



Letters of Medical Necessity (LMN) at a Glance

Purpose, Structure and Components

PURPOSE

A letter of medical necessity (LMN) serves three primary purposes:

1. It will clearly state the medical need for the equipment which is being recommended, including why the piece(s) of equipment is necessary and what negative occurrence would be produced in the event the equipment is not received.
 - This includes the justification as to why lesser pieces of equipment would not suffice.
 - For example, when asking for a lightweight manual wheelchair, it is imperative to include why a standard weight (and more cost efficient) wheelchair would not be appropriate for the client, or why a walker could not be used as opposed to wheeled mobility.
2. It offers a clear explanation of the equipment being requested as well as the correlation between the patient's medical presentation and functional status, and the equipment needs of that individual.
 - This aids in the payer's understanding of the relationship between the two, thus promoting greater odds of equipment authorization
3. It provides specifications for the required equipment, including
 - Sizing,
 - Quantity, and
 - Fit compliance



STRUCTURE & COMPONENTS

The letter of medical necessity is comprised of:

1. Subjective/Patient information including but not limited to:
 - Patient name
 - Date of birth
 - Diagnosis (including primary and secondary diagnoses)
 - Ordering physician
 - Evaluating therapist
 - Patient's height and weight
 - Date of evaluation
2. Medical status, including but not limited to:
 - Current diagnosis
 - Pertinent medical history
 - Pertinent surgical history
 - Prognosis (if applicable)
 - Sensation
 - Pain (location, prevalence, severity)
3. Overview of home environment and equipment owned
 - Home design, accessibility and layout
 - Current equipment owned
4. If a wheelchair is currently owned, it can be imperative to include the current status of the wheelchair, age, state of repair, etc.
5. Functional status, including but not limited to:
 - An overview of the patient's Mobility Related Activities of Daily Living (MRADL), and a description of his/her capability to perform said activities
 - Medicare considers bathing, feeding, dressing, toileting and grooming to be MRADL
 - Cognition and judgement, including documentation that the patient is competent with using the recommended equipment
6. Physical assessment including but not limited to:
 - Manual muscle testing and range of motion testing
 - Sitting and standing (if applicable) balance testing
 - Muscle tone, spasticity assessment (if applicable)
 - Skin integrity and/or history of skin breakdown



7. Social, community, or cultural considerations
 - Transportation of equipment, if applicable
 - Community activities, physician's appointments, dialysis, etc.

8. Mobility, seating and positioning needs
 - Determine and justify type of mobility base required (i.e., scooter, power wheelchair, standard weight, light weight or ultra-light weight manual wheelchair)
 - List of recommended equipment and wheelchair components, including justification for each piece of equipment which is an upcharge from the standard cost of the mobility device (i.e., elevating leg rests, cushions, backs, etc.)

9. For each piece of equipment, you must include the following:
 - The name/description of the equipment
 - Why the equipment is required
 - What will happen (usually a negative occurrence) if the equipment is not received

10. Closing and wrap-up statement, including physician and evaluating therapist's signature