

EXAMPLE LETTER #3 OF MEDICAL NECESSITY

The following example **letter of medical necessity** and advice are only intended to assist you in writing your own letter to aid in securing funding for medical equipment. It is in no way implied that if you use this example you will be granted funding for medical equipment. Our only intention is to share information that we have gathered in the past and used by other clients.

The funding agencies that would be in charge of compensation for such medical items, such as your insurance company or a private philanthropic organization, almost always demand a letter of medical necessity from a therapist (physical, occupational, or otherwise) or from a physician to prove your claim that your child's medical equipment was necessary to his successful treatment. The claim or appeal will be likely be refused if you do not include a letter of medical necessity which includes a detailed explanation of the condition or disability that makes the equipment a necessity for your loved one.

It is possible that your particular physician may not fully be acquainted with the rules of your insurance company which will affect whether or not you are reimbursed for your child's medical equipment. (Each insurance company or state may have slightly different rules.) To be on the safe side, educate yourself on the rules so that you can be a better advocate for your family. You should become familiar with the bare minimum of information that needs to be included in a letter of medical necessity. Otherwise, the letter may contain insufficient information, which may lead to the funding agency denying your claim.

June 21, 2011

RE: Mary Jane
DOB: 5/20/06

To Whom It May Concern:

Mary is a 4 year 11 month old female with a diagnosis of cerebral palsy – spastic quadriplegia. She receives physical therapy at the PT Center for Kids in Hometown, USA two hours per week. She underwent a selective dorsal rhizotomy in 2010. She presents with increased tone in her lower extremities that increases with activity. At this time, Mary needs minimal to maximum assistance to short sit for short periods. She requires moderate assistance to move from sitting to supported standing and take some steps. She lives with both her parents and her baby brother.

Due to her height and weight, Mary has outgrown her standard baby crib. Secondary to her decreased motor control, Mary is not safe in a regular toddler bed either, even with portable rails are used, she is able to accidentally push them out and/or slide between them. At this time their family is trying to use one with two sets of side rails on one side and the other side against the wall. Mary has crawled out of the bed unsafely on several occasions. Her caregivers have found her hanging off the bed, and stuck between the rails. She does not have safety awareness. The family has considered putting a mattress on the floor. This is not an option because although she may not become injured in the roll off the mattress onto the floor, there are other risks of injury if rolling around the floor and getting stuck under another piece of furniture or hitting an object, etc. The family does not have the space to clear a complete room in order to create a complete room clear of anything but a mattress on the floor. A standard, adjustable hospital bed with partial rails has also been considered but ruled out because of the risk of entrapment between the safety rails and the mattress and other sides of the bed. Like the toddler bed with rails, Mary

can slide beneath or between the rails. The family has researched other beds that offer similar safety features adequate to protect Mary, but none have met every criteria needed to keep Mary safe now and into her adolescent years.

The SleepSafe 2 – Medium bed is the recommended product (over any other type of bed) because it has the necessary components to help keep her safe during the night and while sleeping. It can be used by her for as long as it is safe and free from wear and tear. This bed comes with a 5 year warranty against defects.

The specifics of the bed we are requesting are as follows:

SleepSafe 2 – Medium Bed – Full Size

– Hi Lo Adjustable Foundation – Cherry Finish – HCPCS -E1399

1. SleepSafe 2 – Medium bed: to provide the necessary safety rail height above the mattress to prevent Mary from accidentally rolling or falling out of bed.
2. Hi Lo adjustable foundation: to provide for Mary's changes in height with growth and give foot support for transfers and transitions. This height adjustability will allow Mary to use this bed for many years.
3. Full size: To provide Mary with a comfortable sleep environment and allow room for growth while providing adequate space now for her spastic movements and prevent injury from hitting the sides of the bed.

Finally, this product, in home, will be beneficial to Mary for overall health reasons. Please consider funding this bed for Mary. Please feel free to contact me with questions or concerns about this recommendation.

Thank you,

Lisa Smith
Lisa Smith, PT, DPT, PCS
PT Center for Kids
Hometown, USA
888-555-1212

Be sure to take note of when your child's letter was sent to the funding agency, and if three or four weeks pass without word from them, you might want to call the agency to inquire about the status of your claim. Always keep a record of when you call and with whom you speak to, and always try to remain calm and collected when dealing with the insurance company. If, however, you are unable to obtain a straightforward response as to when your claim will be processed, do not hesitate to enlist the help of your physician.