

Private Duty Nursing Letter of Medical Necessity (LOMN) Checklist

The LOMN must:

- Be submitted on the requesting provider's letterhead or the provider's employer letterhead.
- Include the signature of the requesting provider.
- Include the provider's name and date printed below the signature.
- Describe the level of care requested (e.g., Private Duty Skilled Nursing).
- Include a summary of medical history and needs required for level of care requested.
- Outline when and how all requested hours would be scheduled for all days for which services are requested.
- Provide current caregiver information.
- Describe all skilled and unskilled care needs, indicating level of assistance required for Activities of Daily Living (e.g., verbal prompts, total care, etc.).

Note:

- If request is for an episode of care (e.g., vacation, post op services), provide the start and end dates for the episode.
- If services are requested to cover caregiver work obligations, a Work Verification Letter from the caregiver's employer is required. The Work Verification must be updated annually.
- If services are requested to support the member while at school, an Individualized Education Program (IEP), school name, bus schedule, and school calendar are required.
- If services are to be shared, services must be described in separate letters for each member. Requests for services for siblings require a separate LOMN for each member. Requests cannot be combined in the same letter.

Common Errors

No level of care stated.

Insufficient clinical history.

No indication of how or when hours will be used.

Unsigned, illegible, or not on correct letterhead.



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