# Faculty Physicians

2324 North Brunswick Court  
Phone: 6155429672  
NPI: 1234894920 | TIN: 123452352

## Letter of Medical Necessity

Date: 9/22/2025  
Patient: Harold Duncan  
MRN: N/A  
DOB: 1935-11-17

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[Faculty Physicians Letterhead]
Faculty Physicians
2324 North Brunswick Court
Nashville, TN 37211
Phone: 615-542-9672
NPI: 1234894920
TIN: 123452352
MAC Region: CGS Administrators (MAC J-H)

[Date: September 16, 2025]

[Recipient Name]
[Recipient Address]
[City, State, Zip Code]

Re: Letter of Medical Necessity for Harold Duncan
Date of Birth: November 17, 1935

Dear [Recipient Name],

I am writing to provide a Letter of Medical Necessity for my patient, Harold Duncan, who is currently being treated for a diabetic foot ulcer located on the lateral aspect of his left foot. This letter outlines the medical necessity for the use of non-analogous skin substitutes or cellular tissue products (CTPs) in his treatment plan, based on the current clinical findings and the need for further documentation to support eligibility.

\*\*Clinical Summary:\*\*
- Mr. Duncan has a diabetic foot ulcer that is red and granular, with no signs of infection.
- The wound has demonstrated a decrease in size and depth following graft applications.
- Conservative care measures are actively being implemented, including regular dressing changes and offloading techniques to alleviate pressure on the affected area.

\*\*Medical Necessity Narrative:\*\*
While Mr. Duncan's diabetic foot ulcer is showing signs of improvement, there remains insufficient evidence regarding the specific use of non-analogous skin substitutes or CTPs for his case. According to general Medicare coverage principles, the use of skin substitutes requires adherence to specific criteria that are not fully detailed in the current policy context. Therefore, further documentation is necessary to assess eligibility for the use of these advanced wound care products.

\*\*Required Documentation Gaps:\*\*
To support the medical necessity for the use of non-analogous skin substitutes or CTPs, the following documentation is required:
1. Specific criteria for non-analogous skin substitute/CTP use for diabetic foot ulcers.
2. Duration of conservative care and any prior treatments that have been administered.
3. Comprehensive details regarding Mr. Duncan's overall health status and any comorbidities that may impact his treatment.

In conclusion, while Mr. Duncan's condition is improving, the complexity of his case necessitates additional documentation to ensure compliance with Medicare coverage criteria for advanced wound care. I appreciate your attention to this matter and look forward to your guidance on the next steps.

Thank you for your consideration.

Sincerely,

[Your Name]
[Your Title]
Faculty Physicians
Nashville, TN
[Your Contact Information]
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### Citations and References: