# John's Clinic

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Phone: 000-000-0000  
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## Letter of Medical Necessity

Date: 10/13/2025  
Patient: Bobbie Lynch  
MRN: N/A  
DOB: 1931-05-30

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[John's Clinic Letterhead]
John's Clinic
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[Date: 2025-10-13]

[Patient Name]
Bobbie Lynch
[Patient DOB]
Date of Birth: 1931-05-30

[Subject: Letter of Medical Necessity]

Dear [Recipient's Name],

I am writing to provide a Letter of Medical Necessity for my patient, Bobbie Lynch, regarding the request for coverage of skin substitute therapy. After a thorough eligibility analysis, it has been determined that the request does not meet the criteria set forth by Medicare Local Coverage Determination (LCD) L39806.

\*\*Medical Necessity Narrative\*\*
According to Medicare LCD L39806, coverage for skin substitutes is contingent upon specific criteria being met, including appropriate diagnosis coding, documentation of wound characteristics, and vascular assessment. Unfortunately, the following deficiencies were identified in the current request:

1. \*\*Primary Diagnosis\*\*: The primary diagnosis provided does not match the required ICD-10 format. This is a critical component for determining eligibility.
2. \*\*Wound Type Classification\*\*: There is low confidence in the classification of the wound type, which is essential for coverage determination.
3. \*\*Wound Size Documentation\*\*: Documentation of wound size is missing, which is necessary for evaluating the appropriateness of the requested therapy.
4. \*\*Vascular Assessment\*\*: A vascular assessment is required to ascertain the suitability of wound therapy, and this documentation is currently absent.

Due to these deficiencies, the request for skin substitute therapy is not considered medically necessary under the current guidelines.

\*\*Conservative Care Documentation\*\*
Prior to considering skin substitute therapy, conservative care measures were implemented, including wound care management and monitoring. However, without the necessary documentation and compliance with LCD criteria, the request cannot be approved.

\*\*Citations and References\*\*
For further reference, please see the following citation:
- Medicare LCD L39806 - Skin Substitutes
[Link to LCD](https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39806)
Effective Date: September 1, 2023

In conclusion, based on the analysis conducted, it is clear that the request does not meet the necessary criteria for coverage. Should you have any questions or require further information, please do not hesitate to contact my office.

Sincerely,

[Your Name]
[Your Title]
John's Clinic
Phone: 000-000-0000
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### Citations and References:

• Medicare LCD L39806 - Skin Substitutes  
 https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39806  
 Effective Date: 2023-09-01