

# Letters of Medical Necessity for Health Tracks (EPSDT)

Your medical provider will need to write you a letter of medical necessity to support the request for medically necessary care. It is important that the medical professional fully describes the diagnosis, prognosis, treatment plan, benefits to the patient from recommended treatment and prescription of treatment.

*These standards apply to physical, mental, and behavioral health needs.*

By including this detailed information in a medical necessity letter, you can use Health Tracks (EPSDT) to get more frequent therapies, medications not on the “approved” list, greater quantities or different brands of supplies, additional private duty nursing care hours, and more. North Dakota must provide the amount, duration, and scope of the treatment or service to reasonably achieve the purpose of that service. See [42 C.F.R. §440.230](#).

## Required Information for Medical Necessity Letters

Make sure the letter has the following information:

- **Diagnosis** – Provide all relevant patient diagnoses described in detail, including illness, condition, injury, or disability.
- **Prognosis** – Explain what will happen to the patient with this diagnosis if they don’t get the treatment, include how the condition will worsen, how the treatment will prevent further illness, injury, secondary disability, etc.
- **Treatment Plan** – Provide a description of the recommended services, treatment, and items, include explanations of why these are medically necessary (based on best available medical evidence, gold standard, etc.) and the goal of the recommendations (to fix deficits, signs, and symptoms of the treated condition).



1-800-472-2670  
(701) 328-2950  
ND Relay 711 TTY  
[www.ndpanda.org](http://www.ndpanda.org)  
[panda\\_intake@nd.gov](mailto:panda_intake@nd.gov)

Please contact Protection and Advocacy if you need an alternative format

- Use the phrase, “reduction, correction, or amelioration of the physical, mental, developmental, or behavioral effects of an illness, condition, injury, or disability.”
- Benefits – Describe the positive impact of the recommended services, treatment, and items on the patient’s diagnoses.
  - If applicable, describe how it will help the patient get or keep sufficient functional ability to perform age or developmentally appropriate daily activities.
- Treatment Specifics – Describe the treatment and exactly what is necessary, including the frequency, intensity, and duration of treatment (how many treatments and how often, how long treatments should continue, right dosages, etc.).
- Convenience-Related Items – Make sure the letter does not have statements that refer to convenience or ease for the patient or caregivers. If the treatment appears to be convenience-related, include a statement saying the treatment is primarily for the care of the child and not for the convenience of the family or caregiver, include rational to support the statement.
- Other Treatments Attempted – It may be necessary to state that other treatments for the diagnosis have been tried and failed; describe the earlier treatment, its failure, and the need for the recommended treatment.

## Medical Necessity Letters for Personal Care

For patients with developmental or intellectual disabilities seeking letters of medical necessity for personal care, make sure the letter describes the recipient’s impaired ability to perform age-appropriate care:

- Describe which cares are impaired and how they are impaired
- Indicate the necessary personal care (how often, how long it’s needed, etc.)
- Describe the benefits (to prevent regression of activities of daily living, skills improvement, etc.)
- Do not reference respite care or convenience for caregivers.
- The letter can say the parent is unable or unavailable to properly care for the child due to working, sleeping, or demands of caring for other children in the house, etc.

## Additional Resources

[ND Health and Human Services Health Tracks](#)

[Medicaid EPSDT](#)

[NDAC 75-02-02-03.2\(10\)](#)