

CLINICAL DOCUMENTATION · FEATURING NOVACARE PROSTHETICS & ORTHOTICS, A SELECT MEDICAL COMPANY

Evidence wins: objective data and the Letter of Medical Necessity.

An LMN isn't written every day — but when it is, the difference between approval and denial usually comes down to one thing: objective, defensible evidence. Four cases, and what each approval is worth.

~\$2,160

per successful extension-of-care appeal

~\$750

per approved outpatient therapy referral

\$108k

a year from 50 approved extensions

Payers approve what they can see

Whether a clinician is requesting an extension of care, justifying a therapy referral, supporting the need for an assistive device or validating a brace, the Letter of Medical Necessity has one job: show why the service or equipment is medically required. Too often it relies on phrases like "still unsafe" or "improved stability" — observations a reviewer can't verify.

With OneStep, the letter carries measurable, longitudinal data instead: trend graphs, gait parameters compared with age-matched normative values, side-by-side device comparisons and before-and-after measurements from the same visit — copied straight into the EMR.

FOUR KINDS OF LETTER

Extension of care

Progress and continued need, in one trend.

Referral to therapy

Measured risk behind a resident who "looks fine".

Assistive device

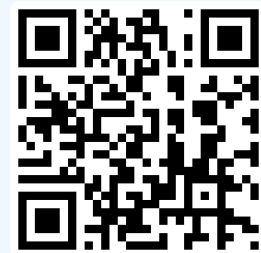
Device against device, side by side.

Brace optimization

With and without, in the same visit.

"OneStep is the easiest tool to use in America."

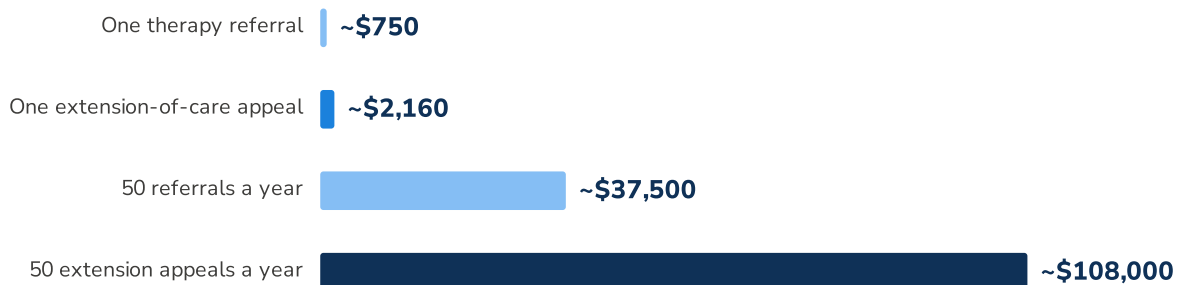
Stephen Mantegani · NovaCare
Prosthetics & Orthotics



Watch Stephen
vimeo.com/1106946718

WHAT A STRONGER LETTER IS WORTH

Estimated, per case and per year at 50 cases



1

EXTENSION OF CARE

"Still unsafe" became a trend graph

J.M., 81 — identified as high fall risk through a falls screening program

THE SITUATION

Brought onto caseload with OneStep data showing reduced velocity, longer double support and elevated fall risk. After several weeks of therapy he had improved, but not enough to discharge safely: velocity was still below age-matched norms and step-length asymmetry persisted.

WHAT THE LMN SHOWED

Trend graphs with fall risk still in the high category, gait deviations quantified against normative values, and the improvements that proved therapy was working — progress and continued need, exactly what payers look for.

Extension approved.

~\$540 per additional day × 4 days ≈ \$2,160 per successful appeal. J.M. didn't have to pay privately for continued care; at 50 similar cases a year, that is about \$108,000.

2

REFERRAL TO THERAPY

A resident who looked independent, and wasn't

J.D., 82 — on a restorative nursing program

THE SITUATION

Screened for fall risk, J.D. appeared functionally independent in his environment. OneStep identified him as high risk: gait velocity below expected norms, with step-length asymmetry and elevated double support pointing to instability.

WHAT THE LMN SHOWED

A comparison of his performance with researched normative ranges and the measurable risk indicators — medical necessity shown, not asserted.

Therapy approved; J.D. regained functional independence.

~\$750 per outpatient therapy referral — about \$37,500 a year at 50 cases, plus earlier intervention and lower fall-related liability.

WHAT IT LOOKS LIKE IN THE LETTER · ILLUSTRATIVE EXCERPT

"Objective gait analysis (OneStep) recorded over 21 days shows gait velocity of 0.62 m/s, below the age-matched normative range of 0.90–1.30 m/s, with step-length asymmetry of 14% and double-support time of 38%. Fall-risk classification remains High. Velocity has improved 0.12 m/s since the start of care, demonstrating response to skilled intervention. Continued skilled physical therapy is medically necessary to reduce fall risk and restore safe independent ambulation."

Generated from the patient's OneStep data and copied into the EMR in one click. Values shown are examples.

3

ASSISTIVE DEVICE

The rollator, measured against the walker

A.N., 75 — ataxia; used a standard walker for perceived safety

THE SITUATION

His clinician suspected a rollator would improve efficiency and independence, and compared his gait on both devices with OneStep instead of relying on observation.

WHAT THE LMN SHOWED

Side-by-side device comparisons and trend data: a higher Walk Score, faster velocity, longer stride and greater walking distance with the rollator. Not preference — quantified improvement.

Rollator approved as the least restrictive assistive device.

4

BRACE OPTIMIZATION

Before and after, in the same visit

A patient in his late fifties, after a neurological injury, evaluated for a neuromuscular stimulation brace

THE SITUATION

The clinician recorded a baseline walk without the brace, then a walk with it. For another patient whose metrics didn't improve, settings were adjusted in the same visit and re-measured.

WHAT THE LMN SHOWED

A 9-point Walk Score improvement, longer step length and better stride symmetry attributable to the brace — mechanical improvement demonstrated in real time, not reported.

Optimized prescription, documented.

WHAT MAKES A LETTER DEFENSIBLE

1

Objective measures

Gait speed, asymmetry, double support and a fall-risk level — numbers a reviewer can check.

2

Normative comparison

Each value set against age- and sex-matched norms, so "below normal" means something.

3

Change over time

A trend that shows both response to treatment and the remaining need.

4

A direct comparison

Device against device, or with and without — the intervention's effect, isolated.

WHY THIS MATTERS

A Letter of Medical Necessity is a story backed by data. OneStep lets clinicians show change over time, compare performance with normative values, compare devices side by side and demonstrate an intervention's impact on the spot — then copy it into the EMR. When the evidence is objective, approvals become less about opinion. Fewer denials, shorter appeals, stronger payer relationships, and patients who don't pay out of pocket for care they need.

Questions? Email your OneStep Customer Success Manager or info@onestep.co