**LETTER of MEDICAL NECESSITY for HOME HEALTH CARE**

**Per EPSDT MANDATES**

I am writing to request Home Health Care services for my patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicaid # \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_

Date of last exam: \_\_\_\_\_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Developmental Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Diagnosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am prescribing \_\_\_\_\_\_\_\_number of hours per week for Personal Care Aide; Private Duty Nursing; Skilled Nursing. *(Circle services requested)* for\_\_\_\_\_\_\_\_\_\_\_\_(Duration)

I am prescribing \_\_\_\_\_\_\_\_ (durable medical equipment) for \_\_\_\_\_\_\_\_(Duration)

**The request is medically necessary for the following reasons:***(Choose one or more)***. 1, 2**

\_\_\_\_ It will, or is reasonably expected to, prevent the onset of an illness, condition or

disability. (Provide details).

\_\_\_\_ It will, or is reasonably expected to, reduce or **ameliorate** the physical, mental, or developmental effects of an injury, illness, or disability. (Provide details).

\_\_\_\_ It will assist the individual to achieve or **maintain** maximum functional capacity in

performing daily activities, taking into account both the functional capacity of the

individual and those functional capacities that are appropriate for individuals of the

same age. (Provide details).

**DOCUMENT WHY CARE NEEDS EXCEED WHAT FAMILY CAN DO ALONE**.

Federal EPSDT law requires states to cover all medically necessary services within the broad scope of Medicaid. Specifically, home health services are mandated pursuant to 42 USD 1396d(a)(7).

Primary Care Physician: \_\_\_\_\_\_\_\_\_\_\_\_ Medicaid Provider Number: \_\_\_\_\_\_\_\_\_\_\_

1. *Defining and Determining Medical Necessity in Medicaid Managed Care. Anne Rossier Markus, Kristina D. West. Pediatrics Sep 2014, 134 (3) 516-522; DOI: 10.1542/peds.2014-0843. Available at* [*http://pediatrics.aappublications.org/content/134/3/516*](http://pediatrics.aappublications.org/content/134/3/516)*.*
2. *1 Pa. Code § 1101.21a. Clarification regarding the definition of ‘‘medically necessary’’—statement of policy. Adopted April 20, 2007, effective April 21, 2007, 37 Pa.B. 1880. Available at* <http://www.pacode.com/secure/data/055/chapter1101/s1101.21a.html>*.*