



FAQ: Letter of Medical Necessity

What is a letter of medical necessity?

An LMN is used to determine the relatedness of a specific medication (typically non-formulary) to an injury-related claim. It is requested by the adjuster/examiner and faxed to the prescriber by the Pharmacy Solutions Team. When received back from the prescriber, the completed LMN is forwarded to the adjuster for review.

An LMN is not a detailed medical report, though some prescribers may voluntarily include medical reports/chart notes with an LMN.

- An LMN should not be requested in an emergency situation for an acute treatment, as the LMN process may take up to a week (depending on prescriber response time).
- For this same reason, an LMN should not be requested regarding medication prescribed for a limited day supply (such as an anti-biotic treatment).
- An LMN is not a dialogue/narrative or a substitute for peer-to-peer counseling.
- An LMN is not an RFA, and is not sufficient to facilitate a UR

Why is an LMN requested?

An LMN may be requested if the medication being prescribed is new (has never before been filled on the pharmacy card), and the adjuster is unsure why it's needed or why it's being prescribed. Perhaps the adjuster is unsure which body part/condition the medication is being used to treat; it may also be that due to the cost of the medication, documentation from the prescriber is required by the adjuster. If a Brand medication is being prescribed when a similar generic equivalent exists, an LMN may be requested to determine whether the Brand is medically necessary. The adjuster may also require an LMN for Combination Drugs (medications consisting of two or more FDA approved drugs creating a new FDA approved medication, which are separate from non-FDA approved compounded creams and other compounded medications) to determine if the prescriber may prescribe the separate components.

What information is requested on an LMN?

- ✓ Is the medication a new therapy, or a renewal?
- ✓ For which diagnosis is the medication being prescribed?
- ✓ Is the medication being used to treat the accepted injury? If so, how is it related?
- ✓ What is the anticipated length of time that this medication will be used by the claimant?
- ✓ Are there other medications previously or presently prescribed to treat this condition?
 - If so, dates of therapy are requested.
- ✓ The prescriber's signature and date of completion.

What should I do before I request an LMN?

Review the prior authorization request carefully for pertinent information (Is the prescriber familiar? Has the drug been filled before? What is the drug class?)

- Check CareMC/file for medical reports/notes mentioning the medication in question and its relatedness to the injury.
- Utilize online drug look-ups (WebMD, drugs.com, etc.).
- If needed, seek counsel from the nurse case manager (if applicable).
- Call the CorVel Pharmacy Solutions Center at 1-800-563-8438.

How do I request a letter of medical necessity?

You may respond to the prior authorization request from the Pharmacy Solutions Center, call us at 1-800-563-8438, or send an e-mail to pharmacy@corvel.com with all relevant claim/prescriber information. The Pharmacy Solutions Center will fax the LMN request to the prescriber within 24 hours.

How long does it take before an LMN is received back?

This varies based on the prescriber. Some prescribers fax it back to us within one day; some neglect to respond. If an LMN has not been received back after one week, a follow-up request will be faxed to the prescriber.

What if the LMN is insufficient?

An adjuster may deny the medication, require alternative documentation (such as a peer-to-peer or a Utilization Review, if applicable), or contact the prescriber for additional information.