



Letter of Medical Necessity for Preauthorization or Predetermination Template Development

From Scott Warwick <SWarwick@facultyphysicians.com>

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To Dustin Hunt <Dustin@tmtech.net>; Timothy Meredith <tim@tmtech.net>; Chris Bowlin <CBowlin@facultyphysicians.com>

 3 attachments (1 MB)

RSW Sample Letter of Medical Necessity (Expanded Version).docx; Video Letter of Medical Necessity Example.docx; SWCA Letter of Medical Necessity.pdf;

Tim and Dustin,

Tina has created a folder on the Admin Share Drive titled "Wound Care Pt Examples". In the folder are 15 patients of Mitchell (Knox), Will (Lafollette), and Kyler (Harrogate/Tazewell). In each patient folder are the notes from their last four encounters as well as a file of the patient's demographic information.

Additionally, I've attached three examples of Letters of Medical Necessity (LMN) for your review:

- One from the video I previously shared
- One I've been drafting internally
- One recently used by SWCA

Please review my notes below as a starting point for discussion on how we want to standardize these into a concise, clear, and reviewer-friendly template.

Objectives for the Letter of Medical Necessity Template

- Concise, easy to read, and focused on key facts
- Clearly identified as a *Letter of Medical Necessity*
- Structured so that reviewers can quickly locate essential information

Proposed Structure (please review example in attachment)

Header / Initial Section

- Addressee: Medical Director / Utilization Review Department
 - Action item: Chris, we need to identify the Medical Directors for each payer, obtain their contact details, and you and Ben need to begin developing a rapport with them. Establishing trust that we are focused on appropriate, evidence-based requests will be go a long way to accomplish our goals.
- Subject Line/Letter Intent: Predetermination or Preauthorization of Skin Substitute Application

- Patient demographics: Name, DOB, Insurance ID#
- Diagnosis coding (ICD-10)
- Product Q code
- Provider name, credentials, NPI#
- Practice name, Tax ID, NPI#

Clinical Summary

- Bullet-point outline of Standard of Care (SoC) already provided
- Documentation that wound persists despite SoC
- Wound details (measurements, location, duration, etc.)

Relevant Comorbidities / Systemic Conditions

- Pertinent labs (e.g., HbA1c, etc.)
- Vascular status (e.g., ABI, etc.)
- Nutritional status (e.g., Albumin, BMI, etc.)
- Other relevant conditions

Medical Necessity Summary

- Benefits of proposed skin substitute
- Consequences of not approving (risk of deterioration, higher costs, etc.)

Requested Treatment

- Specific approval request (e.g., number of applications)
- Product name and Q codes
- Diagnosis codes

Supporting Documentation

- Progress notes
- Weekly wound measurements
- Debridement and treatment history
- Lab values and vascular assessments
- Recent wound photos
- Clinical guidelines and supporting literature

- Action item: Chris - We need to begin incorporating strong (Level I, II, & III preferably) published clinical evidence to strengthen justification.

Conclusion

- Restate the problem: non-healing wound, failed SoC
- Present the solution: skin substitute
- Confirm medical necessity criteria are met
- Note Medicare coverage alignment
- Explicitly request approval

Once you have reviewed, please let me know if you have any questions.

Thanks,

Scott