

Justifying Medical Necessity

A. The Responsibilities of Each Role

1. Care provider needs to know the process if the parent is not yet skilled
 - a. pertinent benefits
 - b. limitations and exclusions
 - c. appeals process
 - d. terms and their definitions
 - e. distribute instructive materials to parents (empowerment)
 - f. write perfect letters of medical necessity
2. Parent needs to
 - a. become knowledgeable about the policy (a-d above)
 - b. supply information to providers
 - c. keep a paper trail of all communications
 - d. confront conflicting information
3. Advocate's role is to
 - a. assist with the appeals process
 - b. guide providers and parents to resources
 - c. influence systems' change
4. Health insurance plan's staff member
 - a. confuse the member as much as possible (i.e., change the rules often)
 - b. deny benefits to contain costs

B. Writing the Letter of Medical Necessity

1. Name of child, names of parents (parents and child may have different names)
2. Date of birth of child
3. Insurance plan name (there may be more than one plan)
4. Relevant diagnoses (codes are helpful only if they are accurate!)
5. Item/service requested
6. Why item/service is medically necessary (refer to the plans' definition)
7. What positive/negative impacts the item/service will result on (include financial)
8. Scope and duration of treatment
9. Supplemental documents (letters from other providers, research articles, product information, PAR, EPSDT Screen)
10. Funding streams NOT able to help
11. Terms to use
 - a. medically necessary
 - b. clinically based
 - c. promoting independence
 - d. preventing secondary disability
 - e. cost-effective
 - f. safety
12. Terms to avoid
 - a. custodial
 - b. rehabilitate
 - c. developmental delay/disability
 - d. speech delay (without a diagnoses such as aphasia)