Writing a letter of Medical Necessity for Durable Medical equipment
Guidelines applicable to all funding sources and systems

Written to obtain approval from third party payers for the purchase of assistive technology, a successful letter of medical necessity includes the following features. If you are submitting for a loan or grant or public service, make sure the family has provided authorization for release of information. The same may be true if you are to turn the paperwork over to a DME dealer.

Provide the child’s name, DOB, address, phone, parent’s name, medical diagnosis, onset date, the primary funding being addressed, and ID# in the case of private insurance and/or public assistance.

**Medical History**  Be brief, and to the point, from onset to current status. Do include surgeries and medications.

**Current Medical Condition and Functional Status**  Describe current situation with emphasis on functional ability and impairments. Make the reader “see” this child.

**Current Program of Intervention**  Outline specific functional problems in a list. State the long term treatment goals. Describe what is being done to help the child achieve these goals.

**Rationale for treatment with therapeutic equipment**  List or describe the ways in which use of the assistive technology will medically benefit the child. How will the equipment reduce the need for other services? What might be the medical impact if acquisition of this equipment is denied? Identify the aspects of the child’s life in which the technology will be of assistance and how will it improve the child’s level of function in the home. Identify how the assistive technology will enable treatment goals to be met. Be specific. Consider quoting research articles.

**Equipment Trials**  What technology has been tried and what were the results. Use objective data and measurements.

**Recommendations**  Explain your choice of specific assistive technology. Reference specific features and cost. How will the equipment be used by the child and the family in the home for the medical benefit of the child? Include a photograph or catalog picture.

Have a physician’s prescription for the specific assistive technology and have the physician co-sign your letter of medical necessity.