# Faculty Physicians

123 Medical Center Drive, Suite 200, Baltimore, MD 21201  
Phone: 6155429672  
NPI: 1234894920 | TIN: 123452352

## Letter of Medical Necessity

Date: 10/6/2025  
Patient: JON PATTERSON  
MRN: N/A  
DOB: 1956-11-05 00:00:00

```
Faculty Physicians
123 Medical Center Drive, Suite 200
Baltimore, MD 21201
Phone: 615-542-9672
NPI: 1234894920
TIN: 123452352
MAC Region: CGS Administrators (MAC J-H)

[Date]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Re: Letter of Medical Necessity for Jon Patterson
DOB: November 5, 1956
Patient ID: [Patient ID]

Dear [Insurance Company Contact/Claims Department],

I am writing to provide a Letter of Medical Necessity for my patient, Jon Patterson, who has been diagnosed with a diabetic ulcer located on the left midfoot. This letter outlines the medical necessity for continued treatment in accordance with the coverage criteria established by the Local Coverage Determination (LCD) for Wound and Ulcer Care, effective September 11, 2025 (see citation below).

\*\*Medical Necessity Narrative:\*\*
Mr. Patterson presents with a diabetic ulcer measuring 2cm × 2cm, which is currently healing well with no signs of infection. A comprehensive analysis of his medical history and treatment compliance indicates that he has adhered to conservative care protocols, including effective offloading and glycemic control measures.

The following key points support the medical necessity for ongoing treatment:

- \*\*Wound Assessment:\*\* The ulcer has shown consistent healing progress across multiple follow-up encounters. Notably, on September 22, 2025, the wound was documented to be healing well, with some sloughing noted but no signs of infection.
- \*\*Compliance with Care Protocols:\*\* Mr. Patterson has demonstrated good compliance with offloading and glycemic control, although there have been minor issues with adherence to offloading at night. This compliance is critical for the healing of diabetic ulcers.

- \*\*Historical Context:\*\* Across four encounters, there have been no signs of infection or treatment failures. The patient has undergone a total of two episodes of care, with consistent positive responses to conservative measures.

\*\*Conservative Care Documentation:\*\*
- \*\*Initial Encounter (September 8, 2025):\*\* Post-operative check indicated no breaks to the skin. The patient was compliant with offloading and care instructions.
- \*\*Follow-up Encounters (September 11, 2025, and September 16, 2025):\*\* Continued compliance with offloading was noted, and the wound showed no breaks to the skin.

- \*\*Latest Follow-up (September 22, 2025):\*\* The wound was measured at 2cm × 2cm, with healing progress observed and some sloughing noted. The patient acknowledged some non-compliance with offloading at night.

\*\*Citations and References:\*\*
For further details regarding the coverage criteria, please refer to the following link: [Wound and Ulcer Care - Coverage Criteria](https://www.noridianmedicare.com/coverage/lcds/38902).

In conclusion, based on the above information and the adherence to the LCD criteria, I strongly recommend that Mr. Patterson's treatment be approved as medically necessary. Should you require any further information or documentation, please do not hesitate to contact my office.

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Title]
Faculty Physicians
```

### Citations and References:

• Wound and Ulcer Care  
 https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=38902&ver=12  
 Effective Date: 2025-09-11

• Wound and Ulcer Care  
 https://www.noridianmedicare.com/coverage/lcds/38902  
 Effective Date: 2025-09-11