

What is a Letter of Medical Necessity (LOMN)?

A LOMN is a carefully articulated discussion of why you might need a specific test, treatment, or piece of equipment. Exercise equipment may be considered.

It must be submitted by a doctor, although you can be of great assistance in drafting key points as to the rationale of “why”, in this case, a VitaGlide® can a) improve your strength and mobility; b) prevent a deterioration in your physical capabilities; and/or c) through exercise, protect your joints/muscles from further damage.

First, you will need to confirm:

- You have insurance coverage.
- Your diagnosis is a covered diagnosis.
- The item (VitaGlide®) requested is not on an exclusion list of the policy.
- You review and understand any deadlines that might be relevant for submission to the insurance company.
- The LOMN must be written on physician’s letterhead, so you will need to engage your doctor in the process.

There are several components of a LOMN:

1. Identifying info:

- a. Name of Insured
- b. Date of birth
- c. Policy number
- d. Group number
- e. Medicaid number (if applicable)
- f. Physician’s name
- g. Date

2. Who’s writing the letter: Preferably this is your physician, but to move the process you may need to do the initial draft.

3. Date of last physical/medical evaluation

4. Diagnosis of medical condition: This should be very specific, for example, not just “spinal cord injury”, but your specific diagnosis.

5. Pertinent medical history, e.g., SCI or other disease that causes motor impairment

- a. State if the disability is permanent or temporary and how the condition will evolve over time.
- b. Provide a rationale for either replacing existing equipment or providing this equipment to the individual for personal use.
- c. Outline how the item will mitigate the onset of secondary disability or improves the individual’s functional abilities. It’s important to show a medical/health need.

6. Document why the equipment is medically necessary. This may vary with your insurer, but Medicaid’s definition is:

- a. Reasonably calculated to prevent, diagnose, or cure conditions in the patient that endangers life, causes suffering or pain, physical deformity or malfunctions, or threatens to cause a handicap; and
- b. There is no equally effective course of treatment available for the recipient which is more conservative or less costly.

7. Devise a summary statement that emphasizes the logical conclusion that this machine is necessary for the continued good health of the client.

8. Physician’s signature, professional qualifications, and contact information in case the reviewer has questions.

9. Please be sure to evaluate the Durable Medical Equipment available to you through your insurer and confirm this fits in your budget.

10. Maintain a copy of the letter.

LETTER OF MEDICAL NECESSITY

Current Date

Medical Director

Health Plan

Street Address

Telephone

City, State, Zip

Email

Subject of Letter

Patient Name (Last, First)

Date of Birth (MM/DD/YYYY)

Policy #

Group #

Medicaid # (If applicable)

To Whom It May Concern,

I am writing on behalf of my patient, to document the medical necessity of the exercise machine, VitaGlide®, for the treatment of _____.

Specific Diagnosis

The last physical evaluation of _____ was on _____.

Patient Name

Date (MM/DD/YYYY)

The patient's diagnosis is:

Specific information about the condition and diagnosis should be included here as well as any issues or evolving issues that can be mitigated by this exercise machine. Issues that might be addressed include shoulder impingement, upper body weakness, lack of core muscles, cardio issues.

I am recommending the VitaGlide as necessary for this patient's treatment because: This exercise machine specifically focuses on strengthening the upper body, the oblique and core muscles, and offers a cardio workout that is difficult to get in a wheelchair. The push-pull resistance of the machine is an exclusive, patented feature that is the most effective exercise for the patient's condition.

(Optional) Specific details about how this condition can be addressed via the VitaGlide®.

In summary, the VitaGlide® exercise machine is a viable effort to alleviate the stress and demands on the patient's physical condition and maintain or improve (his/her) quality of life. Please contact me if any additional information is required for prompt approval of this request.

Sincerely,

Physician's Name/ Contact Info
