Private Duty Nursing Letter of Medical Necessity Checklist

☐ Must be on the requesting provider’s letterhead or the provider’s employer letterhead
☐ Must be signed by the requesting provider
☐ When the requesting provider is a PA or NP, the supervising physician needs to be noted
☐ Provider’s name clearly printed below the signature and dated
☐ Clearly state level of care requested (Private Duty Skilled Nursing or Home Health Aide Services)
☐ Summary of medical history / needs requiring level of care requested
☐ LOMN must clearly outline how all requested hours would be scheduled, for all days that services are being requested
☐ If request is for an “episode of care,” the LOMN must have clear start and end date for the episode
☐ Current caregiver information must be included
☐ Clearly state all skilled and unskilled care needs, indicating level of assistance required for Activities of Daily Living (verbal prompts, total care, etc.).
☐ If services are requested to cover caregiver work obligations, a Work Verification letter from the caregiver’s employer is required (must be updated annually).
☐ If services are requested to support the member while at school: an IEP, school and bus schedule as well as a school calendar are also required.