

# Letter of Medical Necessity and Supporting Documents in SCI

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## Fact Sheet

Produced by



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## *Obtaining Complex Rehab Technology*

A letter of medical necessity (LMN) is required to obtain funding for complex rehab technology (CRT) following a seating and mobility evaluation performed by a PT and/or OT as well as rehab technology supplier. A LMN requires a clear and concise description of the effects that a client's spinal cord injury has on their mobility, function, posture, as well as medical complications that require independent management with the use of the recommended CRT and how its features improve the client's mobility-related activities of daily living (MRADLs).<sup>1</sup>

According to Medicare guidelines, multiple areas must be addressed in the LMN to demonstrate medical necessity for the recommended equipment and why a less costly piece of equipment is not adequate or safe to use.<sup>2</sup> Every LMN should include the following elements to demonstrate medical necessity<sup>2,3</sup>:

- Mobility limitations affecting MRADLS.
- Is the client willing to use the recommended equipment and can they do so safely? If yes, clearly state this. It should not be inferred.
- State that less costly mobility devices including cane, walker, standard wheelchair, and scooter (if recommending power wheelchair) cannot be utilized and why. You may include potential injuries that are likely to occur if the client does not have the recommended device, e.g., overuse injury of the shoulders with use of a manual wheelchair instead of a power wheelchair.
- Does the client's home environment and accessibility accommodate the recommended equipment (door widths, turning radius, access to home)?

The LMN should include a detailed medical history of the client including: demographics, diagnosis, prognosis for use of CRT, home environment and accessibility, occupation/student, client's goals with recommended CRT, current mobility equipment and why it is no longer effective.<sup>1,4</sup>

Findings from the physical examination should include but are not limited to<sup>4</sup>:

- Neurologic system: altered sensation, motor control, strength, tone, spasticity, and balance<sup>5</sup>
- Orthopedic system: ROM limitations, flexibility, skeletal deformities, pain, history of orthopedic injury that may affect use of wheelchair<sup>5</sup>
- Cardiovascular and respiratory system: autonomic dysfunction, orthostatic hypotension, heart rate, pulse, oxygen saturation, respiratory compromise, cough effectiveness and secretion management, and edema of extremities
- Integumentary system: current skin breakdown, history of skin breakdown, results of pressure mapping if performed, weight shifting ability and effectiveness
- GI and urinary system: bowel/bladder function and management
- Cognition, communication and vision<sup>5</sup>
- Posture assessment: head, trunk, pelvis, upper and lower extremities

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- Height/weight of client and measurements obtained
- Client's current functional status including: transfers, mobility, toileting, dressing, grooming, feeding, and communication. Include gait if appropriate (e.g., assistance required, speed, distance, safety, fall risk).
- How does the recommended CRT and its features improve independence in these areas within the home?<sup>3</sup>

Following medical history and physical examination, recommendation of CRT and its features should be discussed. This includes<sup>4</sup>:

- Clinical justification and medical necessity for the seating system as well as each component/feature of recommended CRT. Discuss how CRT improves function, posture, positioning, and/or management of secondary medical complications within the home.
- Include outcome measures performed with recommended CRT, including objective data, quality of life measures and pain scales.<sup>5</sup>

Every LMN must have a statement of prescribing physician's concurrence with recommended equipment as well as referring physician's signature and date.<sup>3</sup>

Other documents are necessary in addition to the LMN for procurement of CRT, with additional requirements for power wheelchairs. Although these documents are completed by the physician, it is important to be aware of requirements as errors can result in denial of funding. Other documentation includes<sup>3,6,7</sup>:

- Physician face-to-face visit for evaluation of mobility
- Prescription from physician for recommended CRT. Power wheelchair prescription must contain seven elements including: client's name, description of ordered item, date of completion of face to face, diagnosis and conditions required for need of power wheelchair, length of need, physician's signature, and date of signature.

For detailed and up to date CMS guidelines, consult National and Local Coverage Determination of Mobility Assistive Equipment. Current funding guidelines refer to Mobility Assistive Equipment without differentiation of Complex Rehab Technology. Because clients with SCI often require complex equipment, CRT is the focus of this Fact Sheet.

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