

Writing a Letter of Medical Necessity

A Guide for Physicians



This brochure explains how to write a strong letter of medical necessity to ensure your patient receives the services they need.

Step 1: Say who you are (primary care physician, specialist), how long you have known and treated the patient, and the service which you are requesting. For home health services, be as specific as possible regarding the number of hours requested per day, the usage of these hours, and the duration of the prescription. Next, state the patient's diagnoses.

Step 2: Using the language of the medical necessity definition outlined in the box below, state why the service is medically necessary. *Example: "Jane Doe needs home health care services because I expect it to assist her in achieving maximum functional capacity in performing activities of daily living, such as bathing, eating, dressing, and personal hygiene."*

Legal Definition of Medical Necessity

Under Pennsylvania Medical Assistance, a service is medically necessary if it meets any one of the following three standards:

1. The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition, or disability;
2. The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental, or developmental effects of an illness, condition or disability; or
3. The service or benefit will, or is reasonably expected to, assist the individual to achieve or maintain maximum functional capacity in performing daily activities taking into account both the functional capacity of the individual and those functional capacities that are appropriate for individuals of the same age.

Use all parts of the medical necessity definition which are relevant to your patient. Explain the specific medical problem or functional limitation that results from the patient's diagnosis. You should give specifics about how the service requested will address the functional limitation.

Step 3: Include Information about Parental Availability

If applicable, include a paragraph about the availability of parents to provide the service requested. Home health services like nursing or home health aide may be denied if the insurer assumes a parent is available to provide the service in question. It will be helpful for you to state the parental availability that you considered when making the prescription for services.

To the extent the nurse or home health aide will be working while a parent is present, it is important to emphasize the services the patient needs that cannot be provided by the parent(s).

Parents may be unavailable to provide services for any number of reasons, including but not limited to tending to essential household duties and errands, physical or mental limitations of the parent, and taking care of other children in the home.

Step 4: Give specifics which are helpful in expanding on the legal definition:

- Expand on each statement made in the letter to give supporting medical evidence where available. Evidence can be from your charts, from consultant letters, or from conversations with family members.
- With as much detail as possible, explain how it will prevent an illness or disability. Refer to medical articles or lectures. Review failed treatments. Consider information available to you about the patient, such as compliance with other regimens, family and home supports, or coping skills, which the insurer may not know. Be specific about goals.
- With as much detail as possible, explain how it will ameliorate the physical, mental, or developmental effects of the patient's illness. Cite past successes with the treatment. Cite recent medical articles. Include letters from consultants. Review failed treatments and address the insurer's suggested treatments. Be specific about psychological factors that are relevant to your chosen treatment. Provide information you have which a distant administrator may not know.
- With as much detail as possible, explain how it will assist the patient to maintain functional capacity. Include letters from physical or occupational therapists. Cite conversations with family members or other treating physicians. Include journal references on unusual or new treatment modalities.

Step 5: Conclude with repeating your prescription and the medical consequences which you believe will result if the prescription for medications or services is denied.

Examples of specific data which may be helpful to highlight throughout your letter:

- Review previous treatments you have tried, what results they produced, and what led you to change them. Be as specific as possible. If the insurer has suggested alternatives that you feel are inadequate, address each one of these and explain why it would be insufficient.
- If you have had particular success with the treatment you are recommending which the insurer might not be aware of, document this success.
- If you would agree with the insurer in general in a case such as this, but feel this is a special situation, acknowledge this and explain the situation.

For more information on writing a letter of medical necessity, please call PHLP's Toll Free Helpline at 1-800-274-3258 or e-mail staff@phlp.org.