# John's Clinic

Address not yet configured  
Phone: 000-000-0000  
NPI: 0000000000 | TIN: 000000000

## Letter of Medical Necessity

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

[John's Clinic Letterhead]
John's Clinic
NPI: 0000000000
TIN: 000000000
Address: Address not yet configured
Phone: 000-000-0000
Date: [Insert Date]

Bobbie Lynch
Date of Birth: 05/30/1931

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 substitutes as part of wound care management. After conducting a thorough eligibility analysis in accordance with Medicare Local Coverage Determination (LCD) L39806, I regret to inform you that the request does not meet the necessary criteria for coverage.

\*\*Medical Necessity Narrative\*\*
The analysis revealed several critical gaps in documentation that prevent the request from being deemed medically necessary under current guidelines. Specifically, the following policy violations were identified:

1. \*\*Primary Diagnosis\*\*: The primary diagnosis does not match the ICD-10 format, which is essential for proper classification and coverage determination.
2. \*\*Wound Type Classification\*\*: There is low confidence in the classification of the wound type, which is crucial for determining the appropriate treatment.
3. \*\*Wound Size Documentation\*\*: Documentation of wound size is missing, which is a requirement for coverage under the LCD.
4. \*\*Vascular Assessment\*\*: A vascular assessment is required for wound therapy coverage, and this documentation is also absent.

The current clinical necessity assessment indicates a moderate level of necessity; however, the overall complexity of the diagnosis is low, and the lack of required documentation significantly impacts the eligibility for coverage.

\*\*Conservative Care Documentation\*\*
Prior to considering advanced wound care options, conservative care measures were implemented, including regular wound cleaning and dressing changes. Despite these efforts, the wound has not progressed adequately, necessitating further intervention. However, due to the identified documentation gaps, the request for skin substitutes cannot be justified at this time.

\*\*Citations and References\*\*
For your reference, the following citation outlines the coverage indications, limitations, and medical necessity criteria as per Medicare LCD L39806:

- 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, I recommend addressing the documentation gaps identified in the eligibility analysis before resubmitting the request for coverage. Should you have any questions or require further information, please do not hesitate to contact my office.

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Title]
John's Clinic
Phone: 000-000-0000
Email: [Your Email]

### 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