

EXAMPLE LETTER #3 OF MEDICAL NECESSITY

A skillfully drafted letter of medical necessity is an essential part of a request for funding for assistive technology. A letter of medical necessity, whether being submitted to the Department of Human Services, a private insurance company or other funding source, should contain the information needed to convince the reader that the requested assistive technology is necessary to meet the medical needs of the person for whom the assistive technology is being requested. This fact sheet is intended as a guide to preparing such a letter of medical necessity.

The letter of medical necessity should be written by a medical professional familiar with the requesting party's medical condition. The professional should briefly describe their credentials and relationship to the requesting party. This professional may be a physician, a nurse, a physical therapist, an occupational therapist or other medical professional. However, note that most funding sources require a physician's prescription as part of the funding request. Therefore, letters of medical necessity not written by a physician should be endorsed by a physician or accompanied by a physician's prescription.

ELEMENTS OF A LETTER OF MEDICAL NECESSITY

1. Disability Description - The letter should contain, usually at the beginning, a thorough description of the requesting party's disability. This description should include an explanation of how the disability affects the requesting party's function. For example, the affects of the disability on the use and function of the requesting party's legs. The disabling condition(s) and/or functional limitation(s) which necessitate the request for the assistive technology should be highlighted.

2. Assistive Technology Description - The assistive technology being requested should be described in some detail. A more thorough description is required when the requested technology is new, unique, customized or not frequently requested.

3. Assistive Technology Relationship to Medical Needs - The letter should explain how the requested assistive technology addresses the requesting party's medical needs or functional limitations. Generally in this context, a medical need is not a need to receive medical treatment. Rather, it is a need to compensate for a function which is limited as a result of a disability. For example, a requesting party has a medical need for a wheelchair to compensate for lost function in the lower extremities and to have a functional means of mobility.

4. Inability of Alternatives to Meet Medical Needs - Where there are alternatives, especially less expensive alternatives, available to meet the requesting party's medical needs, the letter should explain why these alternatives are not appropriate for the requesting party. Also, the specific features which make the requested technology the necessary and appropriate alternative should be identified.

5. Ability to Use Technology - The letter should detail the requesting party's ability to use the requested assistive technology. This is especially important when the technology is motorized, electronic or particularly sophisticated. For example, when a power wheelchair is being requested, the requesting party's ability to safely operate a power wheelchair should be noted. If there was a trial with the requested device the results of this trial should be summarized.

6. Requested Assistive Technology as Community Standard- The letter should justify and explain the requesting party's need for the assistive technology. This justification should be in terms of the community standard of practice by the medical professional's peer group. The medical professional should explain that it is the standard practice or current practice in their medical profession to provide the requested assistive technology to persons with the requesting party's disability.

The letter that follows is a sample letter of medical necessity. The numbers contained in the letter correspond to the numbered elements of a letter of medical necessity.

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The Minnesota Disability Law Center 430 First Avenue N., Suite 300 Minneapolis, MN 55401-1780 Toll Free Number: 1-800-292-4150
December 20, 1994

RE: Ms. Jane Doe
Clinic#: 4-124-109
DOB: 5/21/64

TO WHOM IT MAY CONCERN:

Ms. Jane Doe is a 30-year-old woman with C5-6 quadriplegia related to a motor vehicle accident in 1985. Despite her significant disabilities, she had been able to achieve independent living with the assistance of a personal care attendant. However, she continues to have difficulties with environmental controls within her home due to her impaired upper extremity function.

Due to Ms. Doe's high level of injury, she is unable to use her upper extremities to control her environment. She is in need of being provided with appropriate technology for permanent use. I recommend that a voice recognition system from Advanced Speech Interface Systems, Inc., be purchased and installed in Ms. Doe's present residence. This company has demonstrated their equipment to us and will be able to provide ongoing service of their product.

This system is medically necessary and is accepted among the medical community because it provides persons with C5-6 quadriplegia (like Ms. Doe) independent living to generate self-care and self-esteem as mandated under federal law. 6In order to maximize Ms. Doe's functional independence, an environmental control system is medically necessary. She would benefit from a voice-controlled system that allows her the ability to control many functions within her home such as opening doors to exit her residence in emergency situations such as a fire since she is currently unable to do this without the assistance of a personal care attendant. This system will also allow her to change the room temperature to prevent hypothermia since a person with C5-6 quadriplegia has difficulty maintaining a normal body temperature. In addition, it will provide her with the means to dial a phone by using voice commands in the event of an emergency. Because of her condition, this system will increase her functional capabilities and decrease her need and use for a personal care attendant.

Ms. Doe needs this system immediately. She is not going to recover nor regain any of her functional ability due to her disabling condition which occurred nine years ago. I recommend that this system be provided by Advanced Speech Interface Systems, Inc. This company has been in this field of expertise for ten years. They are a recognized medical assistance provider, and they are supported by the medical community. The system provided by Advanced Speech Interface Systems, Inc., will be customized to Ms. Doe's medical needs. Because this system will -be specifically catered towards her health needs, it represents an effective and appropriate use of program funds.

If you have any questions, please contact me.

SIGNED: _____

Philip Physician, M.D.

Physical Medicine and Rehabilitation Specialist