



Key Phrases to Include Within a Letter of Medical Necessity (LMN)

When composing a letter of medical necessity (LMN) for a wheelchair or scooter, it is imperative to include the following key phrases within the document, in addition to the standard structure and components of the LMN as noted in a previous document, as funding sources will seek out this information during the approval process.

If appropriate and applicable, include the following, adjusted as necessary for each specific patient case:

Key Phrase #1:

If applicable, note that the patient is unsafe with attempts at ambulation and/or a fall risk

- Include any existing assistive devices s/he currently attempts to use unsuccessfully or unsafely (ie. walker, wheeled walker, cane, etc.)
- Document the frequency and severity of falls experienced within the home and subsequent injuries
- Include objective fall risk assessment scores if applicable. Objective tools, that may be utilized as applicable include but are not limited to:
 - The Morse Fall Scale,
 - Berg Balance Scale,
 - Tinetti Balance Assessment Tool, or
 - The Timed Up and Go Test

Sample Statements:

- *Mr. Patient is unsafe in attempts to perform ambulation with a wheeled walker within his home. He is a significant fall risk, as he has fallen 3 times within the last 2 weeks, resulting in injuries to his shoulder and skin tears.*
- *Mr. Patient is unsafe in attempts to perform ambulation with a standard walker within his home. He is a significant fall risk, presenting with a history of falls within the home as well as a Morse Fall Scale rating of 60, where a rating of 45 or greater indicates a high fall risk.*

**Key Phrase #2:**

If applicable, include a general statement as to why the recommended piece of equipment will improve the patient's safety and mobility

- This may be a general statement as greater detail will be provided throughout the LMN.
- You may include the activities within the home that the patient will be able to safely and independently perform with alternative mobility to remain independent within the home. Examples include, but are not limited to:
 - Mobility-Related Activities of Daily Living (MRADL) such as toileting, dressing, and;
 - Instrumental Activities of Daily Living (IADL) such as cooking, laundry

Sample Statements:

- *Use of a powered mobility device will allow Mr. Patient to perform his activities of daily living with a greater degree of safety and a higher degree of efficiency, thus conserving energy for additional tasks throughout the day and reducing his fall and injury risk. This will allow him to reduce this reliance on a caregiver and allow him to be independent within the home.*
- *Mr. Patient currently relies on a caregiver 5 days per week for 6 hours per day for meal preparation, dressing and mobility assistance. Use of a powered mobility device will allow Mr. Patient to perform these activities with modified independence thus reducing his reliance on a caregiver.*

Key Phrase #3:

If applicable, include a statement indicating that you (the therapist) have observed the patient to be safe and competent with the use of this alternative form of mobility

- Most funding sources primarily or solely consider the patient's performance within the home, so be sure to include in-home observations within this statement.
- Two formal assessment methods for powered driving exist, and can aid in justification of powered mobility and documentation of safety and competency in a more objective manner. These assessment methods can add an objective component to an otherwise subjective statement:
 - The Power-Mobility Community Driving Assessment (PCDA); and,
 - The Power-Mobility Indoor Driving Assessment (PIDA)

Sample Statements:

- *Mr. Patient demonstrated the ability to safely, competently and independently use (insert alternative form of mobility here) within the home as observed by the evaluating therapist.*
- *Mr. Patient demonstrated competent use of (insert alternative form of mobility here) within the home as evidenced by a score of 91% on the Power-Mobility Indoor Driving Assessment and is able to drive independently with no restrictions or limitations.*

**Key Phrase #4:**

If applicable, address the patient's inability to independently and safely function with an alternative (or lesser involved) piece of equipment

- For example,
 - If you're asking for a power base, include why the patient would be unable to use a manual base.
 - If you're asking for a power wheelchair, you may want to include why a scooter would not be appropriate.
- This is applicable to seating components as well. For example, if you're recommending an aggressive pelvic support (which may be more costly), it would be wise to include in the justification the reason a less supportive (less costly) pelvic support would not be successful.

Sample Statement:

- *Mr. Patient would be clearly unable to self-propel a manual wheelchair due to his upper extremity and endurance limitations as previously noted. In order to provide the patient with the greatest degree of independence, the patient will require a powered mobility device.*
- *As previously stated, Mr. Patient will require a center-wheel drive power wheelchair for use within his home. A power scooter would not be a feasible option for him within the home, as it would not would it be a functional option due to its long wheel base and large overall turning radius, nor would it offer adequate support and adaptable seating options should his condition progressively decline.*

Key Phrase #5:

If applicable, include a statement to note that multiple equipment options were trialed prior to making the final equipment recommendation

- This is often most applicable during the process of selecting seating components, namely wheelchair cushions, pelvic supports, anterior/torso supports, headrests, etc.
- The inclusion of photographs and/or pressure mapping in the justification of a wheelchair cushion is a helpful tool to demonstrate the performance of various equipment options and justify the final selection.

Sample Statement:

- *Multiple equipment options including but not limited to (insert specific equipment here if desired) were considered during the evaluation with Mr. Patient, and it was confirmed that he presents with the greatest degree of (insert desired result) via use of the (insert selected equipment).*

**Key Phrase #6:**

If applicable, include a statement to note that the outcome of the PT/OT evaluation suggests the patient would be successful in use of the recommended equipment, and the evaluator has witnessed the patient successfully drive/use the equipment within his/her home environment

- This can be broken into two or more separate statements, although it is often more concise to combine them into one statement as displayed below.

Sample Statement:

- *Mr. Patient has been evaluated in the rear-wheel drive wheelchair which was recommended, and demonstrated the gross and fine motor skills, judgment and cognitive ability to safely operate the power wheelchair as observed by the evaluating therapist, within his home environment.*

Key Phrase #7:

If applicable, include a statement to note that

- 1) *The patient would be bed or chair confined without use of this equipment;*
- 2) *The recommended equipment will be his/her sole source of mobility; and,*
- 3) *The prognosis or projected length of use of the recommended equipment, if it is known or can be estimated*

- All three of these inclusions can be incorporated into any of the statements above if the writing structure allows, or they can be combined into one all-inclusive statement which can be utilized within every LMN the therapists creates. As long as it is included somewhere in the LMN, there are no specific regulations as to where it is stated.

Sample Statement:

- *Due to his recent T2 complete spinal cord injury and resulting paralysis, Mr. Patient would be bed or chair confined without the recommended equipment and will require use of this equipment for the remainder of his life.*