



In order to obtain funding for all types of medical equipment through any third party payer source, it is required that you document the specific medical necessity of the equipment for that particular person.

Each letter of medical necessity is made up of the same components but specifically addressing the needs of the individual about which the letter is written. The form or structure used for your letter of medical necessity is not as important as the information that is contained in the letter. The following information will help to guide you in completing a thorough letter of medical necessity to achieve funding for medical equipment.

Below are the primary elements of any well written letter of medical necessity:

Identify Your Client

Identify your client by name. It is often customary to also include age (DOB), height, and weight. This section may also include address and insurance information. Discuss any pertinent medical diagnoses (list ICD-10 codes) and the physical presentation of your client. Identify both physical and cognitive abilities.

Identify Yourself

Provide details about your professional credentials and expertise. Be sure to indicate any additional education or training that is relevant to the treatment of your client. Cite any specific training related to the provision of the recommended equipment if applicable. Identify your treatment of the client. How often have you treated them and in what setting? Also identify any other professionals that contributed to the equipment evaluation.

Identify the Presenting Challenge

Identify in detail the issues that your client is experiencing that require therapeutic intervention. What are the individual's physical limitations? Are they ambulatory? Are they weight bearing? Can they sit unsupported? Do they have the ability to weight shift? Most often a separate mat assessment will be performed to ascertain range of motion, strength, tone or spasticity, and to obtain client specific measurements. How do all of these impact the client's activities of daily living, work activities, schoolwork, or family life? What limitations are present without any equipment? Will the lack of equipment impede either their physical or cognitive progress?

Identify the Recommended Equipment

Provide the specific request for the base equipment and all required accessories. Describe the therapeutic benefits of the equipment for your client. Be specific in justifying the equipment and all

accessories. Cite the medical necessity for each part of the equipment. Be careful that the justifications are not for convenience or ‘comfort’. Discuss the therapeutic goals of the equipment. Cite any trials of equipment and the outcome of those trials. What did specific equipment trials demonstrate to support your therapeutic goals? What functional improvements were noted? What physical improvements were noted? Did their posture improve? Did their ambulatory status improve?

Rule Out Other Alternative Equipment

Is the prescribed equipment the least costly alternative that meets the client’s medical needs? What are the limitations of the alternatives that made them not suitable for use by your client? Does the recommended equipment grow with the client, but an alternative product does not?

Summary of Goals and Equipment Benefits

Summarize the goals for your client as they relate to the recommended equipment. What do you hope to have your client achieve with this equipment? What would happen without the recommended equipment? Will the recommended equipment prevent the need for future costly surgical intervention? You may want to include pictures or video of your client to help illustrate your recommendation. It is sometimes necessary to include pictures both with and without the recommended equipment. Sign and date your letter. Obtain physician’s signature.