9. Supplemental documents (pictures, letters from other providers, research articles, product information, Prior Authorization Request)
10. Include funding streams NOT able to help (denial letters, help)
11. Terms to use:
 - a. medically necessary
 - b. clinically based
 - c. promoting independence
 - d. preventing secondary disability
 - e. cost-effective
 - f. safety
12. Terms to avoid:
 - a. custodial
 - b. rehabilitate
 - c. developmental delay/disability
 - d. speech delay (without a diagnosis such as aphasia)
 - e. Caregiver convenience
13. Ask if your Letter of Medical Necessity answers the following:
 - a. Is there a licensed provider stating in writing the item/service is medically necessary?
 - b. Is this item/service not for care giver convenience?
 - c. Is this item/service costs effective and if so have you explained how?
 - d. Is this item/service considered standard medical practice?
 - e. Have you explained how long and how often the item/service will be used.
 - f. Is this item/service right for the need of individual?

B. The Responsibilities of Each Role

2. Care provider needs to know the process if the parent is not yet skilled
 - a. pertinent benefits
 - b. limitations and exclusions
 - c. appeals process
 - d. terms and their definitions
 - e. distribute instructive materials to parents (empowerment)
 - f. write perfect letters of medical necessity
3. Parent needs to
 - a. become knowledgeable about the policy (a-d of above)
 - b. supply information to providers
 - c. keep a paper trail of all communications
 - d. confront conflicting information

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4. Advocate's role is to
 - a. assist with the appeals process
 - b. guide providers and parents to resources
 - c. influence systems' change

EXAMPLE LETTER:

Full name of parent's

Insurance ID:

Full name of Child:

Date of Birth:

Diagnosis codes:

Dear Insurance person:

Date:

This letter is to communicate the medical need for a _____. My child _____, has the medical diagnosis requiring this device/service.

I have researched other devices but feel this is the best device for my child. Other devices don't have the ability to tilt in space, the name of device has this ability, allowing for multiple positions.

Multiple positions are important as name of child must be repositioned often to reduce spasticity. The positions also allow this device to grow with my child. Reducing the need for another device to be purchased in a few years. This device was recommended by a licensed therapist, see attached letter. Without this device my child will require additional therapies and costly surgeries in the future.

I am sure you get letters asking for things every day. I am including a picture of name of child using this device, to assist you in understanding the importance having this device. If this device is not approved the child will - cost more money, lose mobility, lose community access. I do plan to go through the appeal process if this device is not funded.

Your company's definition of medical necessity is:

I am communicating that this device for my child fits your definition for the above reason.

Don't hesitate to call or email if you need additional information, related to this decision.

I look forward to hearing from you.

Sincerely,

Name, ID#

Address

Phone

Email

Attachments:

Doctors, therapist or professional letter

Picture

Marketing material about device