**Objectives for the Letter of Medical Necessity Template**

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Concise, easy to read, and focused on key facts

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Clearly identified as a *Letter of Medical Necessity*

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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
* Procedure CPT 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,