# Faculty Physicians

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

## Letter of Medical Necessity

Date: 9/17/2025  
Patient: Brittany Hunt  
MRN: N/A  
DOB: 1991-05-22

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[Faculty Physicians Letterhead]
Faculty Physicians
2324 North Brunswick Court
NPI: 1234894920
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Cahaba GBA (MAC J-6)
Phone: 615-542-9672

[Date: September 16, 2025]

Brittany Hunt
Date of Birth: May 22, 1991

Subject: Letter of Medical Necessity

Dear [Recipient's Name],

I am writing to provide a Letter of Medical Necessity for Ms. Brittany Hunt regarding her treatment for a left leg ulcer classified as a venous leg ulcer (VLU). After a thorough evaluation and eligibility analysis, it has been determined that Ms. Hunt does not currently meet the medical necessity criteria as outlined in the Local Coverage Determination (LCD) for Cellular and Tissue-Based Products for Wound Treatment (LCD ID: 39765), effective December 15, 2024.

\*\*Medical Necessity Narrative\*\*
According to the criteria set forth in the LCD, the following points are pertinent to Ms. Hunt's case:

- The wound duration is currently 6 weeks, which does not satisfy the requirement for chronic wounds, defined as wounds present for at least 30 days.
- There is no documentation indicating that Ms. Hunt has undergone a minimum of 4 weeks of standard wound care prior to this assessment.
- Additionally, there is a lack of evidence supporting appropriate wound bed preparation and conservative care measures, which are critical components in the management of chronic wounds.

\*\*Conservative Care Documentation\*\*
To meet the medical necessity criteria, the following documentation gaps must be addressed:

1. Evidence of at least 4 weeks of standard wound care prior to assessment.
2. Documentation of appropriate wound bed preparation.
3. Details regarding offloading and compression therapy utilized in the management of the ulcer.

Given these findings, it is clear that Ms. Hunt does not currently qualify for the requested treatment based on the established medical necessity criteria.

For further details, please refer to the Local Coverage Determination available at the following link:
[Cellular and Tissue-Based Products for Wound Treatment](https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39765)

Should you have any questions or require additional information, please do not hesitate to contact our office at the number provided above.

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Title]
Faculty Physicians
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### Citations and References:

• Cellular and Tissue-Based Products for Wound Treatment  
 https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39765  
 Effective Date: 2024-12-15

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