



Things to Think About!

Letters of Justification

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A letter of justification can also be referred to as a letter of medical necessity. For help in writing a letter or to ideas on what to have your physician include, please visit the following:

<http://www.easystand.com/funding/lmn.cfm>

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The first time we needed a letter of justification was in 1985 when my then 6 month old daughter was fitted for a pair of cutter cast boots. It used to be a physician could simply write a prescription for what was needed with a short explanation and that document would suffice. A single paragraph long, it contained a simple statement to the effect of, "these are medically necessary and have been ordered by the patient's physician." Authorization was granted and she received her cutter casts.

New legislation notwithstanding, times have certainly changed. Letters now are much longer in length (4-5 pages each) and, depending on the request; we often need more than one letter from more than one source. Insurers and other funding programs have placed a tremendous burden on health care professionals by requiring minutely detailed letters showing a preponderance of evidence of medical necessity.

What Is It?

A letter of justification is a detailed prescription written to justify a request for a specific item or service. Most often written by a specialist or an expert authority it is extremely common in any field of medicine. Patients frequently need to justify a request to health care providers, government programs, insurance companies, or other funding sources for coverage of a specific piece of equipment, medical treatment or service, or medication. Its purpose is to describe the benefits a patient will receive from the usage of the device, service or treatment, and describe how it is essential for their well-being. The burden of proof falls on the health care provider.

Properly written, a letter of justification can mean the difference between obtaining needed equipment, devices, or services, or having to take the next step and file an appeal. It is preferable to obtain a positive authorization the first time a request is submitted.

How To

Keep in mind a preauthorization review committee reading the letter will not know anything about the patient. It is important to include crucial details and can be accompanied by narratives, treatment notes and other supporting documents. The more the review board or committee knows, the better your chances of receiving approval.

The first and most important step to writing a letter is to do some reading. Each insurer defines the term “medical necessity” in a different manner and may even use different definitions within the same policy. It is important to review your insurance benefits manual, or summary of benefits, before writing a letter. If you are unable to locate this information contact customer service directly and request a copy of the relevant policy definitions. Once you have a copy of the definition and requirements share them with the provider(s) writing the letter. The goal is to receive approval for your item or service the first time a request is submitted. Be sure to define the item or service as a medical necessity for the patient.

Now the letter can be written. A good letter of justification will contain the following:

1. Appropriate basic details of the patient. Name, date of birth, gender, diagnosis, onset, height, weight, and insurer information. If the individual has more than one insurance provider that information MUST be included. Group number, ID number, company, etc.
2. A brief outline of the patient’s current status (condition stable/not stable, mobility, daily living activities, basic functions, living environment, school/work, transportation etc.)
3. A description of the patient’s medical condition that will be affected by the item/service being requested. Include any therapy programs,

functional goals, other alternatives that have not worked in the past, etc.

4. A precise description of the item/service being requested with specific detail as to *why* the patient needs that particular item/service. Remember, a review board does not know anything about the patient and it is up to the individual writing the letter to explain the “why” of the item or service. Be sure to include statements addressing safety, prevention of other physical problems (such as sores, contractures, orthopedic deformities, seizures, etc.), promote and/or support physical function (such as breathing, mobility, community access, etc.) Be sure to point out both short and long term benefits.
5. A closing statement. It is helpful to make the patient as real as possible for the reader. Understanding they are discussing a real person facing a difficult adversity is often pivotal in a committee’s decision. Understanding that the insurer/ funding source can improve the patient’s day to day life by agreeing to pay for the requested item or service is the central goal of the letter.
6. Supporting documentation. This can include anything from treatment notes, progress notes, second opinions, photos or video (if appropriate), research, letters of recommendation from school staff or employers, etc. Others who are familiar with the patient and the need for the specific item or service may also write letters when appropriate.
7. Include the date, full signature and contact information of the individual writing the letter.

A thoughtful and well written letter of justification means the difference between an approved request and a denial. Take your time and do it right the first time.