

Writing a Letter of Medical Necessity for Nursing & Home Health Services:

A Guide for Pediatric Healthcare Providers



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

Step 1: State the Requested Services

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 shift care services like Skilled Nursing or Home Health Aide services, be as specific as possible regarding the number of hours requested per day, the usage of these hours (e.g., for work; school; sleep; parental duties), and the duration of the prescription (e.g. 6 months). Next, state the patient's diagnoses.

Step 2: Use the Definition of Medical Necessity

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 Medicaid law, services are medically necessary if the service meets any one of the following:

1. It will, or is reasonably expected to, prevent the onset of an illness, condition, or disability;
2. It will, or is reasonably expected to, reduce or ameliorate the physical, mental, or developmental effects of an illness, condition or disability; **or**
3. It 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.

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Use as many parts of the medical necessity definition that are relevant to your patient as possible. Explain the specific medical problem or functional limitation that results from the patient's diagnosis, and how the requested service will address that. In as much detail as possible, your letter should:

- Explain how the service 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.
- Explain how the service 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.
- Explain how the service 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.
- Review any previous services or treatments the patient as 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, such as suggesting the child needs Home Health Aide services instead of Skilled Nursing, address this in your letter as well, explaining why the suggested alternative would be insufficient.

Children with Behavioral Health Needs

While Medicaid Physical Health plans are not responsible for behavioral health care needs, they are still required to assist in the coordination to meet the member's needs.

When reviewing a request for nursing or home health aide services for a child with co-occurring physical and behavioral health needs, the health plan must take all aspects into consideration, including whether the child has physical implications or manifestations stemming from their behavioral health diagnosis. Also, cuing and monitoring can still be medically necessary reasons for nursing or home health aide level of care. Hands-on care is not always required in order to be medically necessary.

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Step 3: Address Parental Availability

Even if the service is clinically appropriate, the Medicaid plan will not approve services if the parent is able and available to meet the child's needs *in lieu of the requested service*. Be sure to include a paragraph about the parents' availability—or lack thereof—during the time the hours are requested. For example, you could state, “this request is for evening hours to cover the time when the patient's parents are busy tending to the needs of other children in the home.”

Medicaid plans must take certain factors into consideration when determining whether a parent is actually able and available to care for the child during the time in question. Your letter should list any factors you considered when making the prescription which make the parent unavailable during the time the services are requested. These factors include:

- Parents' work schedule(s), including commute times
- Parents' own physical or mental health conditions or limitations
- Essential household duties like errands, cleaning, paying bills, yardwork, etc.
- Running errands related to household duties and/or attending religious services
- Caring for other children in the home, including attending sibling activities or appointments

Step 5: Document Changes (Or Lack Thereof) Since Last Authorization

When requesting continuation of ongoing services, explicitly document your patient's clinical status compared to their previous authorization period.

- **If the patient's condition remains stable or unchanged:** State clearly that there has been no improvement or change in the patient's condition since the Medicaid plan last approved services. Under new Medicaid managed care guidelines released in 2023, Pennsylvania's health plans are required to demonstrate a documented change in the patient's condition before reducing or discontinuing previously authorized services. Your letter must specifically address the absence of clinical changes that would justify any reduction or termination of care.
- **If the patient's condition has worsened or new needs have emerged:** Document any deterioration or changes that necessitate enhanced services, including additional service hours or higher levels of care

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Be explicit in either scenario. A clear statement regarding your patient's status—whether unchanged, worsened, or presenting new challenges—provides essential evidence for appropriate service authorization decisions.

Step 6: Conclusion

Conclude with repeating your prescription and restating the medical, developmental, and/or health consequences that you believe will result if the request for services is denied. Be sure to include your phone number so that the health plan's medical director can contact you for a Peer-to-Peer meeting, or to gather additional information, if necessary.

For More Information

If your request for services is denied by your patient's health plan, direct the family to our guide, [How to Appeal the Denial of a Child's Shift Nursing or Home Health Services](#), for further guidance.

For more information on writing a letter of medical necessity or supporting your patient's request for services, call PHLP's Helpline at 1-800-274-3258 or e-mail staff@phlp.org.

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