



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.