

 <p>Briefcase Resource Document</p>	<p>Description and Purpose: Required Components - Physician Letter of Medical Necessity: Documentation used for TBI-NB Hospital Level of Care</p>
	<p>Where Found: DSPM: TBI Waiver Policy</p>

Physician Letter of Medical Necessity

The county case manager/service coordinator is to obtain a letter of medical necessity from a person's physician when requesting Neurobehavioral Hospital Level of care for TBIW. The following components are to be included in the letter:

- ✓ Name of person (first name, middle initial and last name)
- ✓ PMI number
- ✓ Date of birth
- ✓ Age of birth at onset of TBI
- ✓ TBI diagnosis and ICD-9 Code
- ✓ Secondary diagnosis (if applicable) and ICD-9 Code

The letter should include **brief narrations** for the following:

- ▶ Prognosis for the person
- ▶ Description of functional, cognitive and behavioral impairments related to the brain injury
- ▶ Documentation that the person's behaviors drive the need for a 24 - hour behavior support plan
- ▶ Documentation that the person would otherwise require neurobehavioral hospitalization if the TBIW-NB was not available
- ▶ Recommended components of an intervention plan/community support plan

The letter should be:

- ✓ Signed and dated by the physician
- ✓ Include a daytime telephone number where the physician can be reached
- ✓ Placed in the person's file

This briefcase resource document may be printed and sent to the physician along with a cover letter requesting the letter of medical necessity.