**SPIO Letter of Medical Necessity**

Many of you have probably heard that we have been working on a new Letter of Medical Necessity template to be used when you order a SPIO. This template is now ready for general use so we want to review everything you need to know to get started.

**SPIO Letter of Medical Necessity instructions**

1. Begin by opening the **LETTER OF MEDICAL NECESSITY TEMPLATE.** You will find it at:

<http://www.spioworks.com/pages/paybyinsurance>

1. The primary purpose of this template is to save therapist’s time. Also, we have found no correlation between the length of the history or the summary comments provided, and the approval of our requests. Therefore, therapists are strongly encouraged to provide a limited history and comments and to focus on content that directly supports the SPIO request.
2. The table under the sentence, **[Patient Name] presents with the following deficits and functional limitations,** includes a drop down list with a long series of categorized entries for you to choose from. You can scroll through the list using your mouse or the drag bar along the right edge of the window. Note the specialized section at the bottom of the list that pertains to SPIO Wrist Hand Orthosis only.
3. You can type your own entries if you do not find what you want on the drop down list.
4. If you list fewer than 6 deficits and functional limitations, you should delete the unused row(s) by right clicking to the left of the unwanted row(s) and selecting “Delete Row” from the menu.
5. The next table, under the sentence: **The indicated item(s) is/are medically necessary as it will enable or enhance the patient’s ability to,** operates in the same way. This drop down list is organized in the same order as the deficit list. However, the content describes enhancements and improvements that are anticipated with the use of the requested SPIO. The idea is to select the enhancement/improvement that matches the deficit /functional limitation listed in the table above.
* For example, if *“Presents with mild limitation in range of motion through right upper extremity”* has been chosen and appears in the deficit table above, you should choose *“improved range of motion through right upper extremity.”*
1. Medicaid plans require an actual signature on all letters. Therefore, you will need to print the letter once complete, sign you name for mailing.

Some general recommendations for ALL related paperwork (Rx included):

* Focus on the patient’s motor needs, and if possible, avoid sensory related needs.
* Use orthotic terminology for the SPIOs, not garment. The vest is a TLSO, the shirt is a Upper Body Orthosis, etc. Refer to the [www.spioworks.com](http://www.spioworks.com) product page for more naming info.
* Leave the brand name, SPIO, off of the paperwork.